

2023 HOUSE APPROPRIATIONS

HB 1004

Department 325 - Department of Health and Human Services - Public Health
House Bill No. 1004

Executive Budget Comparison to Base Level

	General Fund	Other Funds	Total
2023-25 Executive Budget	\$45,438,167	\$299,109,091	\$344,547,258
2023-25 Base Level ¹	38,575,155	129,409,112	167,984,267
Increase (Decrease)	\$6,863,012	\$169,699,979	\$176,562,991

¹Base level funding includes the State Department of Health appropriation for the 2021-23 biennium, less one-time funding.

Selected Budget Changes Recommended in the Executive Budget

	General Fund	Other Funds	Total
1. Base budget changes, including federal funds and adjustments to transfer funding between the former State Department of Health and former Department of Human Services budgets	\$1,692,991	\$106,147,341	\$107,840,332
2. Adds funding to convert 1 temporary position to 1 FTE autopsy technician IV position	\$65,094	\$0	\$65,094
3. Adds funding to convert 4 temporary positions to 4 FTE program management III positions	\$0	\$50,008	\$50,008
4. Adds funding for Information Technology Department (ITD) rate increases	\$191,302	\$1,050,392	\$1,241,694
5. Adds funding from the community health trust fund for tobacco treatment and cessation grants (\$500,000) and youth vaping prevention grants (\$300,000)	\$0	\$800,000	\$800,000
6. Adds funding from the community health trust fund to increase local public health state aid to provide a total of \$8,000,000, of which \$4,725,000 is from the general fund and \$3,275,000 is from the community health trust fund	\$0	\$2,750,000	\$2,750,000
7. Increases funding for domestic violence prevention to provide a total of \$4,596,285 from the general fund	\$2,686,285	\$0	\$2,686,285
8. Increases funding from the community health trust fund for domestic violence offender treatment to provide a total of \$1 million from the community health trust fund	\$0	\$700,000	\$700,000
9. Increases funding to maintain public health registries	\$701,553	\$0	\$701,553
10. Adds one-time funding for public health registries	\$69,558	\$0	\$69,558
11. Adds one-time funding from federal State Fiscal Recovery Fund for a new laboratory building shared with the Department of Environmental Quality	\$0	\$55,120,000	\$55,120,000

A summary of the executive budget changes to the agency's base level appropriations is attached as an appendix.

A copy of the draft appropriations bill containing the executive budget recommendations is attached as an appendix.

Selected Bill Sections Recommended in the Executive Budget

Funding transfer authorization - Line items of House Bill No. 1004 and Senate Bill No. 2012 - Section 3 would provide an exemption to allow the Department of Health and Human Services (DHHS) to transfer funding between line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the Department of Health and Human Services approved by the 68th Legislative Assembly. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.

Funding transfer authorization - Line items of House Bill No. 1004 and select subdivisions of Senate Bill No. 2012 to county social services in Senate Bill No. 2012 - Section 4 would provide an exemption to allow the Department of Health and Human Services to transfer funding from the line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the Department of Health and Human Services approved by the 68th Legislative Assembly to subdivision 4 of Section 1 of Senate Bill No. 2012. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.

Transfer of appropriation authority - Section 5 would require the Office of Management and Budget to combine the appropriation authority contained in Section 1 of House Bill No. 1004, Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the Department of Health and Human Services in other bills approved by the 68th Legislative Assembly, into one budget for the Department of Health and Human Services on July 1, 2023. The section would also require the Department of Health and Human Services to submit one budget for the 2025-27 biennium.

Insurance tax distribution fund - Section 6 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services (EMS) grants during the 2023-25 biennium.

Community health trust fund - Section 7 would identify \$19,072,324 from the community health trust fund for various programs and grants during the 2023-25 biennium.

Statewide health strategies initiative exemption - 2021-23 carryover - Section 8 would provide an exemption to allow the department to continue \$3 million of one-time funding, of which \$1.5 million is from the community health trust fund and \$1.5 million is from other funds secured as matching funds, provided for a statewide health strategies initiative during the 2021-23 biennium to the 2023-25 biennium. The amount appropriated from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds.

Public health laboratory capital project exemption - 2021-23 carryover - Section 9 would provide an exemption to allow the department to continue any unexpended funding provided from the federal State Fiscal Recovery Fund during the 2021 Special Legislative Session for the public health laboratory capital project. The section provides any unexpended funds remaining of the \$15 million one-time funding appropriation are available for the public health laboratory capital project during the 2023-25 biennium.

Continuing Appropriations

Medical marijuana - North Dakota Century Code Section 19-24.1-40 establishes the medical marijuana fund and requires DHHS deposit in the fund all fees collected under the medical marijuana chapter. The department must administer the fund and money in the fund is 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 DHHS may make combined or joint purchases with or on behalf of local public health units for items or services. Payments received by DHHS 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 DHHS 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 DHHS 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 Appropriations

There are no deficiency appropriations for this agency.

Significant Audit Findings

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

1. **Finding 2021-01 - Inaccurate Inventory and Storage Location of COVID-19 Vaccine Vials** - The department could not provide evidence they routinely reconcile COVID-19 vaccine inventory and storage location to the inventory system list. The State Auditor recommends the department follow federal Centers for Disease Control and Prevention (CDC) guidance to reconcile all vaccines in storage on a monthly basis, including verifying the location in the inventory system to maintain accurate vaccine inventory records.
 - o **Department's response** - Team members responsible for storage and handling had inventory systems in place, using spreadsheets to track data and communicate between the vaccine coordinator and the vaccine distribution team. This process assured efficacy and maximized the shelf life of the vaccine. The department agrees to perform reconciliation between physical inventory and storage locations in the warehouse and inventory system data monthly.
 - o **State Auditor's response** - The inventory system referenced by the department relates to having sufficient vaccine on hand and is unrelated to the finding. The audit discovered discrepancies between the vaccine

inventory locations and counts in the inventory system compared to the physical counts and storage locations (fridge/freezer/ultracold) in the warehouse on the August 8, 2021, inspection. Vaccine distribution staff could not identify the cause of these discrepancies during the inspection.

2. **Finding 2021-02 - Vaccine Issued Out of Incorrect Storage Location** - The department could not verify temperature data for the storage location for some vaccine dosages issued. The State Auditor recommends the department record accurate storage locations in inventory system records, properly store vaccines according to manufacturer temperature requirements, and monitor vaccine shelf life according to storage temperatures.

- **Department's response** - The department states that no Moderna vaccines were ever stored at ultracold temperatures and that the ultracold location in the inventory system was a clerical error and did not impact the viability of the vaccine. The department uses redundant systems to ensure proper monitoring and distribution of vaccines prior to end of shelf life. The use by date is written on the cap of vaccines to reflect the correct shelf life. Shelf life is also documented on an inventory spreadsheet. This information is also written on the inventory system packing slip for providers, which the provider signs and the courier returns to the warehouse. The department properly stores vaccines according to manufacturer temperature requirements. The department agrees to perform reconciliation between physical inventory and storage locations in the warehouse and the inventory system data monthly. The department has adopted an upgrade to the inventory system that includes an inventory auditing module. The inventory system will now keep records of the dates that the inventory was checked, who checked the inventory, and what was done to correct the differences, if any.
- **State Auditor's response** - The systems referenced by the department to ensure proper monitoring and distribution were ineffective as the inventory system records and storage locations were not reconciled with discrepancies corrected (see Finding 2021-01). Inventory records indicated vaccines were administered after their expiration and Moderna was incorrectly stored at ultracold temperatures. There is no support to confirm any clerical errors.

3. **Finding 2021-03 - Improperly Stored and Tracked Vaccines** - The State Auditor reported errors and missing documentation for vaccines transported to other providers, errors and missing documentation for vaccines transported to pop-up vaccine clinics and returned to the state warehouse, errors in use of digital data loggers; and missing documentation for fridge alerts for out-of-range temperatures. The State Auditor recommends the department ensure data logger data is identifiable by transport, improve training, perform internal monitoring procedures to ensure complete and accurate vaccine chain of custody records and cold chain temperature readings; ensure records retention, document internal monitoring procedures, and perform subsequent corrective actions.

- **Department's response** - The department policy is that it follows the 3-year CDC requirements for document retention and agrees to update the state retention schedule and retain records. Department redundant systems, used to track temperatures, exceeded CDC guidelines:
 - The department recorded temperatures every 60 seconds during transport and every 5 minutes for stationary units. The federal Centers for Disease Control and Prevention recommends recording a minimum and maximum temperature.
 - The department manually records temperatures of cold chain equipment storing vaccine twice daily. The Centers for Disease Control and Prevention recommends temperatures be checked once daily.

Potential and actual excursions were identified through alarm systems, beyond what was required by the CDC. Any vaccine reported to be out of range was quarantined and not used until the manufacturer reviewed the situation and determined viability. The public was protected through these processes. The department agrees to continue to improve training, internal monitoring, recording procedures, and perform any corrective actions to ensure that the D.O.C fridge and data logger data is tied to transport and is documented throughout the cold chain process. The department has already implemented new forms and processes to address this recommendation.

- **State Auditor's response** - The redundant systems referenced by the department to exceed CDC guidelines are ineffective. The audit identified data logger temperature data not being tied to specific vaccines, movement of vaccines to the dock fridge not being identified in records, and incomplete and missing temperature documentation. The audit also identified that temperature alert controls are easily disabled and there was no evidence of when alerts were enacted.

4. **Finding 2021-04 - Not Following Laboratory Policy for Approval Process for RT-PCR Microplates with Greater Than 25 percent Positivity** - The department does not have a formal laboratory review process for lead technicians to consistently review high positivity rates of COVID-19 RT-PCR tests with evidence of their approval. The State Auditor recommends the department document approval and perform monitoring procedures that ensure lead laboratory technicians review and approve PCR runs with greater than 25 percent positivity rates for COVID-19 in accordance with their standard operating procedures.

- **Department's response** - The department asserts that quality assurance procedures were in place and accurate test results were reported to the public. A recent clinical laboratory improvement amendments audit found no issues with the laboratory practices. More than one million tests were processed over this period and the State Auditor's office also found no errors in the positive and negative control samples for COVID-19 RTPCR tests. The department agrees that some documentation regarding lead technician review was not available, as noted by the audit report, that requirement is above and beyond the requirements of the

manufacturer. Current practice is that all runs greater than 15 percent positivity are assessed by the medical laboratory scientist/technician that is trained, competent, and demonstrates proficiency on the platform. All SARS-CoV-2 methods have been reviewed and minor adjustments have been made to accurately reflect the work being completed.

- **State Auditor's response** - The department established this policy to help ensure accurate test results were reported to the public. Any runs with a positivity rate of 25 percent or greater were to have a lead technician approval before it went out. This approval is separate from the assessment of runs with greater than 15 percent positivity and there were no exceptions to this approval in policy. Our audit identified instances where lead technicians were not approving high positivity rate COVID-19 RT-PCR plates to verify the accuracy of the test results. The remainder of the department response is irrelevant to the finding and recommendation. In times of crisis, shortcuts and noncompliance with policies and procedures increase the risk of errors.

Major Related Legislation

House Bill No. 1028 - Appropriates \$75,000 from the general fund to the Department of Health and Human Services to assist the community health worker task force with data collection and meeting facilitation. The department is required to establish and provide staffing and administrative services to a community health worker task force.

House Bill No. 1029 - Provides for the regulation of community health workers and Medicaid reimbursement for community health worker services.

House Bill No. 1045 - Allows the Department of Health and Human Services to require a licensed provider to use a third-party life safety survey reviewer depending on the department's workload at the time of project submission.

Department of Health and Human Services - Public Health - Budget No. 325
House Bill No. 1004
Base Level Funding Changes

	Executive Budget Recommendation			
	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	210.50	\$38,575,155	\$129,409,112	\$167,984,267
2023-25 Ongoing Funding Changes				
Base payroll changes		\$103,733	\$216,068	\$319,801
Base budget changes, including federal funds and adjustments to transfer funding between the former State Department of Health and former Department of Human Services budgets		1,692,991	106,147,341	107,840,332
Salary increase		656,026	2,019,554	2,675,580
Health insurance increase		260,470	846,616	1,107,086
Adds funding to convert 1 temporary position to 1 FTE autopsy technician IV position	1.00	65,094		65,094
Adds funding to convert 4 temporary positions to 4 FTE program management III positions	4.00		50,008	50,008
Adds funding for ITD rate increases		191,302	1,050,392	1,241,694
Adds funding from the community health trust fund for tobacco treatment and cessation grants			500,000	500,000
Adds funding from the community health trust fund for youth vaping prevention grants			300,000	300,000
Increases funding for operating expenses in injury prevention		31,000		31,000
Adds funding from the community health trust fund to increase local public health state aid to provide a total of \$8,000,000, of which \$4,725,000 is from the general fund and \$3,275,000 is from the community health trust fund			2,750,000	2,750,000
Increases funding for domestic violence prevention to provide a total of \$4,596,285 from the general fund		2,686,285		2,686,285
Increases funding from the community health trust fund for domestic violence offender treatment to provide a total of \$1 million from the community health trust fund			700,000	700,000
Increases funding to maintain public health registries		701,553		701,553
Adds funding to expand the biomedical cache		20,000		20,000
Adds funding for emergency response and preparedness training and exercise		385,000		385,000
Total ongoing funding changes	5.00	\$6,793,454	\$114,579,979	\$121,373,433
One-time funding items				
Adds one-time funding for public health registries		\$69,558		\$69,558

Adds one-time funding from federal State Fiscal Recovery Fund for a new laboratory building shared with the Department of Environmental Quality			\$55,120,000	55,120,000
Total one-time funding changes	0.00	\$69,558	\$55,120,000	\$55,189,558
Total Changes to Base Level Funding	5.00	\$6,863,012	\$169,699,979	\$176,562,991
2023-25 Total Funding	215.50	\$45,438,167	\$299,109,091	\$344,547,258
<i>Federal funds included in other funds</i>			\$270,392,653	
<i>Total ongoing changes as a percentage of base level</i>	2.4%	17.6%	88.5%	72.3%
<i>Total changes as a percentage of base level</i>	2.4%	17.8%	131.1%	105.1%

Other Sections in Department of Health and Human Services - Public Health - Budget No. 325

Executive Budget Recommendation

Funding transfer authorization - Line items of House Bill No. 1004 and Senate Bill No. 2012	Section 3 would provide an exemption to allow the Department of Health and Human Services to transfer funding between line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the Department of Health and Human Services approved by the 68th Legislative Assembly. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.
Funding transfer authorization - Line items of House Bill No. 1004 and select subdivisions of Senate Bill No. 2012 to county social services in Senate Bill No. 2012	Section 4 would provide an exemption to allow the Department of Health and Human Services to transfer funding from the line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the Department of Health and Human Services approved by the 68th Legislative Assembly to subdivision 4 of Section 1 of Senate Bill No. 2012. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.
Transfer of appropriation authority	Section 5 would require the Office of Management and Budget to combine the appropriation authority contained in Section 1 of House Bill No. 1004, Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the Department of Health and Human Services in other bills approved by the 68th Legislative Assembly, into one budget for the Department of Health and Human Services on July 1, 2023. The section would also require the Department of Health and Human Services to submit one budget for the 2025-27 biennium.
Insurance tax distribution fund	Section 6 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services (EMS) grants during the 2023-25 biennium.
Community health trust fund	Section 7 would identify \$19,072,324 from the community health trust fund for various programs and grants during the 2023-25 biennium.

Other Sections in Department of Health and Human Services - Public Health - Budget No. 325

Executive Budget Recommendation

Statewide health strategies initiative exemption - 2021-23 carryover

Section 8 would provide an exemption to allow the department to continue \$3 million of one-time funding, of which \$1.5 million is from the community health trust fund and \$1.5 million is from other funds secured as matching funds, provided for a statewide health strategies initiative during the 2021-23 biennium to the 2023-25 biennium. The amount appropriated from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds.

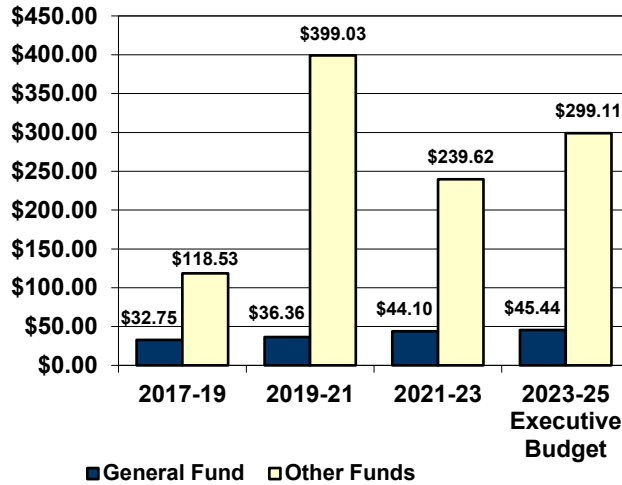
Public health laboratory capital project exemption - 2021-23 carryover

Section 9 would provide an exemption to allow the department to continue any unexpended funding provided from the federal State Fiscal Recovery Fund during the 2021 Special Legislative Session for the public health laboratory capital project. The section provides any unexpended funds remaining of the \$15 million one-time funding appropriation are available for the public health laboratory capital project during the 2023-25 biennium.

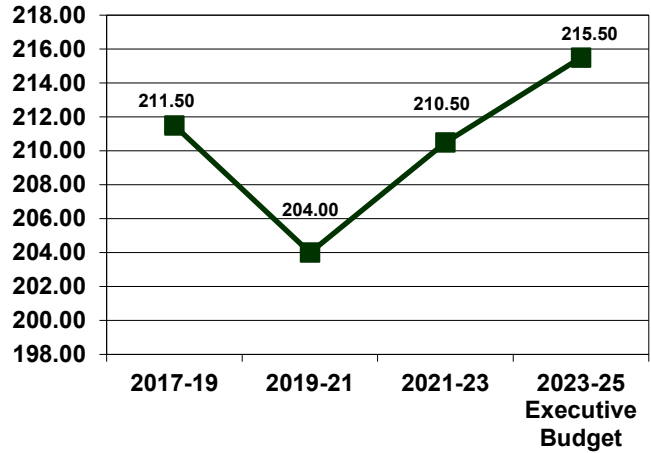
Historical Appropriations Information

Agency Appropriations and FTE Positions

Agency Funding (Millions)



FTE Positions



Ongoing General Fund Appropriations

	2015-17	2017-19	2019-21	2021-23	2023-25 Executive Budget
Ongoing general fund appropriations	\$48,535,568	\$32,750,309	\$36,270,590	\$38,575,155	\$45,368,609
Increase (decrease) from previous biennium	N/A	(\$15,785,259)	\$3,520,281	\$2,304,565	\$6,793,454
Percentage increase (decrease) from previous biennium	N/A	(32.5%)	10.7%	6.4%	17.6%
Cumulative percentage increase (decrease) from 2015-17 biennium	N/A	(32.5%)	(25.3%)	(20.5%)	(6.5%)

Major Increases (Decreases) in Ongoing General Fund Appropriations

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 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 emergency medical services (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 \$6,378,195

cardiac care program, cancer programs, medical and behavioral health loan repayment programs, and domestic violence offender treatment

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

1. Transferred 4 FTE data processing coordinator III positions to ITD for the IT unification initiative, including a decrease in the salaries and wages and tobacco prevention line items, and an increase in operating expenses line item \$2,135
2. Added 10.5 FTE positions, including funding from the general fund for salaries and wages (\$354,335), 7 temporary positions (\$436,497), and operating expenses (\$3,668,934) for the COVID-19 response. Ongoing funding added for the COVID-19 response totals \$4,459,766 from the general fund and is included in Senate Bill No. 2004. In addition, the Legislative Assembly provided \$5,608,094 from federal funds in House Bill No. 1394 as a 2019-21 biennium appropriation and allowed the department to continue the funding to the 2021-23 biennium for the COVID-19 response for these items \$4,459,766
3. Adjusted the funding source for salaries and wages related to the plans review program within the Life, Safety, and Construction Division from the general fund to special funds from program fees (\$312,706)
4. Adjusted funding for cost-to-continue items, 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 \$1,890,945
5. Increased funding from the community health trust fund for tobacco prevention and control, including funding for professional fees and grants (\$1,108,000)
6. Adjusted funding for an increase in the federal indirect rate to support agencywide costs (\$1,060,000)
7. Increased funding for operating expenses related to the University of North Dakota forensic examiner contract, to provide a total of \$1,625,270, of which \$1,000,000 is from the community health trust fund and \$625,270 is from the general fund \$105,270

2023-25 Biennium (Executive Budget Recommendation)

1. Base budget changes, including adjustments to transfer funding between the former State Department of Health and former Department of Human Services budgets \$1,692,991
2. Adds funding to convert 1 temporary position to 1 FTE autopsy technician IV position \$65,094
3. Increases funding for domestic violence prevention to provide a total of \$4,596,285 from the general fund \$2,686,285
4. Increases funding to maintain public health registries \$701,553

One-Time General Fund Appropriations

	2015-17	2017-19	2019-21	2021-23	2023-25 Executive Budget
One-time general fund appropriations	\$336,000	\$0	\$90,000	\$5,528,276	\$69,558

Major One-Time General Fund Appropriations

2017-19 Biennium

1. None \$0

2019-21 Biennium

1. Added one-time funding, including funding from federal funds and fee revenue, for microbiology laboratory IT upgrades, to provide a total of \$483,000, of which \$90,000 is from the general fund, \$360,000 is from federal funds, and \$33,000 is from fee revenue \$90,000

2021-23 Biennium

1. Added one-time funding, including \$4,515,296 from the community health trust fund, for costs related to the COVID-19 response, including salaries and wages, grants, and other operating expenses \$4,747,045
2. Added one-time funding, of which \$128,769 is from federal funds, for operating expenses (\$60,000) and capital assets (\$850,000) for forensic examiner equipment (\$500,000) and a forensic electronic records system (\$350,000) \$781,231

2023-25 Biennium (Executive Budget Recommendation)

1. Adds one-time funding for public health registries \$69,558

**HOUSE BILL 1004
(Governor's Recommendation)**

Introduced by

Appropriations Committee

(At the request of the Governor)

A bill for an Act to provide an appropriation for defraying the expenses of the department of health and human services; to provide for a transfer; to provide for a report; and to provide an exemption.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from special funds derived from federal funds and other income, to the department of health and human services for the purpose of defraying the expenses of its public health division, for the biennium beginning July 1, 2023, and ending June 30, 2025, as follows:

	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and Wages	\$41,362,968	\$6,118,774	\$47,481,742
Operating Expenses	31,242,543	6,478,670	37,721,213
Capital Assets	1,796,393	(326,613)	1,469,780
Grants	55,812,575	14,927,128	70,739,703
Tobacco Prevention	\$13,410,022	864,273	14,274,295
WIC food Payments	19,900,000	0	19,900,000
COVID-19	4,459,766	93,380,759	97,840,525
American Rescue Plan Act	<u>0</u>	<u>55,120,000</u>	<u>55,120,000</u>
Total All Funds	\$167,984,267	\$176,562,991	\$344,547,258
Less Estimated Income	<u>129,409,112</u>	<u>169,999,979</u>	<u>299,109,091</u>
Total General Fund	\$38,575,155	\$6,863,012	\$45,438,167
Full-time Equivalent Positions	210.5	5.00	215.50

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

<u>One-Time Funding Description</u>	<u>2021-23</u>	<u>2023-25</u>
New State Health and Environmental Quality Lab	0	\$55,120,000
Registry Inflation Costs	0	69,558
Vital Records System Technology Updates	275,000	0
Statewide Health Strategies Initiative	3,000,000	0
COVID-19 Response	9,262,341	0
Forensic Examiner Upgrades	<u>910,000</u>	<u>0</u>
Total All Funds	\$13,447,341	\$55,189,558
Less Estimated Income	7,919,065	55,120,000
Total General Fund	\$5,528,276	\$69,558

The 2023-25 biennium one-time funding amounts are not a part of the entity's base budget for the 2025-27 biennium. The department of health and human services shall report to the appropriations committees of the

sixty-ninth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within section 1 of this Act, subdivisions 1, 2, and 3 of section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made in excess of \$50,000 and to the appropriations committees of the sixty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority from line items within section 1 of this Act. subdivisions 1, 2, and 3 of Senate Bill No. 2012, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly to subdivision 4 of Senate Bill No. 2012 of this Act for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made in excess of \$50,000 and to the appropriations committees of the sixty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 5. TRANSFER OF APPROPRIATION AUTHORITY. Section 1 of this Act and section 1 of Senate Bill No. 2012 includes appropriation authority for the department of health and human services for the biennium beginning July 1, 2023, and ending June 30, 2025. On July 1, 2023, the office of management and budget shall combine the appropriation authority contained in section 1 of this Act and section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the department of health and human services in other bills approved by the sixty-eighth legislative assembly, into one budget for the department of health and human services. The department of health and human services shall submit one budget for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 6. ESTIMATED INCOME - INSURANCE TAX DISTRIBUTION FUND. The estimated income line item in section 1 of this Act includes the sum of \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 7. ESTIMATED INCOME - COMMUNITY HEALTH TRUST FUND. The estimated income line item in section 1 of this Act includes the sum of \$19,072,324 from the community health trust fund for the following programs:

Behavioral Risk Factor Survey	\$ 200,000
Behavioral Health Loan Repayment	234,500
Women's Way	329,500
Dentists' Loan Repayment	360,000
Local Public Health State Aid	3,275,000
Cancer Programs	580,324
Forensic Examiner Contract	1,000,000
Local Public Health Grants	3,275,000
Tobacco Prevention and Control	11,293,000
Tobacco Cessation Grants	500,000
Youth Vaping Prevention Grants	300,000
Domestic Violence Prevention Programs	<u>1,000,000</u>
Total Community Health Trust Fund	\$19,072,324

SECTION 8. EXEMPTION. The sum of \$3,000,000 appropriated for the statewide health strategies initiative in chapter 32 of the 2021 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available for the statewide health strategies initiative during the biennium beginning July 1, 2023, and ending June 30, 2025. The amount appropriated is contingent on the department of health and human services securing dollar-for-dollar matching funds.

SECTION 9. EXEMPTION. The amount appropriated for the purpose of a public health laboratory capital project in chapter 550 of the 2021 Special Session Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the public health laboratory capital project during the biennium beginning July 1, 2023, and ending June 30, 2025.

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Brynhild Haugland Room, State Capitol

HB 1004
1/5/2023

BILL for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services.

1:06 Chairman Vigessaa called the meeting to order and roll call was taken.

Members present; Chairman Vigessaa Representative Kempenich Representative B. Anderson Representative Bellew Representative Brandenburg Representative Hanson Representative Kreidt Representative Martinson Representative Mitskog Representative Meier Representative Monson Representative Nathe Representative J. Nelson Representative O'Brien Representative Pyle Representative Richter Representative Sanford Representative Schatz Representative Schobinger Representative Strinden Representative J. Stemen Representative Swiontek

Members not present; Representative Mock

Discussion Topics:

- Overview
- Physical, Behavioral and Economic Health
- HHS Action Plan
- HHS 2023 – 2025 Budget Changes
- Tactics

Dr. Nizar Wehbi- Chief Health Officer- ND Health Department- Gives overview of Health department budget #12453

1:24 Chris Jones HHS Commissioner – Continues with #12453

Additional written testimony: #12451

2:24 Chairman Vigessaa – Closed the meeting.

Risa Berube, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

HB 1004
1/9/2023

A Bill for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services.

9:00 am Chairman Nelson called the meeting to order.

Roll call was taken. Representatives Vice Chairman Stemen, Representative Anderson, B , Representative Kreidt, Representative Mitskog, A, Representative O'Brien, E, Representative Schobinger, Randy A., Representative Striden, M, were present.

Discussion Topics:

- Goals
- Accomplishments
- Audit findings
- Budget recommendations

Dirk Wilke Executive Director Public Health for the Department of Health and Human Services presented an overview of the newly integrated department (Testimony #12531).

10:54am Vice Chairman Stemen closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

HB 1004 AM
1/16/2023

A Bill for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services.

9:01 am Chairman J. Nelson called the meeting to order.

Roll call was taken. Representatives Nelson, Stemen, B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Administrative Services integration
- Budget request
- Executive Recommendations
- Medical Marijuana status
- Disease Prevention Programs and Services
- Immunization Program
- COVID Funding
- Budget requests

Sheila Sandness, Senior Fiscal Analyst Legislative Council,(Testimony #13488).

Dirk Wilke, Executive Director of Health and Human Services, Public Health Division, (Testimony #13285).

Arnie Strebe, Chief Financial Officer of Health and Human Services spoke to FTE's and potential efficiencies.

Kirby Krueger, Director of Disease Control and Forensic Pathology Section of Department (Testimony #13366),(Testimony # 13632).

Molly Howell, Immunization Director, and Assistant Director of Disease Control spoke to the Immunization Program and its effectiveness.

Dirk Wilke, Executive Director of Health and Human Services, Public Health Division spoke to COVID funding and its future use.

Kirby Krueger, Director of Disease Control and Forensic Pathology, Department of Health and Human Services, Public Health Division presented budget requests.

Additional written testimony: Donene Feist, Director for Family Voices of North Dakota, Inc. (Testimony #13465).

Kirby Kreuger, Director of Disease Control and Forensic Pathology, Department of Health and Human Services (#13632).

11:52 am Chairman J. Nelson closed the meeting.

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Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

HB 1004
1/16/2023

A Bill for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services.

2:09 PM Chairman J. Nelson called the meeting to order.

Roll call was taken. Representatives Nelson, Stemen, B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Prevention and Policy Changes
- Dashboard reviews
- Executive recommendation
- Budget summary

Tracy Miller, State Epidemiologist, Department of Health and Human Services, (Testimony #13469).

Darin Meschke, Director, Vital Records, Department of Health and Human Services, Public Health Division spoke in favor of HB 1004.

Dirk Wilke, Executive Director of Health and Human Services, Public Health Division, spoke in favor of HB 1004.

3:07 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

HB 1004
1/17/2023

A Bill for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services.

8:30 AM Chairman J. Nelson called the meeting to order.

Roll call was taken. Representatives Nelson, Stemen, B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Community Engagement
- Family Health and Wellness
- Promotion/Prevention
- Special Health services
- Budget request
- Tobacco Executive Recommendations

Arnie Strebe, Chief Financial Officer, Department of Health and Human Services, in favor of HB 1004.

Kim Mertz, Section Director, Department of Health and Human Services, Public Health Division (Testimony # 13708).

Krissie Guerard, Director of Community Engagement, Department of Health and Human Services, Public Health Division, spoke in favor of HB 1004.

Mallory Sattler, Director of Domestic Violence and Rape/Crisis, Department of Health and Human Services, Public Health Division, spoke in favor of HB 1004.

Kim Hruby, Director of Special Health Services, Department of Health and Human Service, Division of Public Health, spoke in favor of HB 1004.

Joyal Meyer, Director of Newborn Screening and Follow Up, Department of Health and Human Services, Division of Public Health, spoke in favor of HB 1004.

Kim Hinnenkemp, Coordinator for Women, Infants and Children, Department of Health and Human Services, Division of Public Health, spoke in favor of HB 1004.

Susan Mormann Director Women's Way, Department of Health and Human Services, Division of Public Health, spoke in favor of HB 1004.

Neil Charvat, Director of Tobacco Prevention and Control, Department of Health and Human Services, Division of Public Health, (Testimony # 13485),(Testimony # 13550).

11:45 AM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

HB 1004
1/17/2023

A Bill for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services.

2:15 PM Chairman J. Nelson called the meeting to order. Roll call was taken. Representatives Nelson, Stemen, B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Opioid/Juul lawsuit settlement
- Advisory board
- Restrictions
- Authorized uses
- Refund Fund

Claire Ness, Chief Deputy Attorney General, spoke in favor HB 1004.

Additional written testimony:

Arnie Strebe, Chief Financial Officer, Department of Health and Human Services, (Testimony #14283).

2:56 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

HB 1004
1/18/2023

A Bill for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services.

2:13 PM Chairman J. Nelson called the meeting to order. Roll call was taken. Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Emergency Medical Systems
- Emergency Preparedness and Response
- COVID Response
- Food and Lodging
- Life Safety and Construction
- Health Facilities
- Budget request

Tim Wiedrich, Executive Director of Health Response and Licensure Section, Department of Health and Human Services, Public Health Division, presented an overview of his section (Testimony #13933).

Juli Sickler, Unit Director of Emergency Preparedness and Response, Department of Health and Human Services, Public Health Division, spoke in favor of 1004.

Julie Wagendorf, Unit Director of Food and Lodging, Department of Health and Human Services, Public Health Division, spoke in favor of HB 1004.

Bridget Weidner, Unit Director of Health Facilities, Department of Health and Human Services, Public Health Division, spoke in favor of HB 1004.

4:15 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

HB 1004
1/19/2023

A BILL for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services.

8:30 AM Chairman J. Nelson called the meeting to order.

Roll call was taken. Chairman Nelson, Vice Chairman Stemen, B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Striden were present.

Discussion Topics:

- Test provided
- Budget request
- Project Vision and Goals
- Site Selection Process
- Preliminary Cost estimate
- Operating Cost Projections
- Schedule
- Communicable Disease
- Community Needs
- State Aid
- Tobacco Funding
- Veterinary Loan Repayment Program
- Domestic Violence and Sexual Assault

Dr. Christie Massen, Director of State Laboratory, Department of Health and Human Services, Public Health Division, (# Testimony 14489).

Brain Berg, Principal Architect, Zerr-Berg Architects, Doug Wild, Principal Architect, BWBR and Ross Wilmes, Vice President, Director of Operations, Kraus-Anderson Construction Company, (Testimony # 14490).

Lisa Clute, Executive Officer of First District Health Unit, (Testimony #14411).

Sherry Adams, Executive Officer of Southwestern District Health Unit, (Testimony #14805).

Heather Austin, Executive Director for Tobacco Free North Dakota, (Testimony #14444, 14446, #14445, #14443, #14442).

Andrew Horn introduce himself as the Tobacco Coalition Coordinator.

Beth Carlson, Deputy State Veterinarian with the Department of Agriculture, and the State Board of Animal Health, (Testimony #14400).

Coiya Tompkins, CVIC/Grand Forks and CAWS Legislative Committee Chair, (Testimony #14470).

Dr, Christopher Johnson, Chief Executive Officer, Rape Advocacy Crisis Center of Fargo, spoke in favor of HB 1004.

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HB 1004

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Darriane Johnson, Executive Director of the Domestic Violence and Rape Crisis Center , Dickinson, ND., (Testimony # 14397).

11:54 AM Chairman Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

HB1004
1/19/2023

A BILL for Act to provide an appropriate for defraying the expenses of the public health division of the department of health and human services.

2:18 PM Vice Chairman Stemen called the meeting to order. Roll call was taken. Chairman J. Nelson, Vice Chairman Stemen, Representative B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, and Strinden were present.

Discussion Topics:

- Training/Data Repository/Staffing
- Veterinary loan repayment recipient
- Domestic violence

Adam Parker, Chairman of the North Dakota Emergency Medical Services Association's Advocacy Committee, (Testimony #14812).

Dr. Bleuax Johnson, DVM, ND Veterinarian, (Testimony #14474).

Yvonne Griffin, Victim of Domestic Violence, (Testimony #14569)

Brad Hawk, Deputy Director, Indian Affairs spoke in favor of HB 1004.

Julie Ellingson, Executive Vice President, Stockmen's Association, (Testimony #14451).

Additional written testimony: Dirk Wilke, Executive Director, Department of Health and Human Service, Public Health Division (Testimony #14802). Tim Wiedrich, Department of Health and Human Services, (Testimony #14503).

2:54 PM Vice Chairman Stemen closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

HB 1004
1/23/2023

A Bill for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services.

9:00 AM Chairman J. Nelson, called the meeting to order.

Roll call was taken. Chairman J. Nelson, Vice Chairman Stemen, Representatives B.Anderson, Kreidt, Mitskog, O'Brien, Schobinger and Strinden were present.

Discussion Topics:

- FTE vacancies
- Vital Records
- Operating Differences Detail
- Annual Audit expenses

Dirk Wilke, Executive Director, Department of Health and Human Services, Public Health Division, (Testimony # 15120).

Kirby Krueger, Director, Disease Control and Forensic Pathology, Department of Health and Human Services, Public Health Division, spoke in favor of HB 1004.

Michelle Dethloff, Unit Director, Epidemiology and Surveillance, Department of Health and Human Services, Public Health Division, spoke in favor of HB 1004.

Tracy Miller, Section Director, Health Statistics and Performance, Department of Health and Human Services, Public Health Division, spoke in favor of HB 1004.

Susan Mormann Unit Director, Health Promotion and Chronic Disease Prevention, Department of Health and Human Services, Public Health Division, spoke in favor of HB 1004.

Lawrence Hopkins, Accountant/Budget Specialist, Department of Health and Human Services, Division of Public Health, spoke in favor of HB 1004.

Kim Mertz, Section Director, Healthy and Safe Communities, Department of Health and Human Services, Public Health Division, spoke in favor of HB 1004.

Mallory Sattler, Program Coordinator, Domestic Violence/Rape Crisis, Department of Health and Human Services, Public Health Division, spoke in favor of HB 1004.

Kimberly Hruby, Director, Special Health Services, Health and Human Services, Public Health Division spoke in favor of HB 1004.

11:31 AM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

HB 1004
2/9/2023

A BILL for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services.

3:08 PM Chairman Nelson opened the meeting.

Roll call was taken.

Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Public Health Crisis Response Grant Workforce
- Community Health Trust Fund
- Comparison of Public Health Division request to Executive Budget

Sheila Sandness, Senior Fiscal Analyst, Legislative Council, (# 20463).

Dirk Wilke, Executive Director, Department of Health and Human Services, Public Health Division, (#20453), (#20462).

3:56 PM Chairman Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

HB1004
2/10/2023

A BILL for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services.

9:00 AM Vice Chairman Stemen opened the meeting.

Roll call was taken.

Chairman J. Nelson, Vice Chairman Stemen, Representatives

B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Budget detail
- Committee action

Dirk Wilke, Executive Director, Public Health Division, Department of Health and Human spoke in favor of HB 1004, (# 20462, #20585).

Shelia Sandness, Senior Fiscal Analyst, Legislative Council, (# 20463).

Stephanie Johnson, Fiscal Management Analyst spoke in favor of HB 1004.

Kim Mertz, Director of Health and Safe Communities, Public Health Division, Department of Health and Human Services spoke in favor of HB 1004.

Tim Weidrich, Section Director, Health Response and Licensure, Public Health Division, Department of Health and Human Services spoke in favor of HB 1004.

Representative Stemen moved to bring the base payroll changes over, seconded by **Representative Kreidt**.

Voice Vote: motion carried.

Representative Kreidt moved to accept the base budget changes, seconded by **Representative Schobinger**.

Voice Vote: motion carried.

Representative Stemen moved to bring salary increases over, seconded by **Representative Anderson**.

Voice Vote: motion carried.

Representative Stemen moved to pass the health insurance increases, seconded by **Representative Kreidt**.

Voice Vote: motion carried.

Representative O'Brien moved to add 1 FTE for autopsy tech, seconded by **Representative Mitskog**.

Voice Vote: motion carried.

Representative Stemen moved to add 4 FTE program management III positions, seconded by **Representative Anderson**.

Voice Vote: motion carried.

Representative Stemen moved to add funding for ITD rate increases, seconded by **Representative Schobinger**.

Voice Vote: motion carried.

Representative Kreidt moved to add funding from the community health trust funds for tobacco treatment and cessation, seconded by **Representative O'Brien**.

Voice Vote: motion carried.

Representative O'Brien moved to add funding from the community health trust funds for youth vaping and prevention grants, seconded by **Representative Strinden**.

Voice Vote: motion carried.

Representative Stemen move to pass the increase funding for injury prevention, seconded by **Representative Kreidt**.

Voice Vote: motion carried.

Representative Schobinger moved to approve funding from the community health trust fund to increase local public health state aid, seconded by **Representative Anderson**.

Voice Vote: motion carried.

Representative O'Brien moved to increase the funding by one million dollars for domestic violence prevention, seconded by **Representative Kreidt**.

Voice Vote: motion carried.

Representative Kreidt moved to approve the community health trust funds for domestic violence offender treatment, seconded by **Representative O'Brien**.

Voice Vote: motion carried.

Representative Stemen moved to accept the increase in funding to maintain public health registries, seconded by **Representative Kreidt**.

Voice Vote: motion carried.

Representative Strinden moved to approve funding to expand the biomedical cache, seconded by **Representative Schobinger**.

Voice Vote: motion carried.

Representative Mitskog moved to add funding for emergency response and preparedness training and exercise, seconded by **Representative O'Brien**.

Voice Vote: motion carried.

Representative Kreidt moved to add one-time funding for a new lab building shared with the Department of Environmental Quality, seconded by **Representative Anderson**.

Voice Vote: motion carried.

Representative Mitskog moved to accept Section 3, seconded by **Representative O'Brien**.

Voice Vote: motion carried.

Representative Stemen moved to accept Section 4, seconded by **Representative Anderson**.

Voice Vote: motion carried.

Representative Kreidt moved to accept Section 5, seconded by **Representative Strinden**,

Voice Vote: motion carried.

Representative Kreidt moved to accept Section 6, seconded by **Representative Stemen**.

Voice Vote: motion carried.

Representative O'Brien moved to accept Section 7 and add an additional 1 million dollars, seconded by **Representative Schobinger**.

Voice Vote: motion carried.

Representative Kreidt moved to accept Section 8, seconded by **Representative Stemen**.

Voice Vote: motion carried.

Representative Stemen moved to adopt Section 9, seconded by **Representative Anderson**.

Voice Vote: motion carried.

Chairman Nelson proposed an additional amendment that would allow 80% of the JUUL settlement funds go into the community health trust fund for the life of the settlement dollars with the remaining 20% staying in the general refund fund.

Representative O'Brien moved the amendment, seconded by **Representative Mitskog**.

Voice Vote: motion carried.

Chairman Nelson proposed an additional amendment that the public health division of the department of health and human services shall use \$870,000 of funding made available through the federal COVID-19 public health crisis response grant for public health workforce to provide grants for to local public health units.

Representative Anderson moved the amendment, seconded by **Representative O'Brien**.

Voice Vote: motion carried.

Chairman Nelson proposed an additional that the department of health and human services establish a laboratory steering committee to oversee the design and construction of the laboratory building project. In addition to the existing steering committee the committee shall have representation from the legislative assembly. The legislative representation must include one member from the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or house appointed by the minority leaders of the senate and the house.

Representative Stemen moved the amendment, seconded by **Representative Strinden**.

Additional written testimony: Dirk Wilke, Executive Director, Public Health Division, Department of Health a Human Services, (#20536), (#20537), (#20538),(#20539),(#20540), (#20541), (#20542).

10:59 AM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

HB 1004
2/13/2023

A BILL for an appropriation for defraying the expenses of the public health division of the department of health and human services.

10:35 AM Chairman J. Nelson opened the meeting.

Roll call taken.

Chairman Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Committee Action

Sheila Sandness, Senior Fiscal Analyst, Legislative Council, proposed amendment (#20617).

Dirk Wilke, Executive Director, Division of Public Health, Department of Health and Human Services, spoke in favor of HB 1004.

Lisa Clute, Executive Officer of First District Health Unit, spoke in favor of HB 1004.

Representative Stemen moved to adopt the amendment (#20617), seconded by **Representative Mitskog**.

Roll call taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Stemen moved a do pass as amended, seconded by Representative Kreidt.

Roll call taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Stemen to carry.

11:02 AM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee Brynhild Haugland Room, State Capitol

HB 1004
2/17/2023

BILL for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services.

9:52 AM Chairman Vigesaa- Meeting was called to order and roll call was taken:

Members present; Chairman Vigesaa, Representative B. Anderson, Representative Bellew, Representative Brandenburg, Representative Hanson, Representative Kreidt, Representative Martinson, Representative Mitskog, Representative Meier, Representative Mock, Representative Monson, Representative Nathe, Representative J. Nelson, Representative O'Brien, Representative Pyle, Representative Richter, Representative Sanford, Representative Schatz, Representative Schobinger, Representative Strinden, Representative G. Stemen and Representative Swiontek.

Members not Present- Representative Kempenich

Discussion Topics:

- Amendment

Representative J. Stemen – Give the statement of purpose and the amendment 23.0233.01002 (Testimony #21079)

Representative J. Stemen- Move to adopt the amendment.

Representative J. Nelson Seconds the motion.

Committee discussion- Roll call vote

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	AB
Representative Bert Anderson	Y
Representative Larry Bellew	N
Representative Mike Brandenburg	Y
Representative Karla Rose Hanson	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 Emily O'Brien	Y
Representative Brandy Pyle	Y
Representative David Richter	Y
Representative Mark Sanford	Y
Representative Mike Schatz	N
Representative Randy A. Schobinger	Y
Representative Greg Stemen	Y
Representative Michelle Strinden	Y
Representative Steve Swiontek	Y

Motion Carries 20-2-1

Representative J. Stemen Move for a Do Pass as Amended

Representative J. Nelson Seconds the motion.

Committee discussion – Roll call vote.

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	AB
Representative Bert Anderson	Y
Representative Larry Bellew	N
Representative Mike Brandenburg	Y
Representative Karla Rose Hanson	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 Emily O'Brien	Y
Representative Brandy Pyle	Y
Representative David Richter	Y
Representative Mark Sanford	Y
Representative Mike Schatz	N
Representative Randy A. Schobinger	Y
Representative Greg Stemen	Y
Representative Michelle Strinden	Y
Representative Steve Swiontek	Y

Motion Carries 20-2-1 Representative Stemen will carry the bill.

10:25 AM Chairman Vigesaa Closed the meeting for HB 1004

Risa Berube, Committee Clerk

OR
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2-17-23

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004

Page 1, line 2, after "services" insert "; to create and enact a new section to chapter 54-27 of the North Dakota Century Code, relating to the deposit of judgment funds; to provide for a legislative management report; to provide for a transfer; and to provide for an exemption"

Page 1, replace lines 10 through 24 with:

	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and wages	\$41,362,968	\$5,511,774	\$46,874,742
Operating expenses	31,242,543	6,478,670	37,721,213
Capital assets	1,796,393	(326,613)	1,469,780
Grants	55,812,575	15,857,570	71,670,145
Tobacco prevention	13,410,022	850,459	14,260,481
Women, infants, and children food payments	19,900,000	0	19,900,000
COVID-19	4,459,766	93,353,091	97,812,857
Public health laboratory capital project	0	55,120,000	55,120,000
Total all funds	\$167,984,267	\$176,844,951	\$344,829,218
Less estimated income	129,409,112	170,213,282	299,622,394
Total general fund	\$38,575,155	\$6,631,669	\$45,206,824
Full-time equivalent positions	210.50	5.00	215.50"

Page 2, line 2, after "biennium" insert "and the 2023-25 biennium one-time funding items included in the appropriation in section 1 of this Act"

Page 2, replace lines 4 through 12 with:

"Vital records system technology upgrades	\$275,000	\$0
Statewide health strategies initiative	3,000,000	0
COVID-19 response	9,262,341	0
Forensic examiner upgrades	910,000	0
COVID-19 response - House Bill No. 1395	87,290,597	0
Public health laboratory capital project	15,000,000	55,120,000
Total all funds	\$115,737,938	\$55,120,000
Less estimated income	110,209,662	55,120,000
Total general fund	\$5,528,276	\$0

The 2023-25 biennium one-time funding amounts are not a part of the entity's base budget for the 2025-27 biennium. The department of health and human services shall report to the appropriations committees of the sixty-ninth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within section 1 of this Act, subdivisions 1, 2, and 3 of section 1 of Senate Bill No. 2012, and any other

appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made in excess of \$50,000 and to the appropriations committees of the sixty-ninth legislative assembly regarding any transfers made pursuant to this section.

DR
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2-17-23

SECTION 4. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority from line items within section 1 of this Act, subdivisions 1, 2, and 3 of Senate Bill No. 2012, and any other appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly to subdivision 4 of Senate Bill No. 2012, for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made in excess of \$50,000 and to the appropriations committees of the sixty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 5. TRANSFER OF APPROPRIATION AUTHORITY. Section 1 of this Act and section 1 of Senate Bill No. 2012 includes appropriation authority for the department of health and human services for the biennium beginning July 1, 2023, and ending June 30, 2025. On July 1, 2023, the office of management and budget shall combine the appropriation authority contained in section 1 of this Act and section 1 of Senate Bill No. 2012, and any other appropriation authority for the department of health and human services in other bills approved by the sixty-eighth legislative assembly, into one budget for the department of health and human services. The department of health and human services shall submit one budget request for the biennium beginning July 1, 2025, and ending June 30, 2027."

Page 2, replace line 21 with:

"Domestic violence offender treatment	1,000,000
Domestic violence prevention	1,000,000"

Page 2, replace line 24 with:

"Local public health state aid	3,275,000"
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Page 2, replace lines 27 and 28 with:

"Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000"

Page 2, replace line 31 with:

"Total community health trust fund	\$20,072,324
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SECTION 8. A new section to chapter 54-27 of the North Dakota Century Code is created and enacted as follows:

Deposit of JUUL Labs, Inc., judgment funds.

Eighty percent of any funds received by the state under the consent judgment adopted by the south central judicial district court in its consent judgment entered December 8, 2022, [Civil No. 08-2022-CV-02972] in State of North Dakota, ex rel. Drew H. Wrigley v. JUUL Labs, Inc., must be deposited in the community health trust fund.

DR
376
2-17-23

SECTION 9. TRANSFER - ATTORNEY GENERAL REFUND FUND TO COMMUNITY HEALTH TRUST FUND. The attorney general shall transfer eighty percent of any funds deposited in the attorney general refund fund during the biennium beginning July 1, 2021, and ending June 30, 2023, relating to the consent judgment entered December 8, 2022, [Civil No. 08-2022-CV-02972] in State of North Dakota, ex rel. Drew H. Wrigley v. JUUL Labs, Inc., to the community health trust fund on July 1, 2023.

SECTION 10. USE OF PUBLIC HEALTH CRISIS RESPONSE GRANT FUNDS. The public health division of the department of health and human services shall use \$870,000 of funding made available through the federal COVID-19 public health crisis response grant for public health workforce to provide grants to local public health units. To be eligible to receive a grant, local public health units must apply for this grant funding by December 31, 2023. Any public health workforce funds not awarded to local public health units may be used by the department of health and human services for workforce efforts pursuant to federal grant guidance.

SECTION 11. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall establish a laboratory building steering committee to oversee the design and construction of the laboratory building project for the biennium beginning July 1, 2023, and ending June 30, 2025. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 12. EXEMPTION - 2021-23 BIENNIUM APPROPRIATION - STATEWIDE HEALTH STRATEGIES. The sum of \$3,000,000, of which \$1,500,000 is from the community health trust fund and \$1,500,000 is from other income derived from matching funds, appropriated for statewide health strategies in section 1 of chapter 32 of the 2021 Session Laws, is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available for statewide health strategies initiatives during the biennium beginning July 1, 2023, and ending June 30, 2025. The amount appropriated from the community health trust fund is contingent on the department of health and human services securing dollar-for-dollar matching funds.

SECTION 13. EXEMPTION - 2021-23 BIENNIUM APPROPRIATION - PUBLIC HEALTH LABORATORY CAPITAL PROJECT. The sum of \$15,000,000 of federal funds, derived from the state fiscal recovery fund, appropriated for a public health laboratory capital project in subdivision 7 of section 1 of chapter 550 of the 2021 Special Session Session Laws, is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available for the public health

laboratory capital project during the biennium beginning July 1, 2023, and ending June 30, 2025."

DR
436
2-17-23

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - DHHS - Health Services - House Action

	Base Budget	House Changes	House Version
Salaries and wages	\$41,362,968	\$5,511,774	\$46,874,742
Operating expenses	31,242,543	6,478,670	37,721,213
Capital assets	1,796,393	(326,613)	1,469,780
Grants	55,812,575	15,857,570	71,670,145
Tobacco prevention	13,410,022	850,459	14,260,481
WIC food payments	19,900,000		19,900,000
COVID-19 response	4,459,766	93,353,091	97,812,857
State laboratory		55,120,000	55,120,000
Total all funds	\$167,984,267	\$176,844,951	\$344,829,218
Less estimated income	129,409,112	170,213,282	299,622,394
General fund	\$38,575,155	\$6,631,669	\$45,206,824
FTE	210.50	5.00	215.50

Department 350 - DHHS - Health Services - Detail of House Changes

	Adjusts Funding for Cost to Continue Salaries ¹	Adjusts Base Budget Funding ²	Adds Funding for Salary and Benefit Increases ³	Adds 1 FTE Autopsy Technician ⁴	Adds 4 FTE Program Management Positions ⁵	Increases Funding for Information Technology ⁶
Salaries and wages	\$319,801	\$2,167,308	\$2,909,563	\$65,094	\$50,008	
Operating expenses		4,099,423				\$1,241,694
Capital assets		(326,613)				
Grants		8,721,285				
Tobacco prevention		(24,358)	74,817			
WIC food payments						
COVID-19 response		93,203,287	149,804			
State laboratory						
Total all funds	\$319,801	\$107,840,332	\$3,134,184	\$65,094	\$50,008	\$1,241,694
Less estimated income	216,068	106,147,341	2,379,473	0	50,008	1,050,392
General fund	\$103,733	\$1,692,991	\$754,711	\$65,094	\$0	\$191,302
FTE	0.00	0.00	0.00	1.00	4.00	0.00

	Adds Funding for Injury Prevention ⁷	Increases Funding for Public Health Registries ⁸	Increases Funding for the Biomedical Cache ⁹	Adds Funding for Emergency Response and Preparedness ¹⁰	Increases Funding for Local Public State Aid ¹¹	Increases Funding for Domestic Violence Prevention ¹²
Salaries and wages						
Operating expenses	\$31,000	\$701,553	\$20,000	\$385,000		
Capital assets						
Grants					\$2,750,000	\$3,686,285
Tobacco prevention						
WIC food payments						
COVID-19 response						
State laboratory						
Total all funds	\$31,000	\$701,553	\$20,000	\$385,000	\$2,750,000	\$3,686,285
Less estimated income	0	0	0	0	2,750,000	1,000,000
General fund	\$31,000	\$701,553	\$20,000	\$385,000	\$0	\$2,686,285
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Increases Funding for Domestic Violence Offender Treatment ¹³	Adds Funding for Tobacco Treatment and Cessation Grants ¹⁴	Add Funding for Youth Vaping Prevention Grants ¹⁵	Adds Funding for Laboratory Building ¹⁶	Total House Changes
Salaries and wages					\$5,511,774
Operating expenses					6,478,670
Capital assets					(326,613)
Grants	\$700,000				15,857,570
Tobacco prevention		\$500,000	\$300,000		850,459
WIC food payments					
COVID-19 response					93,353,091
State laboratory				\$55,120,000	55,120,000
Total all funds	\$700,000	\$500,000	\$300,000	\$55,120,000	\$176,844,951
Less estimated income	700,000	500,000	300,000	55,120,000	170,213,282
General fund	\$0	\$0	\$0	\$0	\$6,631,669
FTE	0.00	0.00	0.00	0.00	5.00

DR
586
2-17-23

¹ Funding is added for cost to continue salary increases.

² Funding is added, including funding from federal and special funds, for base budget changes and adjustments to transfer funding between the former State Department of Health and former Department of Human Services budgets.

³ The following funding is added for 2023-25 biennium salary adjustments of 4 percent on July 1, 2023, and 4 percent on July 1, 2024, and increases in health insurance premiums from \$1,429 to \$1,648 per month:

	General Fund	Other Funds	Total
Salary increase	\$488,250	\$1,513,380	\$2,001,630
Health insurance increase	266,461	866,093	1,132,554
Total	\$754,711	\$2,379,473	\$3,134,184

⁴ Funding is added to convert 1 temporary position to 1 FTE autopsy technician IV position.

⁵ Funding from federal funds is added to convert 4 temporary positions to 4 FTE program management III positions to serve as tribal liaisons.

⁶ Funding is added for Information Technology Department rate increases.

⁷ Funding related to injury prevention is increased for the poison control hotline.

⁸ Funding is added for inflationary increases relating to public health registries.

⁹ Funding is added to expand the biomedical cache.

¹⁰ Funding is added for emergency response and preparedness training and exercise.

¹¹ Funding is added from the community health trust fund to increase local public health state aid to provide a total of \$8,000,000, of which \$4,725,000 is from the general fund and \$3,275,000 is from the community health trust fund.

¹² Funding for domestic violence prevention is increased to provide a total of \$5,936,285, of which \$4,596,285 is from the general fund, \$1,000,000 is from the community health trust fund, and \$340,000 is from the domestic violence and sexual assault prevention fund which receives revenue from marriage license fees.

¹³ Funding from the community health trust fund is increased for domestic violence offender treatment to provide a total of \$1 million from the fund.

¹⁴ Funding from the community health trust fund is added for a NDQuits cessation program with pharmacies.

¹⁵ Funding from the community health trust fund is added for youth vaping and nicotine prevention grants.

¹⁶ One-time funding from the federal State Fiscal Recovery Fund is added for a new laboratory building shared with the Department of Environmental Quality.

This amendment also:

- Adds a section to provide an exemption to allow the Department of Health and Human Services to transfer funding between line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any other appropriation authority for the Department of Health and Human Services approved by the 68th Legislative Assembly;
- Adds a section to provide an exemption to allow the Department of Health and Human Services to transfer funding from the line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any other appropriation authority for the Department of Health and Human Services approved by the 68th Legislative Assembly to subdivision 4 of Section 1 of Senate Bill No. 2012;
- Adds a section to require the Office of Management and Budget to combine the appropriation authority contained in Section 1 of House Bill No. 1004, Section 1 of Senate Bill No. 2012, and any other appropriation authority for the Department of Health and Human Services into one budget. The section also requires the Department of Health and Human Services to submit one budget request for the 2025-27 biennium;
- Amends the section related to estimated income provided from the community health trust fund to provide funding of \$20,072,324 from the fund for various programs and grants during the 2023-25 biennium;
- Adds a section to provide the statutory changes to require 80 percent of the funds received by the state as a result of the JUUL Labs, Inc. lawsuit settlement be deposited in the community health trust fund;
- Adds a section to require the Attorney General transfer 80 percent of the JUUL settlement proceeds received during the 2021-23 biennium and deposited in the refund fund to the community health trust fund;
- Adds a section to require the department to first make available \$870,000 from the federal COVID-19 public health crisis response grant to local public health units. Funding not requested by December 31, 2023, will be available to the department for workforce efforts pursuant to grant guidance;
- Adds a section of legislative intent to provide the Laboratory Building Steering Committee include representation from the Department of Health and Human Services, Department of Environmental Quality, Office of Management and Budget, Governor's office, and the Legislative Assembly;
- Adds a section to provide an exemption to allow the department to continue \$3 million of one-time funding, of which \$1.5 million is from the community health trust fund and \$1.5 million is from other funds secured as matching funds, provided for a statewide health strategies initiative during the 2021-23 biennium to the 2023-25 biennium. The amount appropriated from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds; and
- Adds a section to provide an exemption to allow the department to continue any unexpended funding provided from the federal State Fiscal Recovery Fund during the 2021 special legislative session for the public health laboratory capital project. The section provides any unexpended funds remaining of the \$15 million one-time funding appropriation are available for the public health laboratory capital project during the 2023-25 biennium.

DR
E. J. G.
2-17-23

REPORT OF STANDING COMMITTEE

HB 1004: Appropriations Committee (Rep. Vigesaa, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (20 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). HB 1004 was placed on the Sixth order on the calendar.

Page 1, line 2, after "services" insert "; to create and enact a new section to chapter 54-27 of the North Dakota Century Code, relating to the deposit of judgment funds; to provide for a legislative management report; to provide for a transfer; and to provide for an exemption"

Page 1, replace lines 10 through 24 with:

	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and wages	\$41,362,968	\$5,511,774	\$46,874,742
Operating expenses	31,242,543	6,478,670	37,721,213
Capital assets	1,796,393	(326,613)	1,469,780
Grants	55,812,575	15,857,570	71,670,145
Tobacco prevention	13,410,022	850,459	14,260,481
Women, infants, and children food payments	19,900,000	0	19,900,000
COVID-19	4,459,766	93,353,091	97,812,857
Public health laboratory capital project	0	55,120,000	55,120,000
Total all funds	\$167,984,267	\$176,844,951	\$344,829,218
Less estimated income	<u>129,409,112</u>	<u>170,213,282</u>	<u>299,622,394</u>
Total general fund	\$38,575,155	\$6,631,669	\$45,206,824
Full-time equivalent positions	210.50	5.00	215.50"

Page 2, line 2, after "biennium" insert "and the 2023-25 biennium one-time funding items included in the appropriation in section 1 of this Act"

Page 2, replace lines 4 through 12 with:

"Vital records system technology upgrades	\$275,000	\$0
Statewide health strategies initiative	3,000,000	0
COVID-19 response	9,262,341	0
Forensic examiner upgrades	910,000	0
COVID-19 response - House Bill No. 1395	87,290,597	0
Public health laboratory capital project	15,000,000	55,120,000
Total all funds	\$115,737,938	\$55,120,000
Less estimated income	<u>110,209,662</u>	<u>55,120,000</u>
Total general fund	\$5,528,276	\$0

The 2023-25 biennium one-time funding amounts are not a part of the entity's base budget for the 2025-27 biennium. The department of health and human services shall report to the appropriations committees of the sixty-ninth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within section 1 of this Act, subdivisions 1, 2, and 3 of section 1 of Senate Bill No. 2012, and any other appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made

in excess of \$50,000 and to the appropriations committees of the sixty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority from line items within section 1 of this Act, subdivisions 1, 2, and 3 of Senate Bill No. 2012, and any other appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly to subdivision 4 of Senate Bill No. 2012, for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made in excess of \$50,000 and to the appropriations committees of the sixty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 5. TRANSFER OF APPROPRIATION AUTHORITY. Section 1 of this Act and section 1 of Senate Bill No. 2012 includes appropriation authority for the department of health and human services for the biennium beginning July 1, 2023, and ending June 30, 2025. On July 1, 2023, the office of management and budget shall combine the appropriation authority contained in section 1 of this Act and section 1 of Senate Bill No. 2012, and any other appropriation authority for the department of health and human services in other bills approved by the sixty-eighth legislative assembly, into one budget for the department of health and human services. The department of health and human services shall submit one budget request for the biennium beginning July 1, 2025, and ending June 30, 2027."

Page 2, replace line 21 with:

"Domestic violence offender treatment	1,000,000
Domestic violence prevention	1,000,000"

Page 2, replace line 24 with:

"Local public health state aid	3,275,000"
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Page 2, replace lines 27 and 28 with:

"Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000"

Page 2, replace line 31 with:

"Total community health trust fund	\$20,072,324
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SECTION 8. A new section to chapter 54-27 of the North Dakota Century Code is created and enacted as follows:

Deposit of JUUL Labs, Inc., judgment funds.

Eighty percent of any funds received by the state under the consent judgment adopted by the south central judicial district court in its consent judgment entered December 8, 2022, [Civil No. 08-2022-CV-02972] in State of North Dakota, ex rel. Drew H. Wrigley v. JUUL Labs, Inc., must be deposited in the community health trust fund.

SECTION 9. TRANSFER - ATTORNEY GENERAL REFUND FUND TO COMMUNITY HEALTH TRUST FUND. The attorney general shall transfer eighty percent of any funds deposited in the attorney general refund fund during the biennium beginning July 1, 2021, and ending June 30, 2023, relating to the consent

judgment entered December 8, 2022, [Civil No. 08-2022-CV-02972] in State of North Dakota, ex rel. Drew H. Wrigley v. JUUL Labs, Inc., to the community health trust fund on July 1, 2023.

SECTION 10. USE OF PUBLIC HEALTH CRISIS RESPONSE GRANT FUNDS. The public health division of the department of health and human services shall use \$870,000 of funding made available through the federal COVID-19 public health crisis response grant for public health workforce to provide grants to local public health units. To be eligible to receive a grant, local public health units must apply for this grant funding by December 31, 2023. Any public health workforce funds not awarded to local public health units may be used by the department of health and human services for workforce efforts pursuant to federal grant guidance.

SECTION 11. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall establish a laboratory building steering committee to oversee the design and construction of the laboratory building project for the biennium beginning July 1, 2023, and ending June 30, 2025. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 12. EXEMPTION - 2021-23 BIENNIUM APPROPRIATION - STATEWIDE HEALTH STRATEGIES. The sum of \$3,000,000, of which \$1,500,000 is from the community health trust fund and \$1,500,000 is from other income derived from matching funds, appropriated for statewide health strategies in section 1 of chapter 32 of the 2021 Session Laws, is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available for statewide health strategies initiatives during the biennium beginning July 1, 2023, and ending June 30, 2025. The amount appropriated from the community health trust fund is contingent on the department of health and human services securing dollar-for-dollar matching funds.

SECTION 13. EXEMPTION - 2021-23 BIENNIUM APPROPRIATION - PUBLIC HEALTH LABORATORY CAPITAL PROJECT. The sum of \$15,000,000 of federal funds, derived from the state fiscal recovery fund, appropriated for a public health laboratory capital project in subdivision 7 of section 1 of chapter 550 of the 2021 Special Session Laws, is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available for the public health laboratory capital project during the biennium beginning July 1, 2023, and ending June 30, 2025."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - DHHS - Health Services - House Action

	Base Budget	House Changes	House Version
Salaries and wages	\$41,362,968	\$5,511,774	\$46,874,742
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Total all funds	\$167,984,267	\$176,844,951	\$344,829,218
Less estimated income	129,409,112	170,213,282	299,622,394
General fund	\$38,575,155	\$6,631,669	\$45,206,824

FTE 210.50 5.00 215.50

Department 350 - DHHS - Health Services - Detail of House Changes

	Adjusts Funding for Cost to Continue Salaries ¹	Adjusts Base Budget Funding ²	Adds Funding for Salary and Benefit Increases ³	Adds 1 FTE Autopsy Technician ⁴	Adds 4 FTE Program Management Positions ⁵	Increases Funding for Information Technology ⁶
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Capital assets		(326,613)				
Grants		8,721,285				
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Less estimated income	216,068	106,147,341	2,379,473	0	50,008	1,050,392
General fund	\$103,733	\$1,692,991	\$754,711	\$65,094	\$0	\$191,302
FTE	0.00	0.00	0.00	1.00	4.00	0.00

	Adds Funding for Injury Prevention ⁷	Increases Funding for Public Health Registries ⁸	Increases Funding for the Biomedical Cache ⁹	Adds Funding for Emergency Response and Preparedness ¹⁰	Increases Funding for Local Public State Aid ¹¹	Increases Funding for Domestic Violence Prevention ¹²
Salaries and wages						
Operating expenses	\$31,000	\$701,553	\$20,000	\$385,000		
Capital assets						
Grants					\$2,750,000	\$3,686,285
Tobacco prevention						
WIC food payments						
COVID-19 response						
State laboratory						
Total all funds	\$31,000	\$701,553	\$20,000	\$385,000	\$2,750,000	\$3,686,285
Less estimated income	0	0	0	0	2,750,000	1,000,000
General fund	\$31,000	\$701,553	\$20,000	\$385,000	\$0	\$2,686,285
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Increases Funding for Domestic Violence Offender Treatment ¹³	Adds Funding for Tobacco Treatment and Cessation Grants ¹⁴	Add Funding for Youth Vaping Prevention Grants ¹⁵	Adds Funding for Laboratory Building ¹⁶	Total House Changes
Salaries and wages					\$5,511,774
Operating expenses					6,478,670
Capital assets					(326,613)
Grants	\$700,000				15,857,570
Tobacco prevention		\$500,000	\$300,000		850,459
WIC food payments					
COVID-19 response					93,353,091
State laboratory				\$55,120,000	55,120,000
Total all funds	\$700,000	\$500,000	\$300,000	\$55,120,000	\$176,844,951
Less estimated income	700,000	500,000	300,000	55,120,000	170,213,282
General fund	\$0	\$0	\$0	\$0	\$6,631,669
FTE	0.00	0.00	0.00	0.00	5.00

¹ Funding is added for cost to continue salary increases.

² Funding is added, including funding from federal and special funds, for base budget changes and adjustments to transfer funding between the former State Department of Health and former Department of Human Services budgets.

³ The following funding is added for 2023-25 biennium salary adjustments of 4 percent on

July 1, 2023, and 4 percent on July 1, 2024, and increases in health insurance premiums from \$1,429 to \$1,648 per month:

	<u>General Fund</u>	<u>Other Funds</u>	<u>Total</u>
Salary increase	\$488,250	\$1,513,380	\$2,001,630
Health insurance increase	<u>266,461</u>	<u>866,093</u>	<u>1,132,554</u>
Total	\$754,711	\$2,379,473	\$3,134,184

⁴ Funding is added to convert 1 temporary position to 1 FTE autopsy technician IV position.

⁵ Funding from federal funds is added to convert 4 temporary positions to 4 FTE program management III positions to serve as tribal liaisons.

⁶ Funding is added for Information Technology Department rate increases.

⁷ Funding related to injury prevention is increased for the poison control hotline.

⁸ Funding is added for inflationary increases relating to public health registries.

⁹ Funding is added to expand the biomedical cache.

¹⁰ Funding is added for emergency response and preparedness training and exercise.

¹¹ Funding is added from the community health trust fund to increase local public health state aid to provide a total of \$8,000,000, of which \$4,725,000 is from the general fund and \$3,275,000 is from the community health trust fund.

¹² Funding for domestic violence prevention is increased to provide a total of \$5,936,285, of which \$4,596,285 is from the general fund, \$1,000,000 is from the community health trust fund, and \$340,000 is from the domestic violence and sexual assault prevention fund which receives revenue from marriage license fees.

¹³ Funding from the community health trust fund is increased for domestic violence offender treatment to provide a total of \$1 million from the fund.

¹⁴ Funding from the community health trust fund is added for a NDQuits cessation program with pharmacies.

¹⁵ Funding from the community health trust fund is added for youth vaping and nicotine prevention grants.

¹⁶ One-time funding from the federal State Fiscal Recovery Fund is added for a new laboratory building shared with the Department of Environmental Quality.

This amendment also:

- Adds a section to provide an exemption to allow the Department of Health and Human Services to transfer funding between line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any other appropriation authority for the Department of Health and Human Services approved by the 68th Legislative Assembly;
- Adds a section to provide an exemption to allow the Department of Health and Human Services to transfer funding from the line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any other appropriation authority for the Department of Health and Human Services approved by the 68th Legislative Assembly to subdivision 4 of Section 1 of Senate Bill No. 2012;
- Adds a section to require the Office of Management and Budget to combine the appropriation authority contained in Section 1 of House Bill No. 1004, Section 1 of Senate Bill No. 2012, and any other appropriation authority for the Department of Health and Human Services into one budget. The section also requires the Department of Health and Human Services to submit one budget request for the

2025-27 biennium;

- Amends the section related to estimated income provided from the community health trust fund to provide funding of \$20,072,324 from the fund for various programs and grants during the 2023-25 biennium;
- Adds a section to provide the statutory changes to require 80 percent of the funds received by the state as a result of the JUUL Labs, Inc. lawsuit settlement be deposited in the community health trust fund;
- Adds a section to require the Attorney General transfer 80 percent of the JUUL settlement proceeds received during the 2021-23 biennium and deposited in the refund fund to the community health trust fund;
- Adds a section to require the department to first make available \$870,000 from the federal COVID-19 public health crisis response grant to local public health units. Funding not requested by December 31, 2023, will be available to the department for workforce efforts pursuant to grant guidance;
- Adds a section of legislative intent to provide the Laboratory Building Steering Committee include representation from the Department of Health and Human Services, Department of Environmental Quality, Office of Management and Budget, Governor's office, and the Legislative Assembly;
- Adds a section to provide an exemption to allow the department to continue \$3 million of one-time funding, of which \$1.5 million is from the community health trust fund and \$1.5 million is from other funds secured as matching funds, provided for a statewide health strategies initiative during the 2021-23 biennium to the 2023-25 biennium. The amount appropriated from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds; and
- Adds a section to provide an exemption to allow the department to continue any unexpended funding provided from the federal State Fiscal Recovery Fund during the 2021 special legislative session for the public health laboratory capital project. The section provides any unexpended funds remaining of the \$15 million one-time funding appropriation are available for the public health laboratory capital project during the 2023-25 biennium.

2023 SENATE APPROPRIATIONS

HB 1004

Department 325 - Department of Health and Human Services - Public Health
House Bill No. 1004

First Chamber Comparison to Base Level

	General Fund	Other Funds	Total
2023-25 First Chamber Version	\$45,206,824	\$299,622,394	\$344,829,218
2023-25 Base Level ¹	38,575,155	129,409,112	167,984,267
Increase (Decrease)	\$6,631,669	\$170,213,282	\$176,844,951

¹Base level funding includes the State Department of Health appropriation for the 2021-23 biennium, less one-time funding.

First Chamber Changes

A summary of the first chamber's changes to the agency's base level appropriations and the executive budget is attached as an appendix.

Selected Bill Sections Included in the First Chamber Version

Funding transfer authorization - Line items of House Bill No. 1004 and Senate Bill No. 2012 - Section 3 provides an exemption to allow the Department of Health and Human Services (DHHS) to transfer funding between line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS approved by the 68th Legislative Assembly. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.

Funding transfer authorization - Line items of House Bill No. 1004 and select subdivisions of Senate Bill No. 2012 to county social services in Senate Bill No. 2012 - Section 4 provides an exemption to allow DHHS to transfer funding from the line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS approved by the 68th Legislative Assembly to subdivision 4 of Section 1 of Senate Bill No. 2012. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.

Transfer of appropriation authority - Section 5 requires the Office of Management and Budget (OMB) to combine the appropriation authority contained in Section 1 of House Bill No. 1004, Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS in other bills approved by the 68th Legislative Assembly, into one budget for DHHS on July 1, 2023. The section would also require DHHS to submit one budget request for the 2025-27 biennium.

Insurance tax distribution fund - Section 6 identifies \$1,125,000 from the insurance tax distribution fund for rural emergency medical services (EMS) grants during the 2023-25 biennium.

Community health trust fund - Section 7 identifies \$20,072,324 from the community health trust fund for various programs and grants during the 2023-25 biennium.

JUUL Labs, Inc. settlement funds deposit - Section 8 provides the statutory changes to require 80 percent of the funds received by the state as a result of the JUUL Labs, Inc. settlement be deposited in the community health trust fund.

JUUL Labs, Inc. settlement funds transfer - Section 9 requires the Attorney General to transfer 80 percent of the JUUL Labs, Inc. settlement proceeds received during the 2021-23 biennium and deposited in the Attorney General refund fund to the community health trust fund.

Federal COVID-19 public health crisis response grant - Section 10 requires the department to first make available \$870,000 from the federal COVID-19 public health crisis response grant to local public health units. Funding not requested by December 31, 2023, will be available to the department for workforce efforts pursuant to grant guidance.

Laboratory Building Steering Committee membership - Section 11 provides the Laboratory Building Steering Committee include representation from DHHS, the Department of Environmental Quality (DEQ), OMB, the Governor's office, and the Legislative Assembly. Legislative Assembly members assigned to the committee must include one member of the Senate, appointed by the Senate Majority Leader; one member of the House, appointed by the House Majority Leader; and one member of the minority party from either the Senate or the House, appointed by the minority leaders of the Senate and House.

Statewide health strategies initiative exemption - 2021-23 biennium carryover - Section 12 provides an exemption to allow the department to continue \$3 million of one-time funding, of which \$1.5 million is from the community health trust fund and \$1.5 million is from other funds secured as matching funds, provided for a statewide health strategies initiative during the 2021-23 biennium to the 2023-25 biennium. The amount appropriated from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds.

Public health laboratory capital project exemption - 2021-23 biennium carryover - Section 13 provides an exemption to allow the department to continue any unexpended funding provided from the federal State Fiscal Recovery Fund during the 2021 special legislative session for the public health laboratory capital project. The section provides any unexpended funds remaining of the \$15 million one-time funding appropriation are available for the public health laboratory capital project during the 2023-25 biennium.

Continuing Appropriations

Medical marijuana - North Dakota Century Code Section 19-24.1-40 establishes the medical marijuana fund and requires DHHS deposit in the fund all fees collected under the medical marijuana chapter. The department must administer the fund and money in the fund is 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 DHHS may make combined or joint purchases with or on behalf of local public health units for items or services. Payments received by DHHS 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 DHHS 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 DHHS 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 Appropriations

There are no deficiency appropriations for this agency.

Significant Audit Findings

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

1. **Finding 2021-01 - Inaccurate Inventory and Storage Location of COVID-19 Vaccine Vials** - The department could not provide evidence they routinely reconcile COVID-19 vaccine inventory and storage location to the inventory system list. The State Auditor recommends the department follow federal Centers for Disease Control and Prevention (CDC) guidance to reconcile all vaccines in storage on a monthly basis, including verifying the location in the inventory system to maintain accurate vaccine inventory records.
 - **Department's response** - Team members responsible for storage and handling had inventory systems in place, using spreadsheets to track data and communicate between the vaccine coordinator and the vaccine distribution team. This process assured efficacy and maximized the shelf life of the vaccine. The department agrees to perform reconciliation between physical inventory and storage locations in the warehouse and inventory system data monthly.
 - **State Auditor's response** - The inventory system referenced by the department relates to having sufficient vaccine on hand and is unrelated to the finding. The audit discovered discrepancies between the vaccine inventory locations and counts in the inventory system compared to the physical counts and storage locations (fridge/freezer/ultracold) in the warehouse on the August 8, 2021, inspection. Vaccine distribution staff could not identify the cause of these discrepancies during the inspection.
2. **Finding 2021-02 - Vaccine Issued Out of Incorrect Storage Location** - The department could not verify temperature data for the storage location for some vaccine dosages issued. The State Auditor recommends the department record accurate storage locations in inventory system records, properly store vaccines according to manufacturer temperature requirements, and monitor vaccine shelf life according to storage temperatures.
 - **Department's response** - The department states that no Moderna vaccines were ever stored at ultracold temperatures and that the ultracold location in the inventory system was a clerical error and did not impact the viability of the vaccine. The department uses redundant systems to ensure proper monitoring and distribution of vaccines prior to end of shelf life. The use by date is written on the cap of vaccines to reflect the correct shelf life. Shelf life is also documented on an inventory spreadsheet. This information is also written on the inventory system packing slip for providers, which the provider signs and the courier returns to the warehouse. The department properly stores vaccines according to manufacturer temperature requirements. The department agrees to perform reconciliation between physical inventory and storage locations in the warehouse and the inventory system data monthly. The department has adopted an upgrade to the inventory system that includes an inventory auditing module. The inventory system will now keep records of the dates that the inventory was checked, who checked the inventory, and what was done to correct the differences, if any.
 - **State Auditor's response** - The systems referenced by the department to ensure proper monitoring and distribution were ineffective as the inventory system records and storage locations were not reconciled with discrepancies corrected (see Finding 2021-01). Inventory records indicated vaccines were administered after

their expiration and Moderna was incorrectly stored at ultracold temperatures. There is no support to confirm any clerical errors.

3. **Finding 2021-03 - Improperly Stored and Tracked Vaccines** - The State Auditor reported errors and missing documentation for vaccines transported to other providers, errors and missing documentation for vaccines transported to pop-up vaccine clinics and returned to the state warehouse, errors in use of digital data loggers; and missing documentation for fridge alerts for out-of-range temperatures. The State Auditor recommends the department ensure data logger data is identifiable by transport, improve training, perform internal monitoring procedures to ensure complete and accurate vaccine chain of custody records and cold chain temperature readings; ensure records retention, document internal monitoring procedures, and perform subsequent corrective actions.

- **Department's response** - The department policy is that it follows the 3-year CDC requirements for document retention and agrees to update the state retention schedule and retain records. Department redundant systems, used to track temperatures, exceeded CDC guidelines:
 - The department recorded temperatures every 60 seconds during transport and every 5 minutes for stationary units. The federal Centers for Disease Control and Prevention recommends recording a minimum and maximum temperature.
 - The department manually records temperatures of cold chain equipment storing vaccine twice daily. The Centers for Disease Control and Prevention recommends temperatures be checked once daily.

Potential and actual excursions were identified through alarm systems, beyond what was required by the CDC. Any vaccine reported to be out of range was quarantined and not used until the manufacturer reviewed the situation and determined viability. The public was protected through these processes. The department agrees to continue to improve training, internal monitoring, recording procedures, and perform any corrective actions to ensure that the D.O.C fridge and data logger data is tied to transport and is documented throughout the cold chain process. The department has already implemented new forms and processes to address this recommendation.

- **State Auditor's response** - The redundant systems referenced by the department to exceed CDC guidelines are ineffective. The audit identified data logger temperature data not being tied to specific vaccines, movement of vaccines to the dock fridge not being identified in records, and incomplete and missing temperature documentation. The audit also identified that temperature alert controls are easily disabled and there was no evidence of when alerts were enacted.
4. **Finding 2021-04 - Not Following Laboratory Policy for Approval Process for RT-PCR Microplates with Greater Than 25 percent Positivity** - The department does not have a formal laboratory review process for lead technicians to consistently review high positivity rates of COVID-19 RT-PCR tests with evidence of their approval. The State Auditor recommends the department document approval and perform monitoring procedures that ensure lead laboratory technicians review and approve PCR runs with greater than 25 percent positivity rates for COVID-19 in accordance with their standard operating procedures.

- **Department's response** - The department asserts that quality assurance procedures were in place and accurate test results were reported to the public. A recent clinical laboratory improvement amendments audit found no issues with the laboratory practices. More than one million tests were processed over this period and the State Auditor's office also found no errors in the positive and negative control samples for COVID-19 RTPCR tests. The department agrees that some documentation regarding lead technician review was not available, as noted by the audit report, that requirement is above and beyond the requirements of the manufacturer. Current practice is that all runs greater than 15 percent positivity are assessed by the medical laboratory scientist/technician that is trained, competent, and demonstrates proficiency on the platform. All SARS-CoV-2 methods have been reviewed and minor adjustments have been made to accurately reflect the work being completed.
- **State Auditor's response** - The department established this policy to help ensure accurate test results were reported to the public. Any runs with a positivity rate of 25 percent or greater were to have a lead technician approval before it went out. This approval is separate from the assessment of runs with greater than 15 percent positivity and there were no exceptions to this approval in policy. Our audit identified instances where lead technicians were not approving high positivity rate COVID-19 RT-PCR plates to verify the accuracy of the test results. The remainder of the department response is irrelevant to the finding and recommendation. In times of crisis, shortcuts and noncompliance with policies and procedures increase the risk of errors.

Major Related Legislation

House Bill No. 1028 - Appropriates \$75,000 from the general fund to DHHS to assist the **community health worker task force** with data collection and meeting facilitation. The department is required to establish and provide staffing and administrative services to a community health worker task force.

House Bill No. 1045 - Allows DHHS to require a licensed provider to use a **third-party life safety survey** reviewer depending on the department's workload at the time of project submission.

House Bill No. 1165 - Repeals the state **Health Council** and replaces the council with DHHS.

House Bill No. 1207 - Requires DHHS publish, on a website maintained by the department, North Dakota **data regarding vaccine adverse events**.

House Bill No. 1294 - Provides for the distribution of state financial assistance to eligible **ambulance service operations**.

House Bill No. 1365 - Relates to state financial assistance for **EMS** and county emergency medical service levies.

House Bill No. 1390 - Appropriates \$15,000 from the general fund to DHHS for the activities of the **Suicide Fatality Review Commission**.

House Bill No. 1447 - Establishes an **opioid settlement fund**, provides for the transfer of settlement proceeds, and appropriates \$8 million from the opioid settlement fund to DHHS for **opioid remediation and abatement** efforts.

House Bill No. 1477 - Appropriates \$7 million from the community health trust fund to DHHS for **grants to rural EMS** and rural ambulance service districts.

House Bill No. 1478 - Allows an individual admitted into the hospice program to submit medical records in place of a written certification in the online qualifying patient application for **medical use of marijuana**. A fiscal note prepared by DHHS indicates minimal fiscal impact.

House Bill No. 1519 - Provides a one-time appropriation of \$250,000 from the federal State Fiscal Recovery Fund to DHHS for uncrewed aircraft system, autonomous vehicle, or other **autonomous technology grants to EMS providers** to enhance EMS in rural areas of the state. The department may require \$1 of matching funds from the applicant for every \$4 provided by the department.

Senate Bill No. 2153 - Requires **local public health units** to provide certain services.

Senate Bill No. 2201 - Reduces the maximum **fee for dispensary and manufacturing facility registration certificates** and additional plants. The bill also would require DHHS to pay the costs of criminal history record checks. A fiscal note prepared by DHHS estimates medical marijuana fees would be reduced \$280,000 and expense would be increased \$26,400.

Senate Bill No. 2227 - Adjusts the membership of the state **Health Council**.

Senate Bill No. 2248 - Establishes an **opioid settlement fund** and appropriates \$1.5 million from the opioid settlement fund to DHHS to expand statewide awareness of the **fentanyl drug and overdose epidemic**.

Senate Bill No. 2344 - Appropriates \$96,000 from the general fund to DHHS for the **health care professional student loan repayment program**. Funding is provided for four public health professional loan slots and four registered nurse loan slots.

Department of Health and Human Services - Public Health - Budget No. 325
House Bill No. 1004
Base Level Funding Changes

	Executive Budget Recommendation				House Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	210.50	\$38,575,155	\$129,409,112	\$167,984,267	210.50	\$38,575,155	\$129,409,112	\$167,984,267
2023-25 Ongoing Funding Changes								
Base payroll changes		\$103,733	\$216,068	\$319,801		\$103,733	\$216,068	\$319,801
Base budget changes, including federal funds and adjustments to transfer funding between the former State Department of Health and former Department of Human Services budgets		1,692,991	106,147,341	107,840,332		1,692,991	106,147,341	107,840,332
Salary increase		656,026	2,019,554	2,675,580		488,250	1,513,380	2,001,630
Health insurance increase		260,470	846,616	1,107,086		266,461	866,093	1,132,554
Adds funding to convert 1 temporary position to 1 FTE autopsy technician IV position	1.00	65,094		65,094	1.00	65,094		65,094
Adds funding to convert 4 temporary positions to 4 FTE program management III positions	4.00		50,008	50,008	4.00		50,008	50,008
Adds funding for ITD rate increases		191,302	1,050,392	1,241,694		191,302	1,050,392	1,241,694
Adds funding from the community health trust fund for tobacco treatment and cessation grants			500,000	500,000			500,000	500,000
Adds funding from the community health trust fund for youth vaping prevention grants			300,000	300,000			300,000	300,000
Increases funding for operating expenses in injury prevention		31,000		31,000		31,000		31,000
Adds funding from the community health trust fund to increase local public health state aid to provide a total of \$8,000,000, of which \$4,725,000 is from the general fund and \$3,275,000 is from the community health trust fund			2,750,000	2,750,000			2,750,000	2,750,000
Increases funding for domestic violence prevention to provide a total of \$5,936,285, of which \$4,596,285 is from the general fund and \$1,000,000 is from the community health trust fund		2,686,285		2,686,285		2,686,285	1,000,000	3,686,285

Increases funding from the community health trust fund for domestic violence offender treatment to provide a total of \$1 million from the community health trust fund			700,000	700,000			700,000	700,000
Increases funding to maintain public health registries		701,553		701,553		701,553		701,553
Adds funding to expand the biomedical cache		20,000		20,000		20,000		20,000
Adds funding for emergency response and preparedness training and exercise		385,000		385,000		385,000		385,000
Total ongoing funding changes	5.00	\$6,793,454	\$114,579,979	\$121,373,433	5.00	\$6,631,669	\$115,093,282	\$121,724,951
One-Time Funding Items								
Adds one-time funding for public health registries		\$69,558		\$69,558				\$0
Adds one-time funding from the federal State Fiscal Recovery Fund for a new laboratory building shared with DEQ			\$55,120,000	55,120,000			\$55,120,000	55,120,000
Total one-time funding changes	0.00	\$69,558	\$55,120,000	\$55,189,558	0.00	\$0	\$55,120,000	\$55,120,000
Total Changes to Base Level Funding	5.00	\$6,863,012	\$169,699,979	\$176,562,991	5.00	\$6,631,669	\$170,213,282	\$176,844,951
2023-25 Total Funding	215.50	\$45,438,167	\$299,109,091	\$344,547,258	215.50	\$45,206,824	\$299,622,394	\$344,829,218
<i>Federal funds included in other funds</i>			\$270,392,653				\$269,984,293	
<i>Total ongoing changes as a percentage of base level</i>	2.4%	17.6%	88.5%	72.3%	2.4%	17.2%	88.9%	72.5%
<i>Total changes as a percentage of base level</i>	2.4%	17.8%	131.1%	105.1%	2.4%	17.2%	131.5%	105.3%

Other Sections in Department of Health and Human Services - Public Health - Budget No. 325

	Executive Budget Recommendation	House Version
Funding transfer authorization - Line items of House Bill No. 1004 and Senate Bill No. 2012	Section 3 would provide an exemption to allow DHHS to transfer funding between line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS approved by the 68th Legislative Assembly. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.	Section 3 provides an exemption to allow DHHS to transfer funding between line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS approved by the 68th Legislative Assembly. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.

Other Sections in Department of Health and Human Services - Public Health - Budget No. 325

Executive Budget Recommendation

Funding transfer authorization - Line items of House Bill No. 1004 and select subdivisions of Senate Bill No. 2012 to county social services in Senate Bill No. 2012

Section 4 would provide an exemption to allow DHHS to transfer funding from the line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS approved by the 68th Legislative Assembly to subdivision 4 of Section 1 of Senate Bill No. 2012. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.

Transfer of appropriation authority

Section 5 would require OMB to combine the appropriation authority contained in Section 1 of House Bill No. 1004, Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS in other bills approved by the 68th Legislative Assembly, into one budget for DHHS on July 1, 2023. The section would also require DHHS to submit one budget for the 2025-27 biennium.

Estimated income - Insurance tax distribution fund

Section 6 would identify \$1,125,000 from the insurance tax distribution fund for rural EMS grants during the 2023-25 biennium.

Estimated income - Community health trust fund

Section 7 would identify \$19,072,324 from the community health trust fund for various programs and grants during the 2023-25 biennium.

Deposit of JUUL Labs, Inc. settlement funds in the community health trust fund

House Version

Section 4 provides an exemption to allow DHHS to transfer funding from the line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS approved by the 68th Legislative Assembly to subdivision 4 of Section 1 of Senate Bill No. 2012. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.

Section 5 requires OMB to combine the appropriation authority contained in Section 1 of House Bill No. 1004, Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS in other bills approved by the 68th Legislative Assembly, into one budget for DHHS on July 1, 2023. The section would also require DHHS to submit one budget request for the 2025-27 biennium.

Section 6 identifies \$1,125,000 from the insurance tax distribution fund for rural EMS grants during the 2023-25 biennium.

Section 7 identifies \$20,072,324 from the community health trust fund for various programs and grants during the 2023-25 biennium.

Section 8 provides the statutory changes to require 80 percent of the funds received by the state as a result of the JUUL Labs, Inc. settlement be deposited in the community health trust fund.

Transfer - JUUL Labs, Inc. settlement funds to community health trust fund

Section 9 requires the Attorney General transfer 80 percent of the JUUL Labs, Inc. settlement proceeds received during the 2021-23 biennium and deposited in the Attorney General refund fund to the community health trust fund.

Use of Funds - Federal COVID-19 public health crisis response grant

Section 10 requires the department to first make available \$870,000 from the federal COVID-19 public health crisis response grant to local public health units. Funding not requested by December 31, 2023, will be available to the department for workforce efforts pursuant to grant guidance.

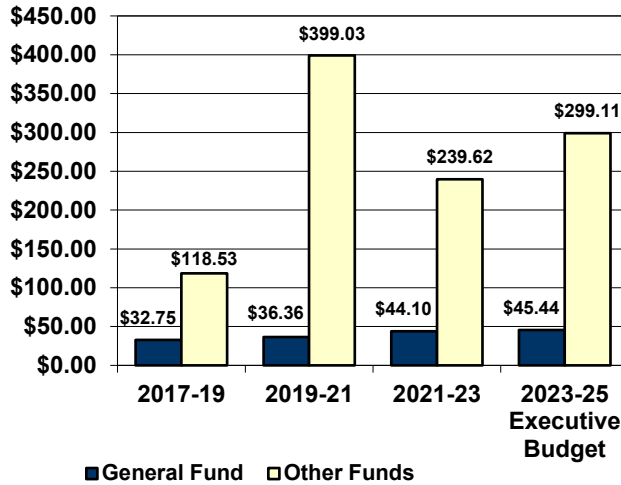
Other Sections in Department of Health and Human Services - Public Health - Budget No. 325

	<u>Executive Budget Recommendation</u>	<u>House Version</u>
Laboratory Building Steering Committee membership		Section 11 provides the Laboratory Building Steering Committee include representation from DHHS, DEQ, OMB, the Governor's office, and the Legislative Assembly. Legislative Assembly members assigned to the committee must include one member of the Senate, appointed by the Senate Majority Leader; one member of the House, appointed by the House Majority Leader; and one member of the minority party from either the Senate or the House, appointed by the minority leaders of the Senate and House.
Exemption - Statewide health strategies initiative - 2021-23 biennium carryover	Section 8 would provide an exemption to allow the department to continue \$3 million of one-time funding, of which \$1.5 million is from the community health trust fund and \$1.5 million is from other funds secured as matching funds, provided for a statewide health strategies initiative during the 2021-23 biennium to the 2023-25 biennium. The amount appropriated from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds.	Section 12 provides an exemption to allow the department to continue \$3 million of one-time funding, of which \$1.5 million is from the community health trust fund and \$1.5 million is from other funds secured as matching funds, provided for a statewide health strategies initiative during the 2021-23 biennium to the 2023-25 biennium. The amount appropriated from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds.
Exemption - Public health laboratory capital project - 2021-23 biennium carryover	Section 9 would provide an exemption to allow the department to continue any unexpended funding provided from the federal State Fiscal Recovery Fund during the 2021 special legislative session for the public health laboratory capital project. The section provides any unexpended funds remaining of the \$15 million one-time funding appropriation are available for the public health laboratory capital project during the 2023-25 biennium.	Section 13 provides an exemption to allow the department to continue any unexpended funding provided from the federal State Fiscal Recovery Fund during the 2021 special legislative session for the public health laboratory capital project. The section provides any unexpended funds remaining of the \$15 million one-time funding appropriation are available for the public health laboratory capital project during the 2023-25 biennium.

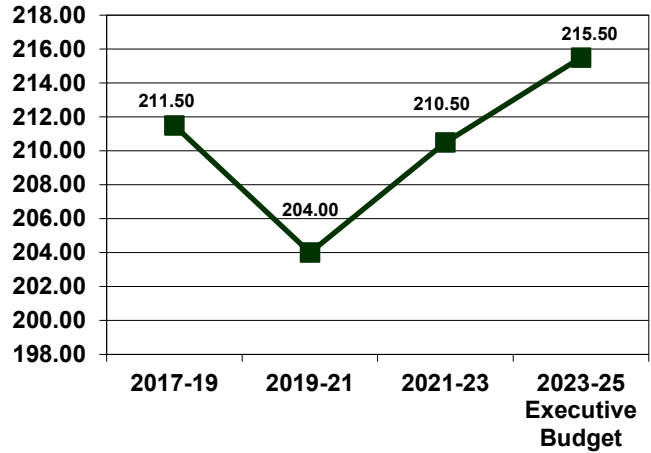
Historical Appropriations Information

Agency Appropriations and FTE Positions

Agency Funding (Millions)



FTE Positions



Ongoing General Fund Appropriations

	2015-17	2017-19	2019-21	2021-23	2023-25 Executive Budget
Ongoing general fund appropriations	\$48,535,568	\$32,750,309	\$36,270,590	\$38,575,155	\$45,368,609
Increase (decrease) from previous biennium	N/A	(\$15,785,259)	\$3,520,281	\$2,304,565	\$6,793,454
Percentage increase (decrease) from previous biennium	N/A	(32.5%)	10.7%	6.4%	17.6%
Cumulative percentage increase (decrease) from 2015-17 biennium	N/A	(32.5%)	(25.3%)	(20.5%)	(6.5%)

Major Increases (Decreases) in Ongoing General Fund Appropriations

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 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

1. Transferred 4 FTE data processing coordinator III positions to ITD for the IT unification initiative, including a decrease in the salaries and wages and tobacco prevention line items, and an increase in operating expenses line item	\$2,135
2. Added 10.5 FTE positions, including funding from the general fund for salaries and wages (\$354,335), 7 temporary positions (\$436,497), and operating expenses (\$3,668,934) for the COVID-19 response. Ongoing funding added for the COVID-19 response totals \$4,459,766 from the general fund and is included in Senate Bill No. 2004. In addition, the Legislative Assembly provided \$5,608,094 from federal funds in House Bill No. 1394 as a 2019-21 biennium appropriation and allowed the department to continue the funding to the 2021-23 biennium for the COVID-19 response for these items	\$4,459,766
3. Adjusted the funding source for salaries and wages related to the plans review program within the Life, Safety, and Construction Division from the general fund to special funds from program fees	(\$312,706)
4. Adjusted funding for cost-to-continue items, 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	\$1,890,945
5. Increased funding from the community health trust fund for tobacco prevention and control, including funding for professional fees and grants	(\$1,108,000)
6. Adjusted funding for an increase in the federal indirect rate to support agencywide costs	(\$1,060,000)
7. Increased funding for operating expenses related to the University of North Dakota forensic examiner contract, to provide a total of \$1,625,270, of which \$1,000,000 is from the community health trust fund and \$625,270 is from the general fund	\$105,270

2023-25 Biennium (Executive Budget Recommendation)

1. Base budget changes, including adjustments to transfer funding between the former State Department of Health and former Department of Human Services budgets	\$1,692,991
2. Adds funding to convert 1 temporary position to 1 FTE autopsy technician IV position	\$65,094
3. Increases funding for domestic violence prevention to provide a total of \$4,596,285 from the general fund	\$2,686,285
4. Increases funding to maintain public health registries	\$701,553

One-Time General Fund Appropriations

	2015-17	2017-19	2019-21	2021-23	2023-25 Executive Budget
One-time general fund appropriations	\$336,000	\$0	\$90,000	\$5,528,276	\$69,558

Major One-Time General Fund Appropriations

2017-19 Biennium

None \$0

2019-21 Biennium

1. Added one-time funding, including funding from federal funds and fee revenue, for microbiology laboratory IT upgrades, to provide a total of \$483,000, of which \$90,000 is from the general fund, \$360,000 is from federal funds, and \$33,000 is from fee revenue \$90,000

2021-23 Biennium

1. Added one-time funding, including \$4,515,296 from the community health trust fund, for costs related to the COVID-19 response, including salaries and wages, grants, and other operating expenses \$4,747,045
2. Added one-time funding, of which \$128,769 is from federal funds, for operating expenses (\$60,000) and capital assets (\$850,000) for forensic examiner equipment (\$500,000) and a forensic electronic records system (\$350,000) \$781,231

2023-25 Biennium (Executive Budget Recommendation)

1. Adds one-time funding for public health registries \$69,558

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Roughrider Room, State Capitol

HB 1004
3/6/2023

A BILL for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services; relating to the deposit of judgment funds; to provide for a legislative management report; to provide for a transfer; and to provide for an exemption.

2:23 PM Chairman Dever opened the hearing on HB 1004.

Members present: Senators Dever, Davison, Burckhard, Kreun, and Mathern.

Discussion Topics:

- North Dakota Public Health
- State laboratory needs
- Regulatory authority history
- Organizational chart
- Public health accomplishments
- Funding grants
- Federal funding grants
- Vital records
- One-time funding requests
- Health information network
- Funding authority
- Administrative services
- Medical marijuana program

2:24 PM Dirk Wilke, Executive Director Public Health, introduced the Public Health Division, testified in favor, testimony # 22059

2:55 PM Carol Redman, Assistant CFO North Dakota Public Health, answered questions from the committee, no written testimony

3:00 PM Tim Wiedrich, North Dakota Public Health, answered questions from the committee

3:56 PM Dirk Wilke, Executive Director Public Health, introduced the Administrative Services, testified in favor, testimony # 22060

4:08 PM Jason Wahl, Director Division of Medical Marijuana, answered questions from the committee, no written testimony

4:22 PM Chairman Dever closed the hearing.

Kathleen Hall, Committee Clerk, for Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Roughrider Room, State Capitol

HB 1004
3/7/2023

A BILL for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services

8:32 AM Chairman Dever opened the meeting. Members present: Senators Dever, Davison, Burckhard, Mathern and Kreun.

Discussion Topics:

- Organizational chart
- Disease control & forensic pathology
- Disease prevention
- Telehealth
- Programs & services
- Immunizations, monitoring, surveillance & follow-up
- Measles
- Syringe services & cases
- Sexually transmitted infection cases
- Forensic examiner full-body scanner
- Covid-19 response
- Covid vaccine funding
- 2023-25 core budget
- Budget comparisons
- Data analysis, surveillance, & evaluation
- Pregnancy, behavioral health, & autism
- Vital records baseline data
- Violent death information
- Mortality & premature death data
- Tobacco & opioid use statistics
- Alzheimer's demographics
- Data collection
- Programs, systems & workforce
- Operating differences
- Loan repayment program
- Data sharing & outcome improvement

8:33 AM Kirby Kruger, Section Director, Disease Control & Forensic Pathology Section of Human Resources Division, introduced & gave an overview, in favor. Testimony #22399

9:00 AM Molly Howell, MPH, Immunization Director & Assistant Section Director, testified, in favor. Testimony #22399

9:13 AM Kirby Kruger returned to his testimony.

Additional written testimony: Kirby Kruger, #22566

9:46 AM Chairman Dever called for recess.

10:00 AM Chairman Dever reconvened the meeting.

10:00 AM Tracey Miller, MPH, PHD, State Epidemiologist, Director of Health Statistics & Performance Section, testified and gave an overview, in favor. Testimony #22447, #22421. Points were clarified & questions answered by Dirk Wilke, and Kirby Kruger.

10:32 AM Kim Mertz, Section Director, Healthy and Safe Communities, testified on loan repayment program. (no written testimony)

10:35 AM Tracey Miller returned to her testimony.
Kirby Kruger & Dirk Wilkie clarified issues & answered questions.

10:49 AM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Roughrider Room, State Capitol

HB 1004
3/7/2023

A BILL for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services

2:20 PM Chairman Dever called the meeting to order. Members present: Senators Dever, Davison, Burckhard, Mathern, and Kreun.

Discussion Topics:

- Organizational chart
- Elbowoods clinic
- Natives off reservation
- Community engagement
- Interactive online training
- Tribal health liaisons
- Program strategies
- Budget comparisons
- Federal grant funds
- Travel & operating differences
- Evidence-based decision making
- Tobacco pharmacy project
- School-based medical dental optical
- Safe havens
- Fetal alcohol syndrome grant
- Infrastructure
- Tobacco Prevention & Control
- State & local collaborative approach
- Health impacts
- Tobacco decrease, vaping increase
- NDQuits
- Pharmacist-provided cessation therapy
- Expansion of grants
- Youth engagement
- Budget request
- Relation to ND Behavioral Health

2:22 PM Kim Mertz, Director, Healthy & Safe Communities, gave an overview.
Testimony # 22547

2:28 PM Krissie Guerard, Director of Community Engagement, spoke on Native programs.
(no written testimony)

2:33 PM Kim Mertz returned to her testimony.

2:49 PM Mallory Sattler, Coordinator, Domestic Violence Rape Crisis Program, verbally testified on sexual assaults.

2:54 PM Kim Mertz, returned to her testimony.

3:34 PM Recess called.

3:42 PM Chairman Dever reconvened the meeting.

3:42 PM Neil Charvat, Program Director, Tobacco Prevention & Control Program, Healthy & Safe Communities Section, Public Health Division, HHS, testified. Testimony #22650

Additional Written testimony:

Andrew T. Schneider #22688; Donene Feist #22310

4:20 PM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Roughrider Room, State Capitol

HB 1004
3/8/2023

A BILL for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services; relating to the deposit of judgment funds; to provide for a legislative management report; to provide for a transfer; and to provide for an exemption.

8:34 AM Chairman Dever called the meeting to order.

Members present: Senators Dever, Davison, Burckhard, Mathern, and Kreun.

Discussion Topics:

- Diagnostic collection, testing
- Organism detection & identification
- Water, food, insects, disease
- Animal, environmental & bioterrorism
- Budget request
- Core plus executive recommendation
- Comparisons
- Operating differences
- Departmental grant-matching to projects
- New State Laboratory
- Project Vision & goals
- Equipment & project changes
- DEQ Collaboration question
- Space efficiency & functionality
- Citizen-focused spaces
- Mechanical equipment storage
- Ancillary support buildings
- Site selection options
- Cost estimates & projections
- Geothermal heating-cooling system
- Projected occupancy early 2026
- Laboratory customers Impactful legislation
- Emergency medical services
- Cardiac, stroke & trauma systems
- EMS for children
- Special projects
- Emergency preparedness and response
- One emergency coalition
- Food & lodging licensure & inspections
- Life safety surveys & reviews
- Construction inspections

- Health facility licensing & certification
- Nurse registry and contracts
- ND resources
- Safety net provision
- Information
- Establishment & enforcement regulation
- Logistics importance
- Vital Records fees & collection
- Over-appropriation & turnback
- Birth certificates
- Impactful definition & legislation
- Community Health Trust Fund

8:34 AM Christie Massen, Section Director, Laboratory Services, Public Health Division, Health & Human Services, testified in favor. Testimony #22844

8:42 AM Lisa Well, General Microbiology, Laboratory Services, ND Health & Human Services, answered questions, in favor. (No written testimony).

8:57 AM Arnie Grebe, CFO, Health and Human Services, answered questions. (No written testimony)

9:00 AM Brian Berg, BWBR, Principal Architect, Zerr-Berg, testified in favor. Testimony #22876, pp 1-9

9:12 AM Nate Almen, Job captain, testified in favor. Testimony #22876, pp 10-17

9:30 AM Brian Berg, returned to testimony. Testimony #22876, pp 18-27

9:56 AM Recess

10:13 AM Chairman Dever called the meeting to order.

10:14 AM Tim Wiedrich, Section Director, Health Response & Licensure Section of Public Health Division, testified in favor. Testimony #22934

11:04 AM Dirk Wilke, Executive Director of Public Health Division of ND Health & Human Services, testified in favor. Testimony #22999

11:11 AM Sheila Sandness, Legislative council, gives information. Neutral.

Additional written testimony:

Sherry Adams, Executive Office for Southwestern District Health Unit, #22799

11:15 AM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Roughrider Room, State Capitol

HB 1004
3/9/2023

A BILL for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services; relating to the deposit of judgment funds; to provide for a legislative management report; to provide for a transfer; and to provide for an exemption.

8:33 AM Chairman Dever called the public hearing to order. Members present: Senators Dever, Davison, Burckhard, Mathern, Kreun.

Discussion Topics:

- Analysis of Special Funds book
- Trust fund withdrawal restrictions
- Rural veterinarian practitioners
- Prohibitive debt-income ratio
- Veterinary loan repayment program
- Recruitment to economic benefactor
- Statewide ambulance services
- Crucial ambulance support
- Emergency training grants
- Electronic chart systems
- Ronald McDonald Care Mobile
- Dental care for underserved children
- Generational trauma & impacts
- Children's brain development
- Adverse childhood experiences
- Interpersonal violence effects
- Holistic approach
- Community collaboration
- Law enforcement partnerships
- Sheriffs/police support letter
- Statewide services & programs
- Federal, state, private, & contract support
- Covid effects on violence
- Bullying education effects
- Population growth influences
- Tier system explanation
- School intervention collaboration©
- County advocacy & emotional support
- Private-county partnership
- Policy counselling
- Budget requests
- Lower violence ratio education

- House budget additions
- Impactful bills
- Domestic violence offender treatment
- Lutheran Social Services closure
- Strangulation intimacy & effects
- Parental visitation program
- Green Dot prevention program
- Violence victim/worker testimonials
- Principles & Characteristics of public health
- Legislative priorities
- Rural funding essential
- Funding flexibility
- Supplemental volunteers
- Assurance of local critical care
- Senior services
- Local public health unit support
- Workforce & data systems funding
- Creative solutions
- Community engagement
- Tuberculosis & Monkey pox
- Tobacco & Vaping considerations

8:34 AM Sheila Sandness, Senior Fiscal Analyst of Legislative Council, gave an overview of the Analysis of Major Special Funds book. #23377

8:39 AM Samantha Vagness, Government Relations Liaison for ND Veterinary Medical Association, introduced Dr. Bleaux Johnson.

8:41 AM Dr Bleaux Johnson, Hettinger Mixed Animal Rural Practitioner & ND Veterinary Medical Association Board Member, testified via Zoom, in favor. Testimony #23286

8:49 AM Tyler Kientopf, Vice President, ND EMS Association, testified in favor. Testimony #23222

8:54 AM Bill Kilonike, ND Emergency Medical Services, answered Questions. (no written testimony).

8:59 AM Kathy Keiser, Exec Director of Ronald McDonald House Charities in Bismarck, testified, in favor. Testimony #23160, #23161, #23162

9:09 AM Coiya Thomkins, President & CEO of Community Violence Intervention Center, Grand Forks County, Chairman, Legislative committee & Board member of CAWS ND, & Survivors of domestic violence testified in favor. Testimony #23213, 23218, 23228, 23240, 23244, 23245, 23247

9:38 AM Jill McDonald, Executive Director, Domestic Violence Crisis Center, Minot, testified in favor. Testimony #23217

9:45 AM Michelle Erickson, Director, Abused Adult Resource Center, Bismarck, & Family Safety Center, testified in favor. Testimony #23157

9:52 AM Deanna Askew, Director of the Domestic Violence Crisis Center for the Department of Health and Human Services, testified in favor. (No written testimony)

9:59 AM Yvonne Griffin, Community Violence Intervention Center, Board member/ past client, Grand Forks, testified in favor. Testimony #23249

10:12 AM Darianne Johnson, Domestic Violence & Rape Crisis Center, Dickinson, spoke in favor. Testimony #23192

10:18 AM Recess

10:36 AM Chairman Dever reconvened the meeting.

10:36 AM Mary Korsmo, State Association of City & County Public Health Officials, testified in favor and introduced Brenda Stallman.

10:38 AM Brenda Stallman, Executive Officer for Trail District Health Unit, written testimony read by Mary Korsmo, in favor. Testimony #22400

10:43 AM Lisa Clute, Executive Officer, First District Public Health, NDHHS, testified on-line, in favor. Testimony #23190

11:10 AM Heather Austin, Executive Director for Tobacco Free North Dakota, testified in favor. Testimony #22341: #22347, #22344, #22343, #22342

Additional Testimony: #22978, 22999

11:19 AM Chairman Dever closed the public hearing on HB 1004.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Roughrider Room, State Capitol

HB 1004
3/16/2023

A BILL for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services

8:37 AM Chairman Dever called the meeting to order. Members present: Senators Dever, Davison, Burckhard, Mathern, Kreun.

Discussion Topics:

- Base level funds longsheet
- Salary adjustments
- New laboratory
- ARPA dollars
- Conference committee
- Attention to prevention
- Financing package
- Total package equipment coverage
- ITD attendance

8:37 AM Committee discussion on HB 1004 Long sheet. Testimony #25540

8:55 AM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Roughrider Room, State Capitol

HB 1004
3/17/2023

A BILL for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services; relating to the deposit of judgment funds; to provide for a legislative management report; to provide for a transfer; and to provide for an exemption.

8:44 AM Chairman Dever called the meeting to order.

Senators Dever, Davison, Burckhard, Mather, and Kreun are present.

Discussion Topics:

- Public Health Unit grant funds restoration
- Allocation of grant funds
- Local public health units
- Distribution of grant monies
- Health unit accreditation and training program
- State-wide communication program
- Administrative costs of grant funded efforts
- Compensation adjustments
- Steering committee and funding for Public Health Lab

9:04 AM Dirk Wilke, Executive Director of Public Health, ND Department of Health and Human Services, testified. Testimony #22059, #22060

Additional written testimony:

Lisa Clute, Executive Officer of First District Health Unit, Testimony #23190

9:16 AM Chairman Dever closed the meeting.

Carol Thompson for Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Roughrider Room, State Capitol

HB 1004
3/20/23

A BILL for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services

9:08 AM Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison, Burckhard, and Kreun.

Discussion Topics:

- Federal Grant
- Heath units
- Guidelines

9:09 AM Senator Davison provided information. No written testimony.

Committee discussed.

9:12 AM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Roughrider Room, State Capitol

HB 1004
3/27/2023

A BILL for an Act to provide an appropriation for defraying the expenses of the public health division of the department of health and human services.

10:28 AM Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison, Burckhard, and Kreun.

Discussion Topics:

- Public health registries
- Community Health Trust Fund
- Long sheet review
- Committee action

10:38 AM Dirk Wilke, Executive Director, Department of Health & Human Services Public Health Division, clarified points & answered questions. No written testimony.

10:40 AM Senator Mathern moved to adopt amendment LC 23.0233.02001. Senator Davison seconded the motion.

10:40 AM Roll call vote.

Senators	Vote
Senator Dick Dever	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y

Motion carried 5-0-0.

10:41 AM Senator Mathern moved DO PASS AS AMENDED on HB 1004. Senator Davison seconded the motion.

10:43 AM Roll call vote.

Senators	Vote
Senator Dick Dever	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y

Motion carried 5-0-0.

Senator Mathern will carry HB 1004.

10:46 AM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

HB 1004
3/31/2023

Relating to the deposit of judgment funds and to provide for a legislative management report, a transfer, and an exemption.

10:37 AM Chairman Bekkedahl opened the meeting on HB 1004.

Members present: Senators Bekkedahl, Krebsbach, Burckhard, Davison, Dever, Dwyer, Erbele, Kreun, Mathern, Meyer, Roers, Schaible, Sorvaag, Vedaa, Wanzek, and Rust.

Discussion Topics:

- Committee action

10:38 AM Senator Mathern introduced the bill.

10:40 AM Senator Dwyer moved to adopt amendment. LC 23.0233.02001

10:40 AM Senator Sorvaag seconded.

Roll call vote.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator David S. Rust	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y

Motion passed. 16-0-0

10:44 AM Senator Mathern moved DO PASS as amended.

10:44 AM Senator Kreun seconded.

Roll call vote.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator David S. Rust	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y

Motion passed. 16-0-0

Senator Mathern will carry the bill.

10:46 AM Chairman Bekkedahl closed the meeting.

Justin Boone on behalf of Kathleen Hall, Committee Clerk

*MG
3/31/23
1/2*

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, remove lines 15 through 24

Page 2, replace lines 1 and 2 with:

"Salaries and wages	\$41,362,968	\$3,830,044	\$45,193,012
Operating expenses	31,242,543	6,478,670	37,721,213
Capital assets	1,796,393	(326,613)	1,469,780
Grants	55,812,575	15,857,570	71,670,145
Tobacco prevention	13,410,022	814,235	14,224,257
Women, infants, and children food payments	19,900,000	0	19,900,000
COVID-19	4,459,766	93,280,500	97,740,266
Public health laboratory capital project	0	55,120,000	55,120,000
Total all funds	\$167,984,267	\$175,054,406	\$343,038,673
Less estimated income	<u>129,409,112</u>	<u>168,895,106</u>	<u>298,304,218</u>
Total general fund	\$38,575,155	\$6,159,300	\$44,734,455"

Page 2, line 4, after "FUNDING" insert "- EFFECT ON BASE BUDGET - REPORT TO THE SIXTY-NINTH LEGISLATIVE ASSEMBLY"

Page 4, after line 9, insert:

"SECTION 8. ESTIMATED INCOME - FEDERAL STATE FISCAL RECOVERY FUND. The estimated income line item in section 1 of this Act includes the sum of \$55,120,000 from federal funds derived from the state fiscal recovery fund for a public health laboratory capital project."

Re-number accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - DHHS - Health Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	\$41,362,968	\$46,874,742	(\$1,681,730)	\$45,193,012
Operating expenses	31,242,543	37,721,213		37,721,213
Capital assets	1,796,393	1,469,780		1,469,780
Grants	55,812,575	71,670,145		71,670,145
Tobacco prevention	13,410,022	14,260,481	(36,224)	14,224,257
WIC food payments	19,900,000	19,900,000		19,900,000
COVID-19 response	4,459,766	97,812,857	(72,591)	97,740,266
State laboratory		55,120,000		55,120,000
Total all funds	\$167,984,267	\$344,829,218	(\$1,790,545)	\$343,038,673
Less estimated income	<u>129,409,112</u>	<u>299,622,394</u>	<u>(1,318,176)</u>	<u>298,304,218</u>
General fund	\$38,575,155	\$45,206,824	(\$472,369)	\$44,734,455
FTE	210.50	215.50	0.00	215.50

*MG
3/31/23
1/2*

Department 350 - DHHS - Health Services - Detail of Senate Changes

*Mg
3/31/23
2/2*

	Adds Funding for Salary and Benefit Increases¹	Removes Salary Funding for Funding Pool²	Total Senate Changes
Salaries and wages	\$607,000	(\$2,288,730)	(\$1,681,730)
Operating expenses			
Capital assets			
Grants			
Tobacco prevention	13,814	(50,038)	(36,224)
WIC food payments			
COVID-19 response	27,668	(100,259)	(72,591)
State laboratory			
Total all funds	\$648,482	(\$2,439,027)	(\$1,790,545)
Less estimated income	<u>486,697</u>	<u>(1,804,873)</u>	<u>(1,318,176)</u>
General fund	<u>\$161,785</u>	<u>(\$634,154)</u>	<u>(\$472,369)</u>
FTE	0.00	0.00	0.00

¹ Salaries and wages funding is adjusted to provide for 2023-25 biennium salary increases of 6 percent on July 1, 2023, and 4 percent on July 1, 2024, and for adjustments to health insurance premium rates as follows:

	General Fund	Other Funds	Total
Salary increase	\$167,776	\$506,174	\$673,950
Health insurance increase	<u>(5,991)</u>	<u>(19,477)</u>	<u>(25,468)</u>
Total	\$161,785	\$486,697	\$648,482

The House provided salary adjustments of 4 percent on July 1, 2023, and July 1, 2024.

² Funding for new FTE positions and estimated savings from vacant FTE positions is removed as shown below. These amounts are available to the agency if needed by submitting a request to the Office of Management and Budget for a transfer from the new and vacant FTE funding pool.

	General Fund	Other Funds	Total
New FTE positions	(\$65,094)	(\$50,008)	(\$115,102)
Vacant FTE positions	<u>(569,060)</u>	<u>(1,754,865)</u>	<u>(2,323,925)</u>
Total	(\$634,154)	(\$1,804,873)	(\$2,439,027)

This amendment also adds a section identifying funding provided from the federal State Fiscal Recovery Fund for a public health laboratory capital project.

REPORT OF STANDING COMMITTEE

HB 1004, as engrossed: Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (16 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1004 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 1, remove lines 15 through 24

Page 2, replace lines 1 and 2 with:

"Salaries and wages	\$41,362,968	\$3,830,044	\$45,193,012
Operating expenses	31,242,543	6,478,670	37,721,213
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Total	(\$634,154)	(\$1,804,873)	(\$2,439,027)

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TESTIMONY

HB 1004



DAY 1 QUICK START GUIDE

North Dakota Health and Human Services



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NOTE FROM THE COMMISSIONER

When the North Dakota House and Senate passed HB1247, and Gov. Burgum signed it on April 28, 2021, they created a great opportunity for our agencies and the people of North Dakota. Creating one unified, Better Together health and human services team on Sept. 1, 2022, will streamline and strengthen programs and services for North Dakotans.

Today, we have two agencies with multiple citizen, provider and partner touchpoints, and various processes, systems and tools. Our two teams have a long history of working together to serve citizens. The integration will align and leverage our combined team's knowledge, expertise, and resources. This transformative change will support collaboration and will create new levels of flexibility so that we can deliver quality, effective, and efficient health and human services.

While Health and Human Services will exist as a unified agency on Sept. 1, 2022, Sept. 1 is not an end date – rather, it's the beginning of our HHS team's story. I am thrilled to serve as your Commissioner as we navigate this next chapter together. Thank you for your ongoing commitment and dedication to North Dakotans and for your continued participation in our journey toward one team HHS.

Chris Jones
HHS Commissioner

PURPOSE OF THE DAY 1 QUICK START GUIDE

The Day 1 Quick Start Guide (QSG) is one of the primary resources that all HHS team members may reference to understand how the integration of the Department of Health (DoH) and Department of Human Services (DHS) will impact team members' day-to-day job functions. The goals of the Day 1 QSG are to:

1. Provide HHS team members with clarity around the key objectives of the integration
2. Showcase the key functions and operating models of each Division, including how each Division contributes to the overall success of HHS
3. Spotlight important-to-know HHS policies and processes
4. Create an accessible, easy-to-understand resource for team members to quickly address inquiries or questions related to the integration

As Health and Human Services, we are **Better Together**, one united team with a shared passion for service. We hope you find the Day 1 Quick Start Guide to be a useful resource as we navigate our shared path forward in transforming how we provide health and human services for all North Dakotans.



OVERVIEW

WHAT'S DRIVING THE INTEGRATION?

At the core of the integration is our mission to transform health and human services for North Dakotans. Our new integrated agency structure will allow HHS to:

- ✓ Own and lead strategic policy direction statewide
- ✓ Achieve operational excellence
- ✓ Build a high-performing Better Together team
- ✓ Lead state agencies in implementing an innovative organizational design

Together, we will learn from our past to build one collective future full of opportunity for team members and North Dakotans.

INTEGRATION GUIDING PRINCIPLE AND GOALS

North Dakota becomes the healthiest state in the nation by reinforcing the foundations of well-being

INTEGRATION GOALS

1. Deliver **one streamlined path** to quality and equitable programs and services
2. Continue to improve **quality, effective and efficient** health and human services
3. Create **career growth and development opportunities** for team members and build a new **one-team** culture



EXAMPLE OBJECTIVES

1. *Simplify the customer journey to HHS programs*
2. *Improve timeliness and access to services*
3. *Define an agreed-upon culture; create the foundation for a workplace that honors autonomy and empowers individuals to contribute*

Figure 1: HHS Integration Guiding Principles

DEFINING THE HHS CULTURE

Throughout our Integration journey, we've used feedback tools like our Culture Survey and focus group sessions to hear from team members about how we should define our HHS culture. The results were energizing – we confirmed just how much team members across DoH and DHS have in common! These shared values are reflected in the HHS Culture Wheel and Key Behaviors described below.

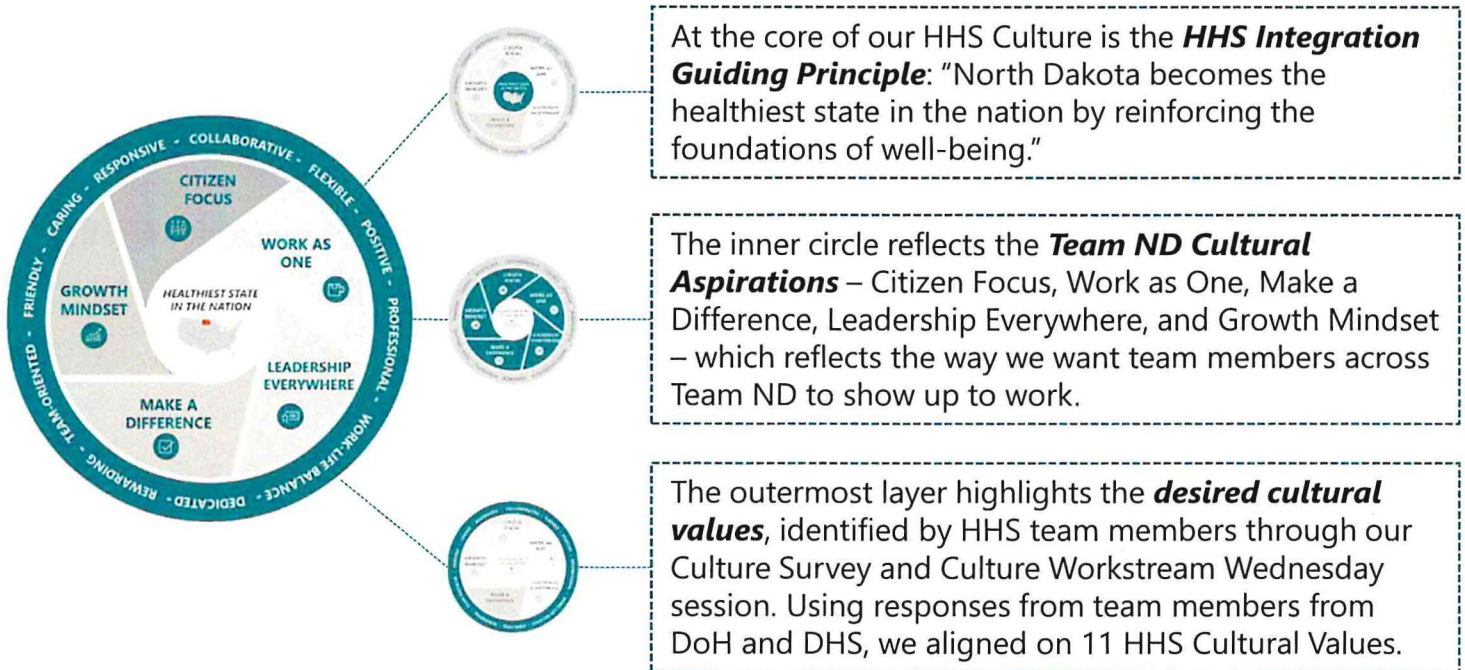


Figure 2: HHS Culture Wheel

Culture Key Behaviors

Our key behaviors build off our **HHS Integration Guiding Principle, Team ND Cultural Aspirations, and cultural values**, demonstrating how we want HHS team members to show up to work.



Figure 3: HHS Culture Key Behaviors



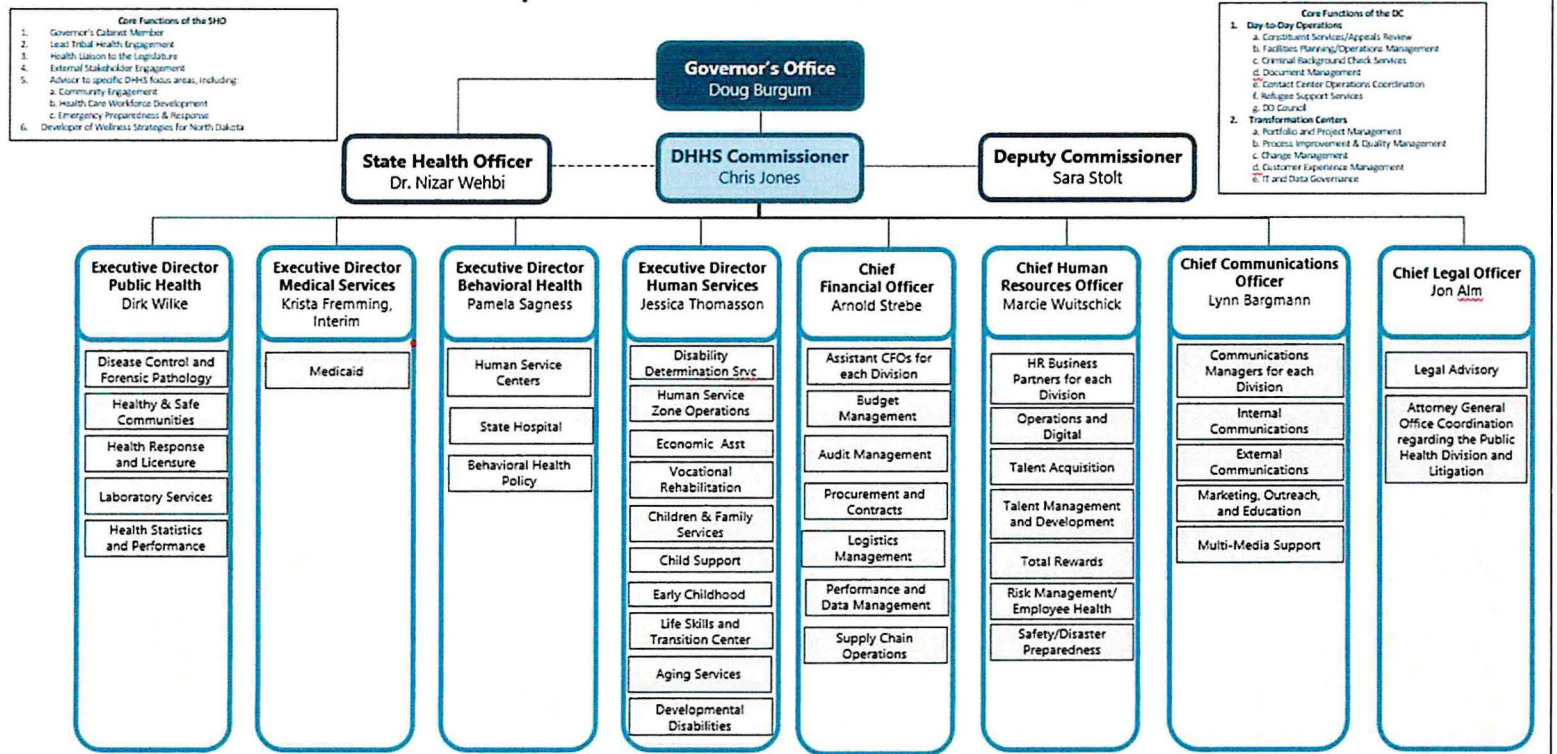
HHS LEADERSHIP

HHS Leadership Team

The unified HHS structure reflects the long history of partnership between the DoH and DHS teams. The Executive Leadership Team was built intentionally to emphasize the strengths of each agency and is better aligned to support you, our team members, as we transform health and human services! Together we will:

- ✓ **Leverage our strengths.** Draw on the best practices from each agency.
- ✓ **Add more value.** Prioritize efficiency when determining how to meet citizen needs.
- ✓ **Embrace innovation.** Use the integration to improve processes and/or functions.

North Dakota Department of Health & Human Services



Please note: The boxes under each of the Green divisions indicate future state functions, not sections. The functions outlined here may not all be operational by 9/1/22.

CHRIS JONES, COMMISSIONER

Previously appointed by Governor Doug Burgum to serve as the Executive Director of DHS in February 2017, Chris Jones will now lead the unified Health and Human Services as the agency's Commissioner, effective Sept. 1. In his role as Commissioner, Jones will oversee all Divisions within HHS.



Jones brings extensive experience in health service operations, strategy, technology and consulting to the role of HHS Commissioner. He previously was a division senior vice president of strategy and business development for Catholic Health Initiatives (CHI).

A graduate of Bismarck Century High School, Jones earned his undergraduate degrees in health care administration and Scandinavian studies from Concordia College in Moorhead, Minn., and his MBA from the University of St. Thomas in Minneapolis.

Prior to his role as CHI senior vice president, he spent several years as a manager, director, and analyst in CHI's Strategy and Business Development function and worked as a consultant for Allina Health System and Vizient.

Jones has been active in community health, serving as a board member of the Bismarck Cancer Center and Bismarck-Mandan Face It Together, an initiative that engages various stakeholders and sectors to fight drug and alcohol addiction. He also chaired the Bismarck-Mandan Chamber of Commerce's subcommittee on behavioral health.

Health and Human Services is the state's largest agency in terms of both budget and employees, operating eight regional human service centers, as well as the Life Skills and Transition Center in Grafton and the State Hospital in Jamestown.

Services provided by HHS include disease control, health response and licensure, aging services, behavioral health services, children and family services, developmental disability services, child support, economic assistance, medical services, and vocational rehabilitation.

COMMISSIONER: KEY RESPONSIBILITIES

- ✓ **HHS Executive Team:** Leads the HHS Executive Team to advise, support the divisions, and advocate for the HHS mission, vision, and goals
- ✓ **Governor's Cabinet:** Serves as an appointed member of the Governor's Cabinet, including collaborating and partnering with other cabinet members to advance the mission of HHS
- ✓ **Other External Stakeholders:** Provides continuous and ongoing interaction with external stakeholders to support the state's health and wellness vision and goals
- ✓ **North Dakotans:** Serves North Dakotans by overseeing the provision of quality, efficient, and effective health and human services that improve the lives of people

DR. NIZAR WEHBI, STATE HEALTH OFFICER

As North Dakota's State Health Officer, Dr. Wehbi will provide the strategic vision, collaboration, and leadership to protect and improve the health and well-being of all North Dakotans, spanning from health promotion and disease prevention through service delivery. Dr. Wehbi will continue to provide expertise on health topics to the legislature, Governor, and interagency partners.



He began his career in clinical medicine caring for patients, and later, as an instructor of surgery at UNMC, he joined a research team to identify biomarkers for early detection and risk assessment of bladder and prostate cancers.

In addition to his medical degree, Dr. Wehbi has a master's degree in public health and an MBA from the University of Nebraska. He also holds a graduate certificate in quality, patient safety, and outcomes research from the Johns Hopkins Bloomberg School of Public Health. He is a fellow of the American College of Healthcare Executives (ACHE) and currently serves a three-year term on the Board of Governors of ACHE. Dr. Wehbi has served on the National Board of Public Health Examiners since 2013 and on the Board of Directors of Clarkson College, in Omaha, since 2019.

STATE HEALTH OFFICER: CORE FUNCTIONS

The State Health Officer will support team members and the citizens we serve in these core functions:



Governor's Cabinet

Collaborate and partner with other cabinet members to enhance the health and wellness of North Dakotans.



HHS Executive Team

Work in partnership with the Executive Team to advise on health strategy and support key HHS focus areas including health equity, workforce, and emergency preparedness and response.



Lead Tribal Engagement

Strengthen the partnership between HHS and Tribal leadership to improve the health of Tribal populations.



Health Liaison to the Legislature

Serve as a policy advisor on health topics for the HHS Executive team and testify on health topics on behalf of other agencies as needed.



External Stakeholder Engagement

Convene external stakeholders (e.g., community organizations, university systems, professional organizations) to support North Dakota's health and wellness vision and goals.



Developer of Wellness Strategies for North Dakota

Serve as the Chief Wellness Officer for the state and provide leadership to improve the health status of every North Dakotan through strategic planning.

Additional information detailing how the State Health Officer operates can be found in the Appendix section of the Day 1 QSG.

SARA STOLT, DEPUTY COMMISSIONER

As Deputy Commissioner of HHS, Sara Stolt will coordinate the strategic planning process across the agency, including priorities for each of the Programmatic Divisions within HHS. In this role, Sara will oversee the day-to-day operations of the agency and support key decision-making in the absence of the Commissioner.



Sara founded The Project Company and has spent nearly 20 years working on internal operations for nonprofits and businesses, including the Dakota Medical Foundation, Blue Cross Blue Shield of North Dakota, YWCA Cass Clay, and United Way. Sara joined DHS as transformation manager in 2019. She worked primarily with DHS colleagues, the North Dakota Association of Counties, and county social service leaders to support the transition from a county to a human service zone administrative structure and to develop pilot programs redesigning child welfare processes, childcare licensing, and other service areas to achieve efficiencies and better outcomes for clients.

Sara earned her bachelor's degree in speech and mass communications from North Dakota State University and a master's degree in strategic leadership from the University of Mary in Bismarck.

OFFICE OF THE DEPUTY COMMISSIONER: CORE FUNCTIONS

In the absence of the HHS Commissioner, the Deputy Commissioner serves as the Delegated Authority. The Office of the Deputy Commissioner is designed to deliver the following for team members and the citizens we serve:



Strategic Alignment

Deliver a Portfolio-wide view of the agency to maintain alignment against our goals and strategic priorities.



Internal Teaming

Work alongside Programmatic and Business Division team members to drive cross-agency collaboration and facilitate resource allocation to support strategic initiatives



Centers of Excellence (CoE)

Maintain quality and efficiency of programs and services by operating internal cross-agency centers of excellence in functions including change management, quality management, and portfolio/performance management



Knowledge Management

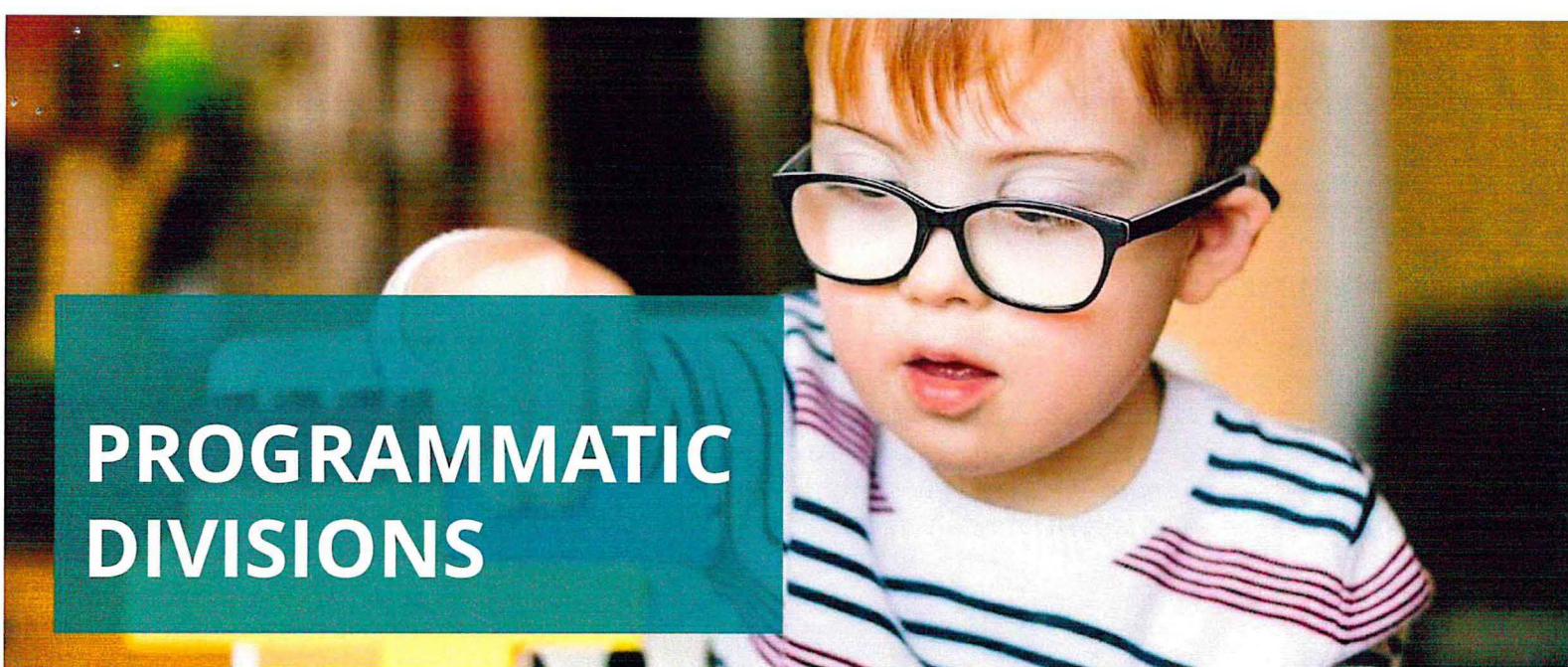
Create and maintain methodologies and tools to foster and deliver capability across the organization



Project Management

Support strategic initiative execution by providing project management services

Additional information detailing how the Office of the Deputy Commissioner operates can be found in the Appendix section of the Day 1 QSG.



PROGRAMMATIC DIVISIONS

TRANSFORMING THE CITIZEN EXPERIENCE

Team members in each of our Programmatic Divisions - Public Health, Medical Services, Behavioral Health, and Human Services - provide services that help vulnerable North Dakotans of all ages to maintain or enhance their quality of life, which may be threatened by lack of financial resources, emotional crises, disabling conditions, or an inability to protect themselves. These divisions help provide services and care as close to home as possible to maximize each person's independence while preserving the dignity of all individuals and respecting their constitutional and civil rights.

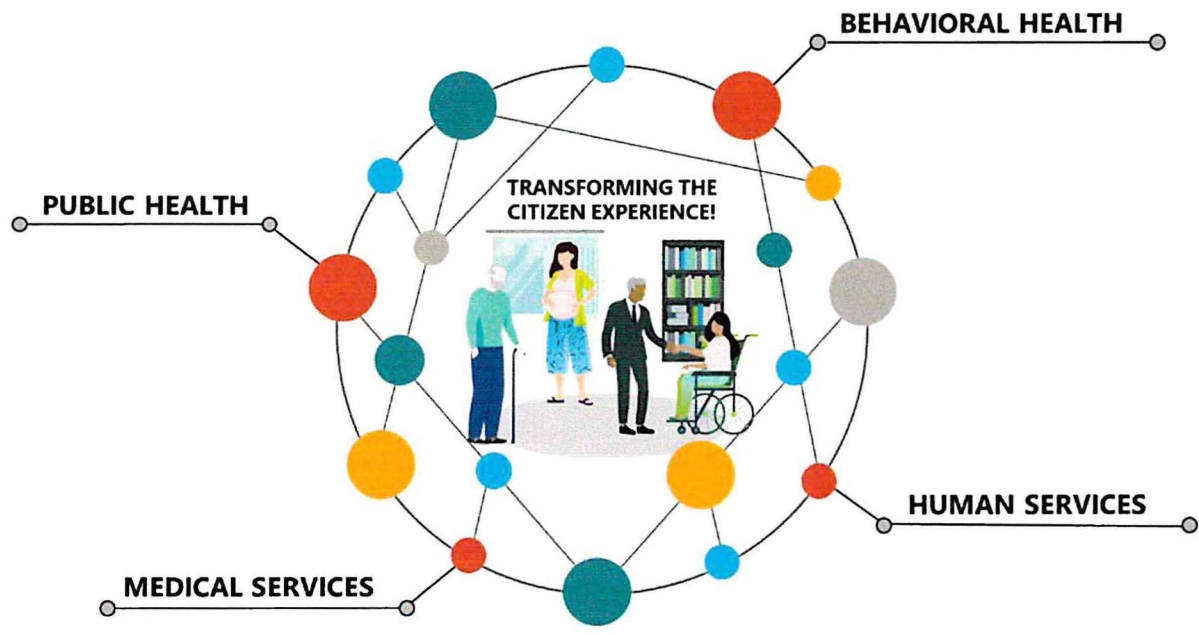


Figure 4: Programmatic Divisions Delivery

Team members should use this section of the Day 1 QSG to help improve your understanding of each of our Programmatic Divisions and the important role they play in delivering programs and services to North Dakotans, with the support of our partners and providers!

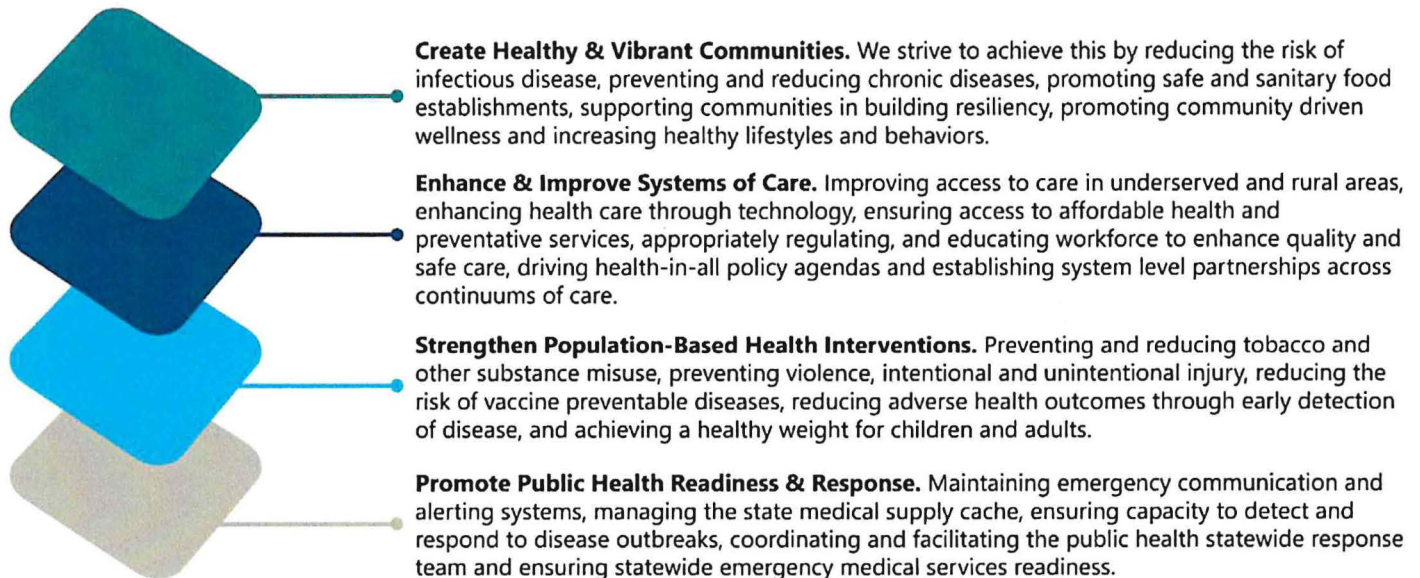
PUBLIC HEALTH DIVISION

The Public Health Division's mission is to improve the length and quality of life for all North Dakotans. To accomplish our mission, we focus on six goals including two cross-cutting goals that help guide our work division-wide. These cross-cutting principles are to *Improve Health Equity* and *Use Evidence-based Practices to Make Data-Driven Decisions*.



Key Functions

The Public Health Division aligns each of our functions to these four goals:



LEADERSHIP SNAPSHOT



DIRK WILKE

EXECUTIVE DIRECTOR PUBLIC HEALTH

As the Executive Director for the Public Health Division, Dirk will oversee day-to-day operations including disease control and prevention, improving access to and delivery of quality health care and wellness services, and managing licensure and certification. A two-time graduate from the University of Mary, Dirk received his bachelor's degree in communications and his master's degree in business administration. He also received his juris doctorate degree from the University of North Dakota School of Law. He is a native of Helena, Montana.

Team Structure

The Public Health Division is comprised of 5 sections:

- **Disease Control and Forensic Pathology** – Supports disease prevention, surveillance, and identification as well as epidemiologic investigation and forensic examinations.
- **Healthy & Safe Communities (HSC)** – Provides support for individuals, families, and communities by providing quality programs that protect and enhance the health and safety of all North Dakotans.
- **Health Response and Licensure** – Leads the planning and coordination of the public health and medical response as well as the implementation of regulation programs that protect the health and safety of North Dakotans, including ensuring North Dakota’s inpatient care facilities, outpatient programs, and staff-provided-services meet relevant health care standards.
- **Laboratory Services** – Provides rapid, accurate detection and identification of organisms that may threaten the public’s health.
- **Health Statistics and Performance** – Coordinates epidemiological studies, investigations, and surveillance activities; conducts data analysis; manages the registration and certification of vital events in ND and provides expertise and consultation on disease surveillance, data acquisition, database management, quality improvement, and health intervention activities.

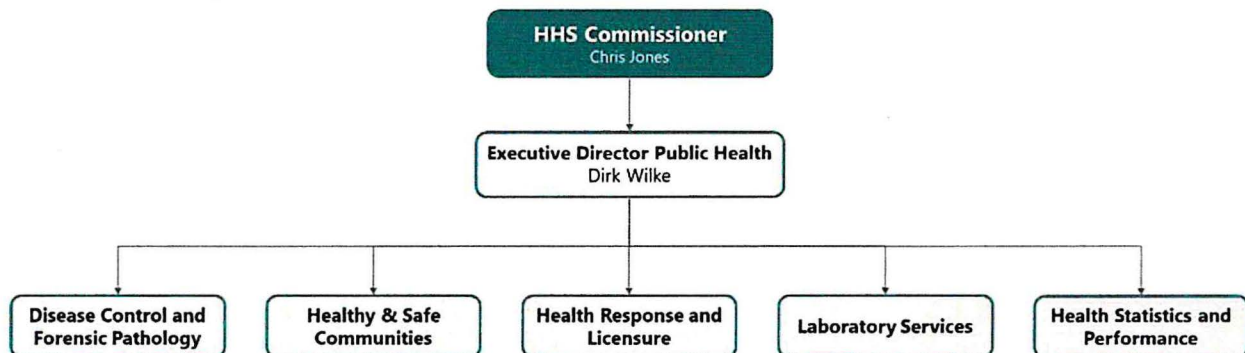


Figure 5: Public Health Division Organizational Chart

Programs & Services We Deliver

Here are some of the many programs and services the Public Health Division administers to support the health and well-being of all North Dakotans:

NDQuits

NDQuits provides resources for North Dakotans seeking assistance to quit smoking or using smokeless tobacco products, including vapes or electronic cigarettes.

FOOD SAFETY

The food and lodging division provides education in safe food handling, provides consultation and reviews plans for new establishments and extensive remodeling projects, and helps investigate complaints and foodborne illness outbreaks.

IMMUNIZATION PROGRAM

The mission of the Immunization Program is to protect the health of North Dakotans by preventing and mitigating vaccine preventable diseases through immunization, by managing immunization resources and immunization information systems, and by identifying and promoting evidence based public health best practices.

Additional information on programs and services can be found on the Public Health Division website health.nd.gov.

MEDICAL SERVICES DIVISION

The Medical Services Division administers Title XIX (Medicaid) and Title XXI (CHIP) for all North Dakotans. Policy priorities for the Division include:

- ✓ Transition from paying for volume to paying for quality
- ✓ Unwinding of the federal Public Health Emergency
- ✓ Diversion and transition of individuals from institutional care to home and community-based care



Operational priorities include:

- ✓ Modernizing the Medicaid Enterprise technology system
- ✓ Streamlining operations of the call center, provider enrollment, and utilization management
- ✓ Improving infrastructure for home and community-based providers
- ✓ Focusing on data analytics, particularly quality measures

Key Functions

The Medical Services Division has two primary functions: to act as a payer and to act as a program administrator. As a payer, the Medical Services Division operates like a health insurance organization. This includes provider enrollment, billing and payment, clinical management, and program integrity. As a program administrator, the Division designs, implements, and evaluates programs for targeted populations. Examples of these programs include Home and Community Based Waivers for the aged and disabled, Medicaid expansion for adults, and the Early, Periodic, Screening, Diagnostic, and Treatment program for children.

LEADERSHIP SNAPSHOT



KRISA FREMMING

EXECUTIVE DIRECTOR MEDICAL SERVICES

As the Interim Director of the Medical Services Division, Krista will maintain oversight of the ND Medicaid program, including Title XIX and Title XXI programs and services. Krista earned her master's degree in public administration from the University of North Dakota and has served in a variety of leadership roles in Medicaid, public health chronic disease prevention programs and non-profit health advocacy organizations.

Team Structure

The Medical Services Division is comprised of 1 section:

- **Medicaid** – Providing comprehensive and uniform medical services that enable persons limited by their circumstances to receive needed medical care.

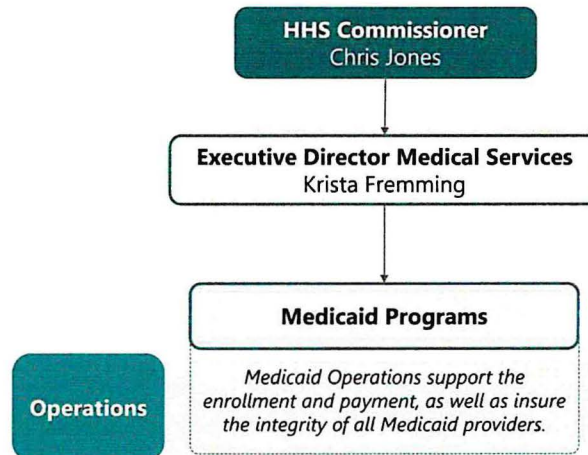


Figure 6: Medical Services Division Organizational Chart

Please Note: As DoH and DHS continue to fully integrate programs and services, additional changes to the Medical Services Division will occur.

Programs & Services We Deliver

Here are some of the many programs and services the Medical Services Division administers to support the health and well-being of all North Dakotans:



The Medicaid Program in North Dakota provides health care coverage for qualifying children, individuals and families. Health care providers enroll with Medicaid and submit claims for services provided to ND Medicaid members. Medicaid Expansion coverage and benefits are administered through a managed care organization, which is currently Blue Cross Blue Shield of North Dakota. The remainder of ND Medicaid members are covered through the Department’s fee-for-service coverage program.



The Children’s Health Insurance Program (CHIP) is authorized under Title XXI of the Social Security Act. Children from birth through age 18 who are ineligible for Medicaid because of income may qualify for coverage under the CHIP program.



The Medical Services Division administers programs to enable members to live in the least restrictive setting. The Program of All-Inclusive Care for the Elderly (PACE) enables older adults to live at home and receive all care and services through PACE. The Medicaid Autism Waiver, Children’s Medically Fragile Waiver and Children’s Hospice Waiver enable children to receive care and services in their homes and communities.

Additional information on programs and services can be found on the Medical Services Division website nd.gov/dhs/services/medicalserv.

BEHAVIORAL HEALTH DIVISION

The Behavioral Health Division works to improve access to services, address behavioral health workforce needs, develop behavioral health policies, and ensure quality services are available for those with behavioral health needs. The Division aims to provide a full range of high-quality services, including promotion, prevention, treatment, and recovery to all North Dakotans, leveraging behavioral health professionals in each of our human service centers (HSCs) and the State Hospital. We accomplish each of these priorities by leaning on the strengths of our partnerships with public and private entities across North Dakota.



Key Functions

The Behavioral Health Division grounds our services in the Institute of Medicine’s Continuum of Care Model: Promotion, Prevention, Treatment, and Recovery. To carry out this mission, we partner with public and private entities to carry out each of the following functions:

- ✓
ADMINISTRATION

Administering funding through the state for programs including *Community and Behavioral Health Promotion, Children’s Behavioral Health, Adult Mental Health, and Addiction Services.*
- ✓
COLLABORATION AND PARTNERSHIPS

Working collaboratively with state and local partnerships to achieve shared goals focusing on the behavioral health system.
- ✓
REGULATION

Ensuring the health and safety of individuals receiving services in certain levels of behavioral health treatment by licensing of facilities including *Substance Use Disorder Treatment Facilities, Regional Human Service Centers, Psychiatric Residential Treatment Facilities (PRTF) for Children, and Opioid Treatment Programs (OTP).*
- ✓
TRAINING AND TECHNICAL ASSISTANCE

Providing training and technical assistance with a goal to support individuals, providers and communities in building capacity and implementing evidence-based strategies including hosting training events and providing free prevention resources to the community.

LEADERSHIP SNAPSHOT



PAMELA SAGNESS
EXECUTIVE DIRECTOR BEHAVIORAL HEALTH

As the Executive Director for the Behavioral Health Division, Pamela will be responsible for steering HHS’s behavioral health services. This includes working with state and local partners to improve access to services, address behavioral health workforce needs, develop policies, and ensure quality services are available for those with behavioral health needs.

Programmatic Divisions | Behavioral Health

Team Structure

The Behavioral Health Division is comprised of 2 sections:

- **State Hospital / Human Service Centers** – Providing counseling and mental health services, substance abuse treatment, disability services, and other human services through each of the eight human service centers and the State Hospital.
- **Behavioral Health Policy** – Providing strategic behavioral health policy guidance in areas including children’s behavioral health, addiction, and mental health.

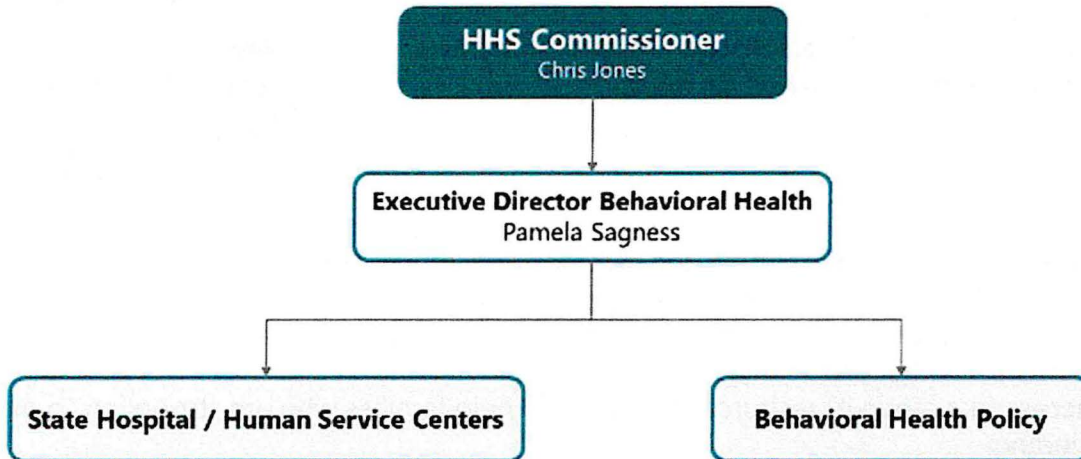


Figure 7: Behavioral Health Division Organizational Chart

Programs & Services We Deliver

Here are some of the many programs and services the Behavioral Health Division administers to support the health and well-being of all North Dakotans:



Parents Lead is an evidence-based prevention program that provides parents and caregivers with a wide variety of tools and resources to support them in creating a safe environment for their children that promotes behavioral health.



Help is Here offers a link to a wide variety of resources, from learning some new self-care practices to finding behavioral health treatment options, to economic assistance options and rent help.



Opioids Fill with Care provides resources to understand the risks and benefits of pain medications, knowing the signs of addiction, and recognizing an overdose and knowing how to help.

Additional information on programs and services can be found on the Behavioral Health Division website behavioralhealth.nd.gov.

HUMAN SERVICES DIVISION

The Human Services Division is driven by the belief that communities are stronger when everyone has a chance to realize their full potential. The teams that make up the Human Services Division, together with the state's Human Service Zones, strive to make appropriate services and supports available when and where people need them. Our every action centers on the person and on helping that person find their way forward. Our Division is a frontline resource for North Dakotans encountering circumstances that threaten their family's stability.



Key Functions

Together with our state and local partners, the Human Services Division provides resources that help North Dakotans avoid crisis and experience greater stability. Among the key priorities for the Division are:

1. Deliver child protection, permanency and family wellbeing services through the network of Human Service Zones and other public and private partners
2. Provide access to a range of resources designed to help families who are struggling to make ends meet, including:
 - A. Direct assistance for basic household budget expenses (food, utilities, housing, child care)
 - B. Access to child support resources
 - C. Eligibility for health insurance via Medicaid and/or financial support via SSI/SSDI
 - D. Employment supports both for people with disabilities and others who are actively working to improve their employment situation.
3. Serve as a stabilizing resource for youth and adults with intellectual and/or developmental disabilities through LSTC's facility- and community-based services.
4. Work together with private partners to create robust options for non-institutional living, allowing older adults and people with disabilities (physical, developmental, intellectual) to choose housing and services that are right for them.
5. Help assure that young families have access to high quality experiences for their children by supporting people and programs who provide early childhood services.

LEADERSHIP SNAPSHOT



JESSICA THOMASSON

EXECUTIVE DIRECTOR HUMAN SERVICES

As the Executive Director for the Human Services Division, Jessica will provide oversight and direction for a wide range of economic health and family wellbeing services and programs within the department. Jessica holds bachelor's degrees in political science and economics from the University of North Dakota and master's degrees from the University of Wisconsin-Madison in public policy analysis and urban/regional planning, with an emphasis on rural community development.

Team Structure

The Human Services Division is comprised of 10 sections:

- **Human Service Zone Operations** – Support the work of the Human Service Zones and Human Service Zone Boards, including review of HSZ Plans, as well as infrastructure support related to various HR and payroll functions.
- **Life Skills Transition Center** - Serve as a specialized crisis and stabilization resource to the network of private residential facilities and the thousands of families who are caregivers for a loved one with intellectual and/or developmental disabilities.
- **Economic Assistance** – Facilitate delivery of federal and state resources that support household economic health, including nutrition (SNAP), utility (LIHEAP), child care (CCAP) and housing stability assistance; eligibility for Medicaid coverage; and Temporary Assistance for Needy Families (TANF).
- **Child Support** – Provide support to parents, employers, and other partners to help ensure children receive court-ordered financial and medical support to reduce child impoverishment.
- **Vocational Rehabilitation** – Help both high school students and adults with disabilities improve both their immediate job opportunities and long-term career planning. Partner with businesses to find creative ways to hire or retain employees with disabilities.
- **Disability Determination Services** – Determine eligibility for medical disability (SSDI and/or SSI), using Social Security Administration (SSA) guidelines, for people who are unable to work.
- **Early Childhood** – Build greater access to quality early childhood experiences, so children ages zero to five from all backgrounds and circumstances have the opportunity to realize their potential.
- **Children & Family Services** – Facilitate delivery of programs and services that support child safety, child permanency and wellbeing, which together are designed to prevent and reduce incidence of child abuse and neglect and support family reunification and stability wherever possible.
- **Aging and Adult Services** – Programs and services that help older adults and adults with physical disabilities to live safely and productively in the least restrictive, appropriate setting.
- **Developmental Disabilities** – Support and training to individuals and families in order to maximize community and family inclusion, independence, and self-sufficiency; to prevent institutionalization; and to enable institutionalized individuals to return to the community.



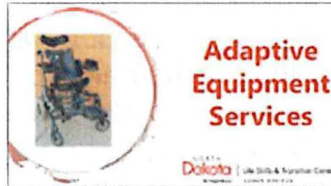
Figure 8: Human Services Division Organizational Chart

Programs & Services We Deliver

Here are some of the programs and services in the Human Services Division, many of which are administered across each of our Human Service Zones to support the health and well-being of all North Dakotans:

SNAP

The Supplemental Nutrition Assistance Program (SNAP) helps low-income North Dakotans access healthy food and basic household supplies while also supporting employment and education goals.



The Adaptive Equipment Center (AEC), operated by LSTC, designs and builds custom, individualized equipment that helps children and adults with disabilities maximize mobility and integration in their homes, schools and communities.

CHILD CARE ASSISTANCE PROGRAM

The Child Care Assistance Program uses a sliding fee scale to help eligible families pay for child care while they work or attend school or training.

Additional information on programs and services can be found on the Human Services Division website nd.gov/dhs.



BUSINESS DIVISIONS

PARTNERING TO SUPPORT PROGRAM & SERVICE DELIVERY

Our four Business Divisions - Finance, Human Resources, Communications, and Legal - will provide strategic business functions across HHS. Centralizing how we provide these services will help us achieve our integration goals and build stronger capabilities. These four divisions will integrate current DoH and DHS teams to improve the quality, effectiveness, and efficiency of our health and human services teams.

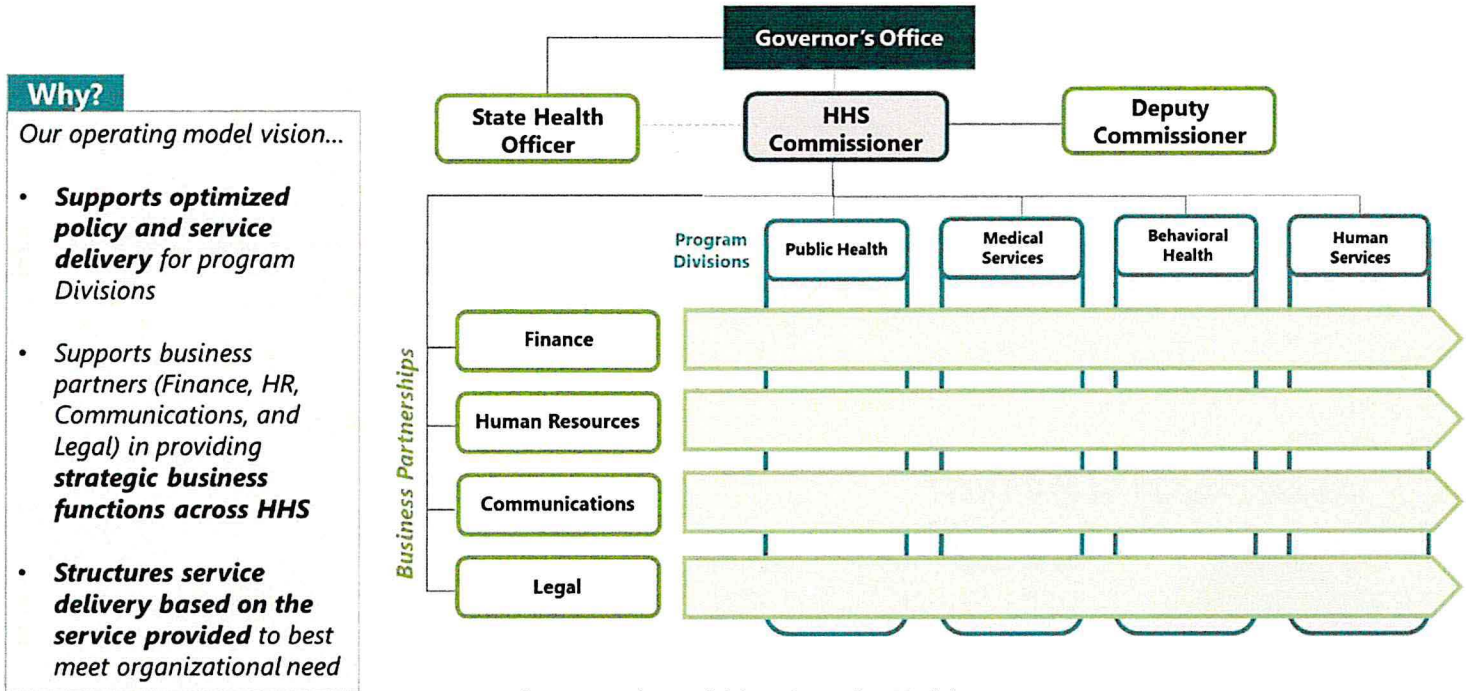


Figure 9: Business Divisions Operating Model

Team members should use this section of the Day 1 QSG as a resource to understand the Business Divisions and how your teams can best utilize their support. Examples detailing how specific functions within each Business Division work can be found in the Appendix section of the Day 1 QSG.

FINANCE DIVISION

Prior to the integration of DoH and DHS, the Finance Division was a shared business partner for both agencies. Under the HHS structure, all Finance full-time employees (FTEs) and functions will be centralized. This will enable the Finance Division to:

- ✓ Improve oversight of budget and expenditures
- ✓ Drive effectiveness and efficiency in financial processes
- ✓ Enable programs to focus on policy and strategy by providing technical skills necessary to manage program finances and contracts.



Finance Key Functions

Whether it's developing budget requests for the Legislature or ensuring our field sites are supplied with the life-saving resources needed for the people we serve, the Finance Division provides key strategic and financial services that help our program divisions provide the policies and services they are responsible for.

- ✓ **BUDGET MANAGEMENT**
Forecast and Planning, Budget Preparation, System Management, Fund Appropriation, Performance Monitoring
- ✓ **AUDIT MANAGEMENT**
Audit Strategy, External Auditor Vendor Management, Findings Review and Recommendation, Audit Compliance, Subrecipient Monitoring
- ✓ **PROCUREMENTS & CONTRACTS**
Procurement Strategy, Bid/Proposal Management, Supplier Maintenance and Evaluation, Manage Contracts
- ✓ **LOGISTICS MANAGEMENT**
Procure Supplies, Centralized Purchasing, Internal Audit and Analysis, Procurement Logistics, Partner Agency Coordination, Property and Facilities, Inventory Management
- ✓ **PERFORMANCE AND DATA MANAGEMENT**
Analytics, Special Projects, Dashboards and Reporting, BCIP within Finance functions, KPIs
- ✓ **SUPPLY CHAIN OPERATIONS**
Long Term New Function

LEADERSHIP SNAPSHOT



ARNOLD (ARNIE) STREBE
CHIEF FINANCIAL OFFICER

As the Chief Financial Officer, Arnie will oversee the budget and accounting functions across HHS. In support of HHS's strategic priorities, Arnie will support supply chain, logistics, audit, and procurement and contracts functions across HHS, among other priorities. Arnie is a former Airborne Ranger and served in the U.S. Army as a non-commissioned and commissioned officer. He earned a bachelor's degree in education from Minot State University and a master's degree in education from Jones International University.

Team Structure

The Finance Division is designed to provide optimal fiscal guidance and decision-making across HHS. Each Programmatic Division or, in some cases, functions within each Division will be aligned to an Assistant CFO in order to deliver efficient fiscal services.

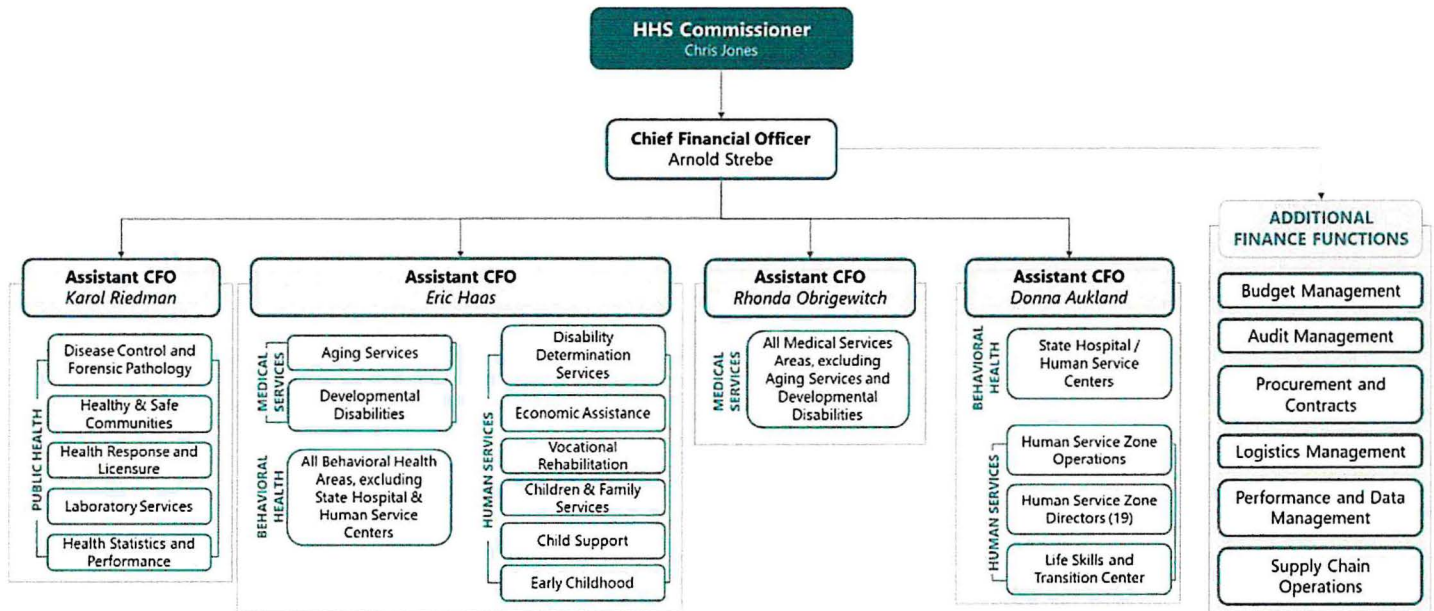
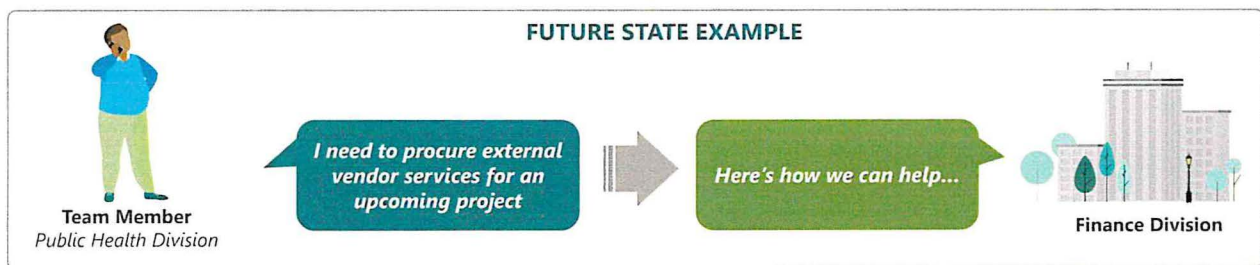


Figure 10: Finance Division Organizational Chart

How We Deliver

As a strategic business partner to the Programmatic Divisions, the Finance Division, and specifically the Assistant CFOs will provide subject matter knowledge on the unique fiscal needs of each Programmatic Division.



In this example, a Public Health team member needs to initiate the procurement process for a vendor to provide new services to the agency. To do so, they share the need with their Assistant CFO and connect with the Procurement and Contracts team within the Finance Division. The Procurement and Contracts team partners with Public Health to determine the procurement strategy, issue the RFP, gather responses, and ultimately support contract negotiation and execution.

HUMAN RESOURCES DIVISION

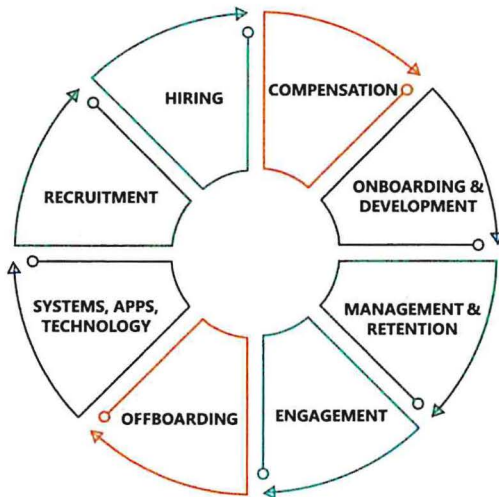
DHS and DoH were two of the first agencies to implement the HR 2.0 operating model, aimed at streamlining and centralizing HR functions within the verticals of Business Partners, Operations & Digital, Talent Acquisition, Talent Management/Learning & Development, and Total Rewards.

The integration of DHS and DoH formalizes our pre-existing partnership



HR Key Functions

The Human Resources Division will support a variety of functions across HHS, including:



- **Recruitment** – Assisting managers with identifying talent to fill vacant roles.
- **Hiring** – Supporting prospective team members as they navigate the hiring process.
- **Total Rewards** – Managing rewards, benefits, and compensation for team members across HHS.
- **Onboarding & Development** – Supporting the onboarding process and professional development of team members.
- **Management & Retention** – Assisting managers with talent management decisions, including retention.
- **Engagement** – Driving the development of employee engagement opportunities.
- **Offboarding** – Aiding team members' transition from HHS.
- **Systems, Apps, & Technology** – Oversight of people management tools including PeopleSoft and Workforce.

LEADERSHIP SNAPSHOT



MARCIE WUITSCHICK
CHIEF HUMAN RESOURCES OFFICER

As the Chief Human Resources Officer, Marcie will oversee all HHS HR programs and practices, including, but not limited to, team member relations, labor relations, performance management, training, policy application, organizational development, workforce planning, and compensation. Wuitschick holds a Bachelor's Degree in Management from Minot State University as well as a Master's Degree from the University of Mary in Management with a focus in Human Resources.

Team Structure

Teams within the Human Resources Division will cross-collaborate to ensure managers and team members across HHS are provided with timely and efficient HR support.

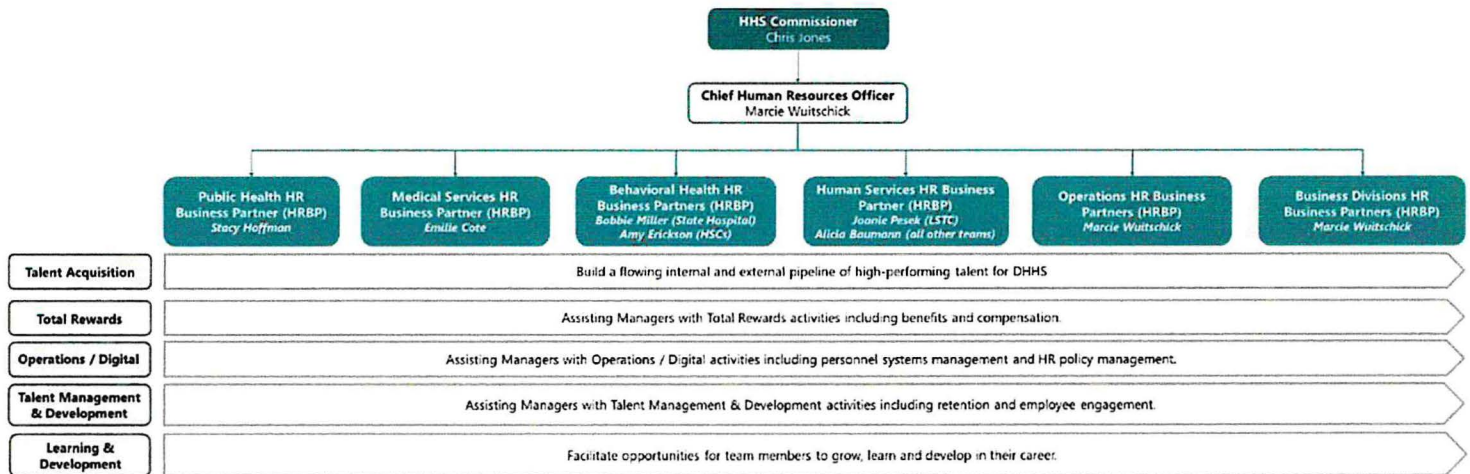
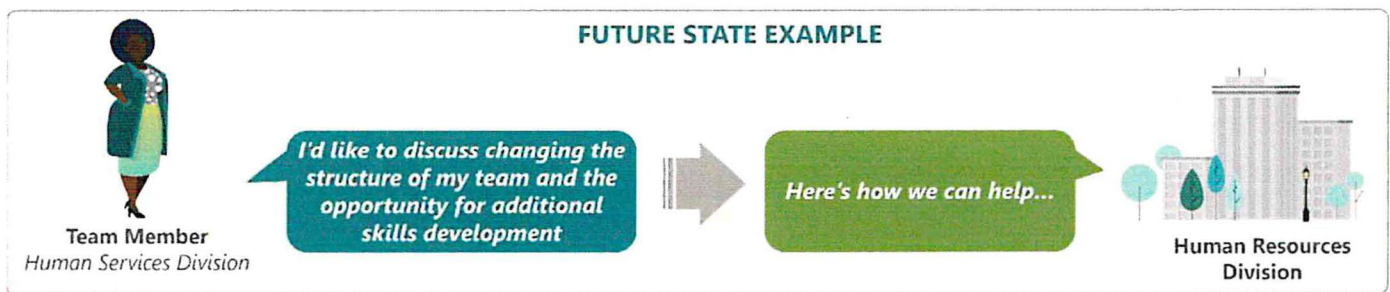


Figure 11: Human Resources Division Organizational Chart

How We Deliver

Whether supporting the onboarding of new team members or creating opportunities for employee engagement, the HR Division is committed to providing the key services needed to help our team members grow and develop in their careers.



In this example, a Human Services manager reaches out to their HR Business Partner to let them know they'd like to discuss changing the structure of their team and are considering additional skills development in a particular area. The HR Business Partner will partner with Talent Management and the Learning and Development team to identify resources and develop a plan tailored to the team.

COMMUNICATIONS DIVISION

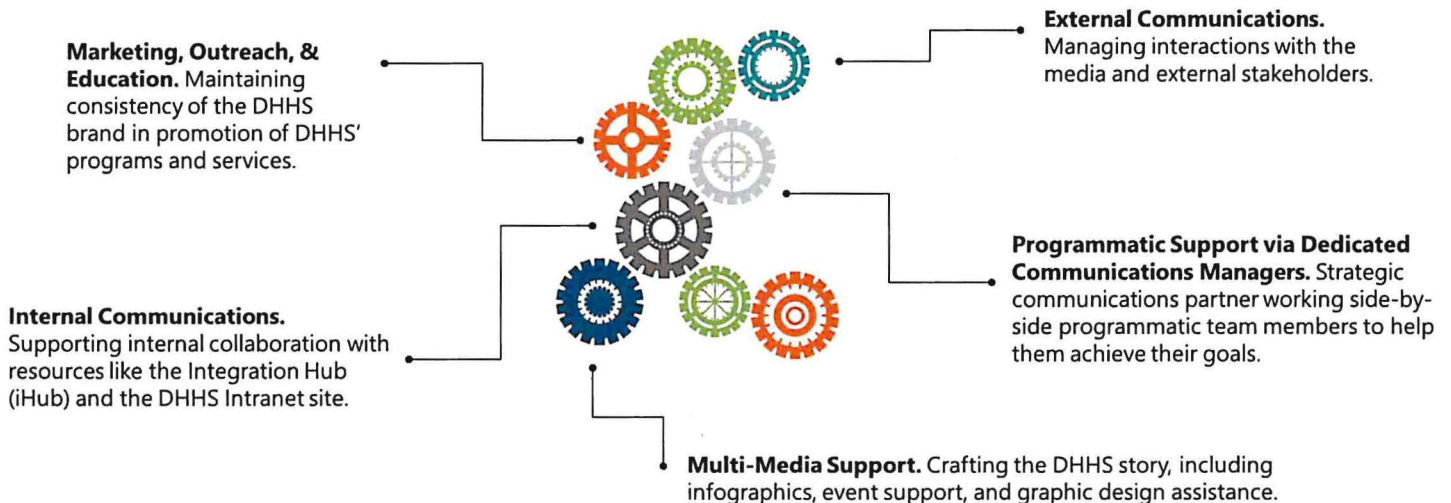
The Communications Division oversees all internal and external communications, helping to promote and support the programs and services HHS provides. As HHS, the Communications Division will support each of our HHS teams in stakeholder engagement and reputation management, agency branding, and strategic communications.

The Communications Division will be a strategic partner to the Programmatic Divisions in crafting the messaging around our programs and services. We will work alongside team members in the Programmatic Divisions to develop resources that help increase access to and awareness of the programs and services our partners, providers, and people we serve rely on!



Communications Key Functions

The Communications Division will support a variety of functions across HHS, including:



LEADERSHIP SNAPSHOT



LYNN BARGMANN
CHIEF COMMUNICATIONS OFFICER

As the Chief Communications Officer, Lynn will lead the efforts to strengthen HHS's brand story among external stakeholders, mobilize and engage team members with targeted internal communications, and develop and execute communications strategies while driving cross-agency story telling. Lynn holds a bachelor's degree in English from the University of North Dakota and a master's degree in communications studies from the University of North Texas.

Team Structure

The Communications Division will deliver timely and efficient support to our internal Programmatic Divisions while engaging externally with our partners, providers, and the North Dakotans we serve.

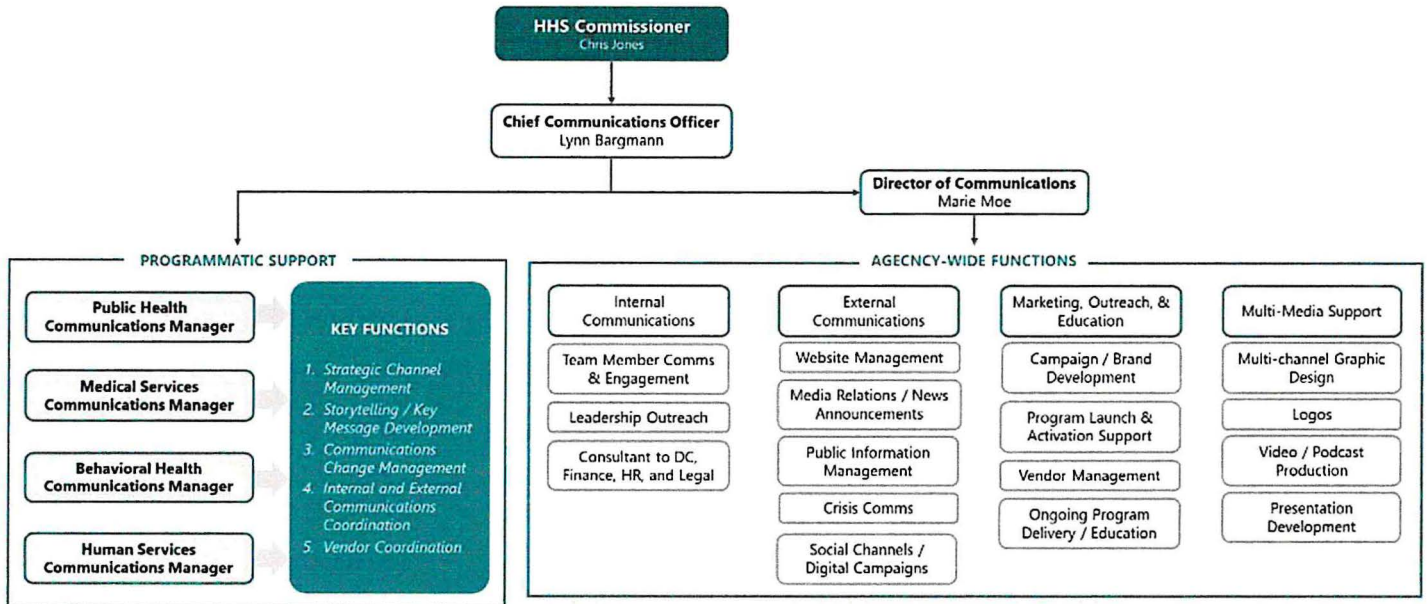
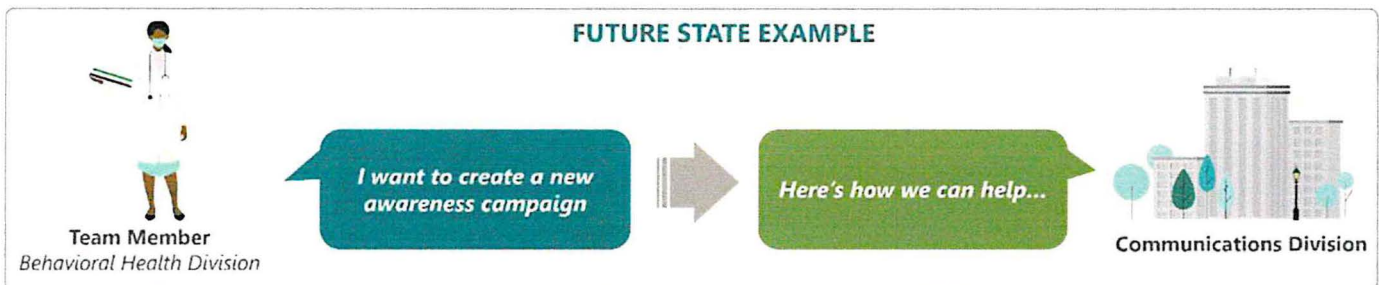


Figure 12: Communications Division Organizational Chart

Please Note: As DoH and DHS continue to fully integrate programs and services, additional changes to the Communications Division may occur.

How We Deliver

A centralized HHS Communications Division will help build and strengthen HHS's brand story, driving awareness of and activation for programs and services. At the same time, it will create more career growth and learning opportunities for team members in our Communications Division.



In this example, a Behavioral Health (BH) team member raises the need for a new awareness campaign to the BH Communications Manager (who is already familiar with the need as a participant in BH meetings). The BH Communications Manager quickly socializes internally with the Marketing, Outreach, and Education; and Multi-Media Specialists. With additional support as needed, these functions would develop the awareness campaign, working closely with the BH team member who requested the campaign, as well as the BH Communications Manager, along the way.

LEGAL DIVISION

The Legal Division is responsible for providing legal counsel and strategic advice to all former DHS Divisions. As programs and services adjust to changing federal and administrative policy requirements, our Division, along with the Office of Attorney General, ensures HHS and our team members remain in compliance and can continue providing essential service to our partners, providers, and people we serve.



Key Functions

The Legal Division supports HHS with a host of legal and administrative functions. Among the support provided by the Legal Division are:

- General legal counsel, including contract-related issues to various HHS divisions
- Preparation of administrative rules, proposed legislation, and amendments
- Trust and assets reviews for program eligibility, estate recovery, and third-party liability recovery
- Processing appeals and intentional program violations
- ADA and civil rights compliance
- Records management and compliance
- Dedicated staff member serving as the HIPAA privacy officer

The Legal Division does not provide legal advice to the public, human service zones, or to other State agencies.

LEADERSHIP SNAPSHOT



JONATHAN ALM
CHIEF LEGAL OFFICER

As the Chief Legal Officer, Jonathan will serve as the chief legal advisor and general counsel to HHS. In this role, Jonathan will develop policy analysis for HHS Administrators, monitor rulemaking, and consult with government partners, including the Office of the Attorney General, as necessary.

Team Structure

The Legal Division will continue to provide support to teams formerly aligned to the legacy DHS structure. For HHS teams not formerly aligned to the legacy DHS structure, the Office of the Attorney General will continue to provide legal counsel and strategic advice.

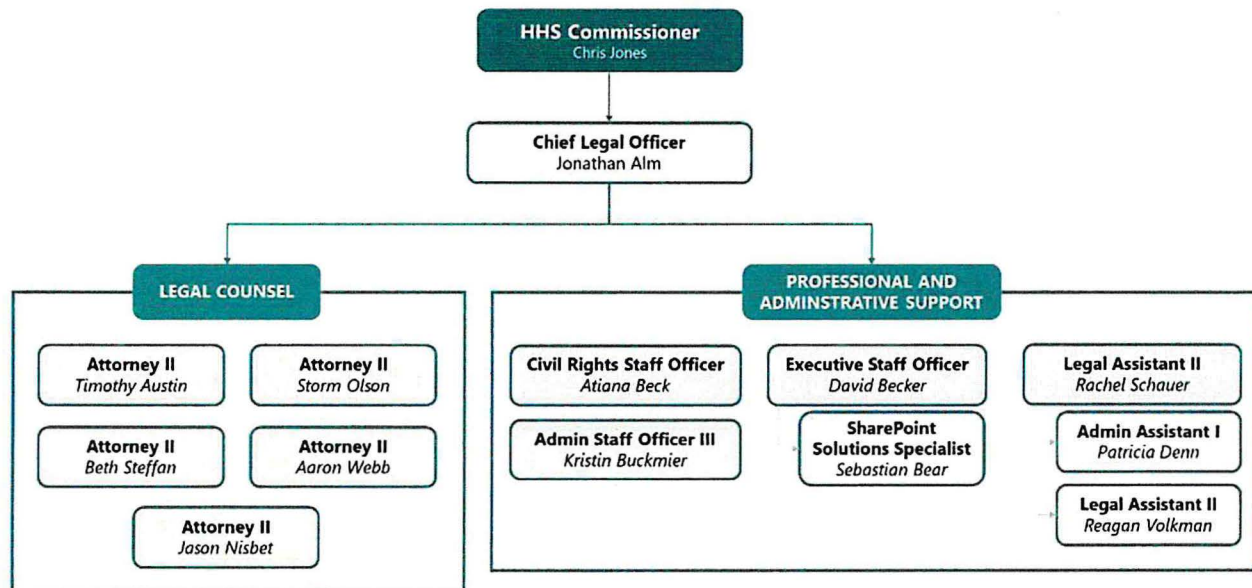
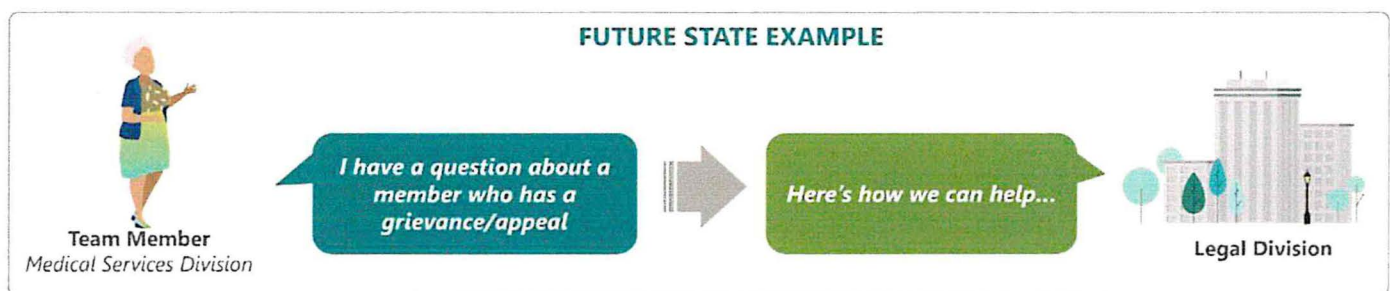


Figure 13: Legal Division Organizational Chart

How We Deliver

For legacy DHS teams, the Legal Division will provide support across a range of functions, including appeals, as indicated below.



In this scenario, a Medical Services team member has a question regarding a Medicaid recipient's appeal. To better understand the status of the Medicaid recipient's appeal, the Medical Services team member contacts our Legal Division and the appeals process supervisor.



KEY POLICY & PROCESS GUIDANCE

WHAT'S CHANGING ON DAY 1?

As part of the integration, our DoH and DHS teams have been evaluating how to merge some of the legacy programs and services into our unified HHS agency. As a result, some of our HR policies and processes will be updated and aligned to provide all team members with a consistent HR experience.

Below are a few key changes to legacy DoH and DHS HR policies team members should know about that will be in effect on Sept. 1, 2022. For specific policy guidance, team members should reference the HR Manual [here](#) or contact your Manager/HR Business Partner. Details on HR procedures can be found [here](#) on the HR Intranet page.

Family Medical Leave Act (FMLA)

FMLA is a federal law that provides eligible team members with unpaid, job-protected leave for specified family and medical reasons, with continued health insurance coverage, as if working. **HHS will adopt a concurrent FMLA policy, with FMLA leave running at the same time as an employee's paid leave, beginning at the start of the qualifying leave.** Regular and temporary team members are eligible for FMLA leave if they have been employed with HHS or the State of North Dakota for at least 12 months and have worked 1,250 hours during the last 12-months. Training on how to guide team members with utilizing FMLA will be provided to employees and managers.

- BIRTH / ADOPTION / PLACEMENT OF CHILD** The birth of a child or placement of a child for adoption or foster care, including bonding time (up to 12 months from birth or placement of child).
- SERIOUS HEALTH CONDITION** A serious health condition that makes the team member unable to perform the essential job functions of their position.
- SERIOUS HEALTH CONDITION OF A FAMILY MEMBER** The need to care for a spouse, child, or parent who is incapacitated with a serious health condition.
- MILITARY EXIGENCY OR INJURY/ILLNESS** A spouse, child or parent receives orders of current or impending call to covered active-duty military status (up to 12 weeks); or due to the need to care for a spouse, child or parent who's a covered service member, with a serious military related injury or illness (up to 26 weeks).

Last Day

Beginning Day 1, **HHS will not allow annual leave to be utilized to extend the team member's last day of work.** All earned and unused annual leave is payable upon termination of employment, regardless of the reason for termination.



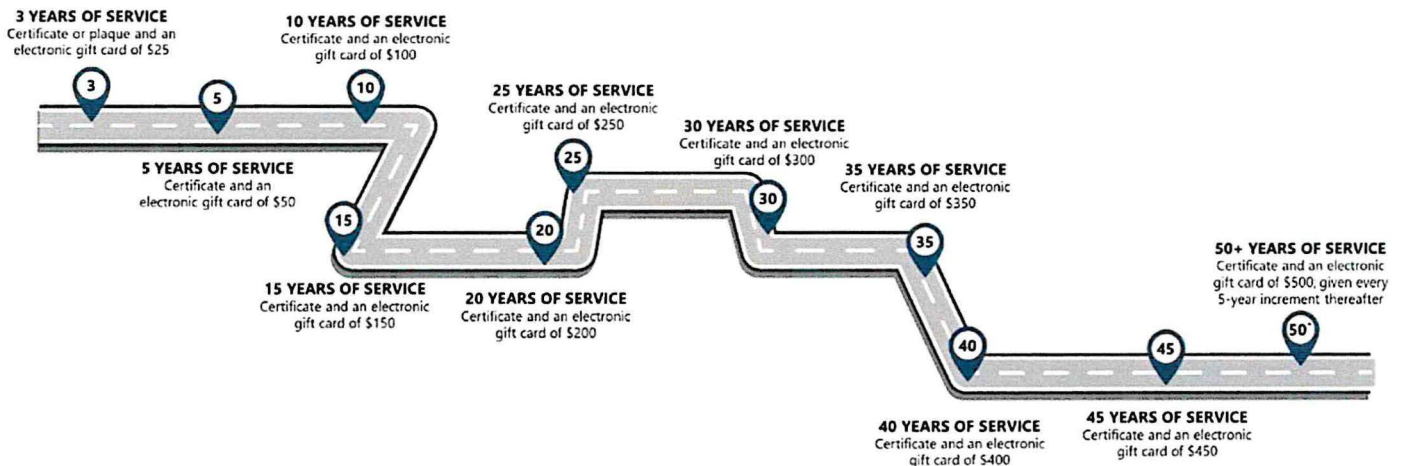
Employee Assistance Program

EAP is available to team members who are experiencing problems relating to mental or emotional illness, marital or family stress, Chemical dependency, and other concerns such that the team member's job performance is or may be impaired. **EAP at HHS will be administered through NexGen. Team members using CHI/St. Alexius will be transitioned to NexGen.** Specific details on how team members can access EAP resources can be found at ndpers.nd.gov under the "Active Members: Insurance Plans" page or [here](#).



Service Award Program

HHS follows the ND Service Award Program policy. **Team members receiving service awards will be provided electronic gift cards in lieu of physical gift cards previously mailed to recipients.** The years of service awards apply to all regular and appointed team members who have completed milestones of full-time employment with the State of ND. The type of awards given to team members is as follows:



***Please note:** Service award gift cards are taxable.

Recognition Awards

HHS strives to create an environment where team members are recognized for their work performance. Annually, **HHS team members will be recognized through the HHS Recognition Award Program.** Stay tuned for additional guidance as we finalize the details of this program.



Key Policy & Process Guidance

Flexible Workday

Consistent with existing practice at DoH and DHS, **HHS will adopt a flexible work schedule policy that allows managers to accommodate a team member's schedule as situations arise.** For example, if a team member works extra hours one day, the team member may be approved to be absent the same number of hours later in the week. Flexible schedules are not permanent arrangements and should be used on rare occasions. **Please Note:** *This policy may not be applicable to all positions at HHS.*

Talent Referral Program

The best recruitment tool at HHS is our team members! In special circumstances, team members across HHS will be eligible for a talent referral bonus of \$1,000:

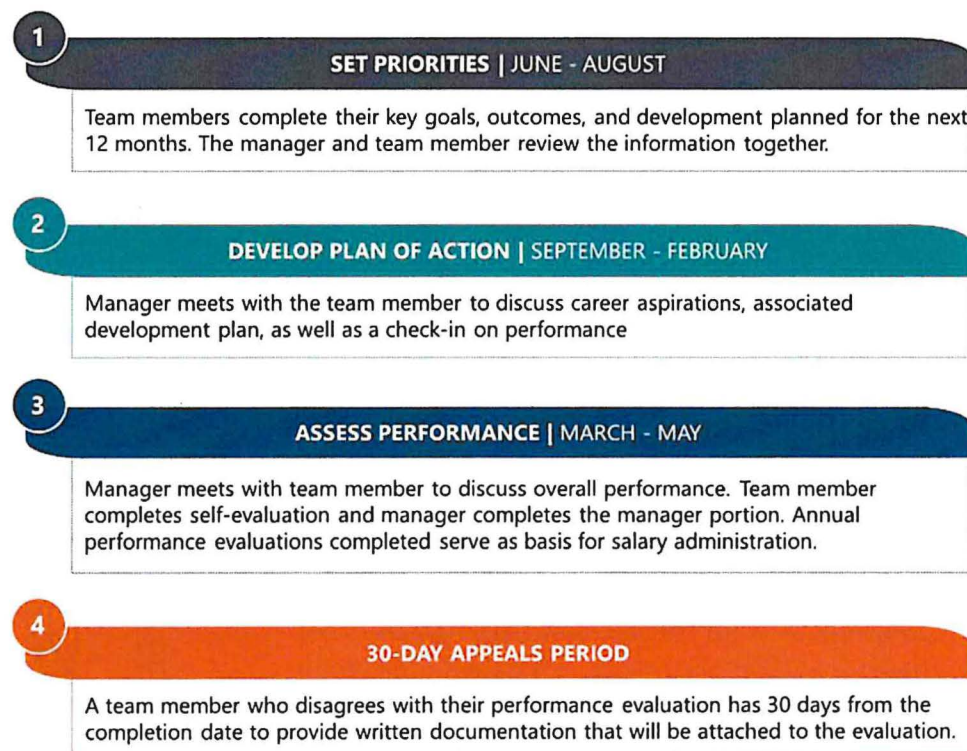
- **\$300 to be paid out upon hiring of candidate**
- **\$200 to be paid out once the new hire completes 6 months at HHS**
- **\$500 to be paid out after the new hire completes 1 year at HHS**



Identification of eligible positions or occupations considered hard to fill will be made by the Human Resources department.

Performance Evaluation Timeline

HHS conducts performance evaluations with team members to ensure team members are adequately performing the assigned job duties and to provide a basis for employee development discussions. **The performance evaluation period will run annually from June 1 to May 30.**



THROUGHOUT THE YEAR

The team member and manager meet regularly. Discussions should include:

- *Job expectations*
- *Opportunities for growth*
- *Long term goals*
- *Progress*

The team member and manager can keep notes of progress using Performance Notes in PeopleSoft.

DAY 1 QUICK START GUIDE GLOSSARY

INTERNAL IDENTIFIERS

The following are commonly used terms referring to the HHS organizational structure:

Business Partner – Team members within the Business Divisions that provide strategic business functions across HHS. These include the Finance Division, Human Resources Division, Communications Division, and Legal Division.

Center of Excellence – A body that provides leadership, best practices, research, support and/or training around a specific focus area across program the Program and Business Divisions. The Department has Centers of Excellence for functions including Project Management, Process Improvement, Change Management, and Quality Management.

Division – Program and policy or business vertical; collection of sections or functions (e.g., Public Health Division, Human Resources Division).

Executive Director – Leader of a Programmatic or Business division within HHS.

Function – Subunit of business division (e.g., External Communications function within the Communications Division, Budget Management function within the Finance Division).

Office of Transformation – A function within the Deputy Commissioner's Office that is responsible for the improvement of existing workflows or processes in the Department.

Section – A singular subset of a division (e.g., Early Childhood Section, Aging Services Section).

PARTNERS, PROVIDERS AND PEOPLE WE SERVE

The following are commonly used terms referring to the partners, providers, and people we serve:

Basic Care Facility – Licensed residential facility that provides room and board and services to individuals who need health, social, or personal care services but do not require extensive medical services.

Care Coordinator (child welfare) – Case manager in a child and family case involving severe emotional disturbance.

Child Care Provider – Person, group of persons, or agency responsible for the education and supervision of the child/children in their care in exchange for money, goods, or services.

CNA – Certified Nurse Aide. An individual who has successfully complete the requirements for the certified nurse aide training and competency evaluation program to provide nursing services to residents. CNAs must be entered on the Public Health Division nurse aide registry as a certified nurse aide.

Community Health Worker – Members of the communities they live in who work either for pay or as volunteers in association with the local health care system. Community health workers often provide services such as case management, client education, follow-up care, health screening, informal counseling, and more.

Childcare Licensor – Authorized agent responsible for processing childcare licensure applications, completing onsite facility inspections, and issuing licenses as appropriate

CMS – Centers for Medicare & Medicaid Services - Federal agency which oversees Medicare, Medicaid, and the Children’s Health Insurance (CHIP).

Eligibility Worker – Person responsible for gathering information and determining whether an individual is eligible to various public assistance programs.

Human Service Centers – There are eight regional human service centers that provide counseling and mental health services, substance abuse treatment, disability services, and other human services to a multi-county area.

Human Service Zones – Local offices in the counties (formerly known as county social service offices) that have professionals on site who can help people who need these services and supports: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), heating assistance, Medicaid, including children's health services; basic care assistance; child care assistance; in-home and community-based services and supports for elderly and disabled individuals; personal care assistance; child welfare (foster care, child protection services, child care licensing and related services); and referrals to other local resources and programs.

ICF/IID – Intermediate Care Facility for Individuals with Intellectual Disabilities. Institution that provides, in a protected residential setting, evaluation, supervision, coordination, and health/rehabilitative services to individuals with intellectual disabilities to help each individual function at their greatest ability.

Licensed Child Care Providers – Facilities required to maintain at least minimum standards related to physical size of the facility, safety features, cleanliness, staff qualifications, and staff-to-child ratios. See the definitions of the licensed childcare provider categories: licensed family childcare, licensed group childcare, licensed child center, licensed preschools, licensed school-age programs, and multiple license facility. (Unlicensed childcare provider categories include self-declared providers, formerly called “self-certified,” approved relative providers, and registered in-home providers).

Licensed Child Care Center – Provider of care for 19 or more children in a facility, depending on usable space and staff-to-child ratio. Children are often grouped by age.

Licensed Family Child Care – Provider of care for seven or fewer (plus two additional school age children) children in a private residence.

Licensed Group Child Care – Provider of care for up to 30 children in a home or other type of facility, depending on usable space and staff-to-child ratio.

Licensed Preschools – Provider of part-time educational and socialization experiences for children aged two years to kindergarten for no more than three hours per day.

Licensed School-Age Programs – Provider of care for 19 or more school-age children when school is not in session.

Life Skills and Transition Center – State-operated, comprehensive support agency serving people with intellectual and developmental disabilities in Grafton.

LPHU – Local Public Health Unit. One of 28 independent units working in partnership with the North Dakota Department of Health to provide personal and population-based health services to residents in their city and/or county jurisdictions.

MCO – Managed Care Organization. Health care company or a health plan that provides for the delivery of health benefits and additional services to Medicaid beneficiaries through contracted arrangements with Medical Services. This contract helps to improve health plan performance, health care quality, and outcomes while reducing Medicaid program costs.

Peer Support Specialist – Person that uses their lived experience to assist others on their journey to recovery and wellness related to recovery from a mental health disorder, substance use disorder, brain injury, or any combination thereof. They work to help others become and stay engaged in the recovery process by using their lived experience, and skills learned in formal Peer Support training.

PRTF – Psychiatric Residential Treatment Facility. One of six facilities that provide children and adolescents with a comprehensive 24-hour therapeutic environment integrating group living, educational services, and a clinical program based upon an interdisciplinary clinical assessment and an individualized treatment plan that meets the needs of the child and family.

Qualified Service Provider (QSP) – Agency or independent contractor that agrees to meet standards for services and operations established by the Department to provide home and community-based long-term care services to older people and individuals with physical or intellectual disabilities.

Registered Providers – Child care providers who are eligible to participate in the Child Care Assistance Program (CCAP) and who are generally registered by tribal entities. These child care providers may be licensed by tribal entities and subject to their licensing criteria but are not licensed by the state.

SNF – Skilled Nursing Facility. A facility which provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital. SNF s are licensed by the state and certified by the Centers for Medicare & Medicaid Services (CMS) to participate in the Medicare/Medicaid programs.

State Child Protection Team – Multidisciplinary team of staff members from public and private agencies (determined by law) that makes the determination whether child abuse or neglect is indicated in cases of suspected institutional child abuse or neglect.

Self-Declared Child Care Providers – Providers of care for five or fewer children of which no more than three may be under the age of 24 months. These providers are not licensed. They are eligible to participate in the Child Care Assistance Program and the USDA Child and Adult Food Program after meeting some basic training requirements and after a pre-approval inspection.

State Hospital – Hospital that provides short-term acute inpatient psychiatric and substance abuse treatment, intermediate psycho-social rehabilitation services, forensic services, and safety net services for adults. The hospital also provides residential addiction treatment services for adult male and female clients referred to the Tompkins Rehabilitation Center.

Substance Abuse Treatment Provider – Provider who is licensed by the Behavioral Health Division to operate addiction treatment programs.

Substance Exposed Newborn – Infant younger than 28 days of age at the time of the initial report of child abuse or neglect who is identified as being affected by substance abuse or withdrawal symptoms or as having a fetal alcohol spectrum disorder.

Obligee – Person to whom a child support obligation is owed. It may also be an entity to which a child support obligation is owed.

Obligor – Person who is obliged to pay child support.

Partner – Refers to individuals rendering medical care, including physicians, nurse practitioners, physician assistants, and others.

People Served – Previously used to refer to clients, customers, patients.

Provider – Refers to organizations providing health and/or human services to one or more patients.

PROGRAMS AND SERVICES

The following are commonly used terms referring to the programs and services administered by HHS:

CARES – Coalition of over 40 service providers and partners who provide a network of support to Service Members, Veterans, Families, and Survivors. ND CARES attempts to resolve barriers or gaps in services to ensure those serving, who has served, families and survivors receive the behavior health care and assistance they need.

CCAP – Child Care Assistance Program. Program that provides help paying for child care costs to low-income families that are working or participating in education or training activities.

CFS – Children and Family Services Division of the Department. CFS has administrative responsibility for the policies and procedures relating to children and families and is responsible for program supervision and technical assistance for the delivery of public child welfare services.

CHIP – Children’s Health Insurance Program. Comprehensive health coverage for children 18 years of age and younger. To qualify, a child’s family must have a modified adjusted gross income that is greater than the Medicaid eligibility level but does not exceed 175 percent of the federal poverty level.

CPS – Child Protection Services. Services intended to protect the health and welfare of children by encouraging the reporting of children known to be or suspected of being abused or neglected and providing services for the protection and treatment of abused and neglected children to safeguard them from further harm.

Diversion Assistance – Program that provides short-term emergency benefits and services during a “specific crisis or episode of need” for up to four months to families that would otherwise qualify for Temporary Assistance for Needy Families (TANF).

Early Childhood Services (ECS) – Team of Department employees that develops and co-administers the Child Care and Development Fund and reviews and maintains state regulations and policies. ECS supervisors, review and approve licensing studies, issue approved licenses, assess licensing violations, issue appropriate corrective action and supervise licensing specialists. ECS licensing specialists assist potential child care providers through the child care licensing process, conduct child care licensing studies, assess program concerns and work with child care providers to create healthy and safe child care programming.

EA – Economic Assistance. Division of the Department that administers policy for the following programs: Child Care Assistance Program (CCAP), Low Income Home Energy Assistance (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF), including Diversion Assistance and Job Opportunities and Basic Skills (JOBS). EA policy is also responsible for Alternative to Abortion services, Quality Control/Quality Assurance unit, Policy and System Support unit.

FMAP – Federal Medical Assistance Percentage. Federal matching rate for the Medicaid program. FMAP is evaluated annually on October 1 and is based on the three-year average of North Dakota’s per capita personal income as compared to the three-year average of the national per capita personal income.

Food and Nutrition Services (FNS) – Federal agency of the United States Department of Agriculture that, among other duties, administers the Supplemental Nutrition Assistance Program (SNAP).

FTR – Free Through Recovery. Community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns; administered by the Behavioral Health Division of the Department in partnership with the ND Department of Corrections and Rehabilitation.

GA – General Assistance. County program designed to cover emergency needs of low-income individuals or families. The covered needs may include rent, fuel and utilities, medical, and burial expenses.

HCBS – Home and Community-Based Services. Array of services that are essential and appropriate to sustain people in their homes and communities and to delay or prevent institutional care.

LIHEAP – Low Income Home Energy Assistance Program. Program that helps qualifying households pay a portion of their home heating costs, covers furnace repair and weatherization services, and provides cooling assistance in the summertime.

MA – Medical Assistance. Program commonly referred to as “Medicaid” that provides medical assistance to certain specified groups of needy low-income individuals as defined by federal law.

MIECHV – Maternal, Infant, and Early Childhood Home Visiting. Federal grant program supporting home visiting efforts in North Dakota, administered by Prevent Child Abuse North Dakota.

ND Quits – Program administered by the Public Health Division that provides resources for North Dakotans seeking assistance to quit smoking or using smokeless tobacco products, including vapes or electronic cigarettes.

NDWORKS – Employment and training program that provides SNAP recipients with opportunities to overcome barriers and gain skills, training or experience to improve their employment prospects. Participants receive support through job placement and retention services in order to reduce their reliance on SNAP benefits. The department contracts with Community Options, Inc. to provide the program services.

Oral Health Program – Program administered by the Public Health Division that aims to prevent and reduce oral disease and improve the oral health of all North Dakotans.

OTP – Opioid Treatment Programs. Program that provides medication-assisted treatment to patients diagnosed with opioid use disorder, including regular counseling with a licensed addiction counselor. OTPs must be certified by the SAMHSA.

PHEP – Public Health Emergency Preparedness & Response Program. This program provides local and state public health guidance, planning, coordination, response and funding for large scale emergencies. These activities include coordination and funding of incident command and control, disease control, laboratory services, communications systems, public information, medical supplies, equipment and pharmaceuticals and training.

PMHCA – Pediatric Mental Health Care Access Program. Program through the Public Health Division that supports behavioral health integration in primary care through new and expanding telehealth access programs – including screening, providing clinical behavioral health consultation, care coordination support, and training – with a focus on rural and underserved areas.

PRIDE – Parental Responsibility Initiative for the Development of Employment. Collaborative effort involving the Department, Job Service of North Dakota, and district courts to address nonpayment of child support resulting from the unemployment or underemployment of the obligor. PRIDE provides case management, job skills improvement, and job placement to help obligors obtain or improve their employment in order to pay child support.

SAMHSA – Substance Abuse and Mental Health Services Administration. Agency within the US Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. The agency's mission is to reduce the impact of substance abuse and mental illness on America's communities.

SNAP – Supplemental Nutrition Assistance Program. Federally funded USDA program intended to raise levels of nutrition among low-income households by supplementing their food purchasing power with monthly benefits distributed through an electronic benefit card. Formerly called the Food Stamp program.

TANF – Temporary Assistance for Needy Families. Federal block grant program established under Title IV-A of the Social Security Act that provides cash assistance to low-income families with children who are deprived of the support of at least one parent while promoting self-sufficiency through work readiness training and job placement services.

VR – Vocational Rehabilitation. Training and employment services provided to individuals with disabilities so that they can become and/or remain employed. Services are designed to assist business owners and employers in developing short and long-term strategies regarding disability-related issues including staffing; education; tapping into financial incentives associated with hiring an individual who has a permanent injury, illness, or impairment; or ensuring accessibility to goods or services.

Vulnerable Adult Protective Services (VAPS) – Program to address the safety of vulnerable adults who are at-risk of harm due to the presence or threat of abuse, neglect or exploitation.

WIC – Special Supplemental Nutrition Program for Women, Infants, and Children. This program offers healthy food for proper growth and development and helps families choose healthier ways of eating. WIC is for eligible pregnant, breastfeeding and postpartum women, infants, and children under 5 years and is available in all North Dakota counties.

SYSTEMS AND TOOLS

The following define commonly used systems and tools across HHS:

CCWIPS – Comprehensive Child Welfare, Information, and Payment System. Computerized case management and payment system for foster care and adoption services

FACSES – Fully Automated Child Support Enforcement System. Federally certified computer system that supports the processing of child support cases in North Dakota and supports the State Disbursement Unit (SDU) in processing child support payments.

FRAME – The Department’s child welfare computer system used to capture case management activities and collect child welfare data.

Intranet – Private network internal to HHS based on the SharePoint platform that is used to host and share pertinent information.

MAVEN – North Dakota’s Electronic Disease Surveillance system. This system allows tracking disease diagnosis and other information for a single person across different reportable conditions and surveillance models within the system

MMIS – Medicaid Management Information System. Computer system that processes all Medicaid claims, monitors utilization, and provides information needed to manage the Medicaid program. The system was implemented October 2015.

myAvatar – Video conferencing software that provides expanded access to telehealth services at the eight regional behavioral health clinics and four satellite clinics in North Dakota.

PeopleSoft – Suite of applications used to support workforce functions including personnel and financial management.

SharePoint – Web-based platform for document management and storage systems. The Intranet is built on the SharePoint platform.

SPACES – Self-Service Portal and Combined Eligibility System. The Department’s integrated eligibility system used by human service zones to determine eligibility for the CCAP, Medicaid, SNAP and TANF Programs. SPACES also streamlines the application process for economic assistance benefits and offers a self-service portal allowing individuals 24/7 access to check their benefit status, review their case history, report changes and complete reviews, view correspondence and upload documents securely.

TECS – Technical Eligibility Computer System. Computer system currently used by human service zones to manage some Medicaid cases.

Workforce – The Department’s workforce management software used by both HR and Fiscal for time, attendance, payroll, and other functions.

NORTH
Dakota | Health & Human Services
Be Legendary.



HB1004 HHS Overview to House Appropriations

HHS Commissioner Chris Jones
ND State Health Officer Dr. Nizar Wehbi
Jan. 5, 2023

Agenda

- HHS integration journey
- HHS Goal: Help ND become the healthiest state in the nation
- The science of well-being
- HHS priorities and action plans
- Overview of HHS 2023-2025 budget changes
- Tactics

HHS integration journey

Key phases and activities of our journey toward one **Better Together Department of Health and Human Services** on Sept. 1, 2022.



June 2022 – September 2022

DELIVER a plan to set up DHHS for success

CORE ACTIVITIES

- **Begin to see our unified approach take shape!** Continue to work on projects that will help HHS improve the health and well-being of North Dakotans.
- Begin to create new opportunities to **engage and develop one high-performing HHS team.**
- Begin to implement changes that will maintain **day-to-day operations** for all team members in a new unified HHS.

January 2022 – May 2022

DESIGN a new DHHS

CORE ACTIVITIES

- Develop a **new Better Together DHHS team structure** that transitions all current team members into one combined HHS to support transforming the citizen experience.
- Work on **projects across DoH and DHS** that will position us to serve North Dakotans successfully as one unified team.
- Support and engage managers/supervisors and team members with an **enhanced focus on change management and increased communications.**

September – December 2021

DECIDE on a guiding principle for the integration

CORE ACTIVITIES

- Develop a **new process to gain team member input and make decisions** about building a unified approach to health and human services.
- Establish a **guiding principle and goals for the journey** to become one team HHS and to transform the citizen experience.
- Identify several projects that support the guiding principle and goals and **create work teams with representation from DoH and DHS.**

Guiding our Better Together journey toward One Team HHS

Guiding Principle

North Dakota becomes the healthiest state in the nation by reinforcing the foundations of well-being

Integration Goals

1. Deliver **one streamlined path** to quality and equitable programs and services
2. Continue to improve **quality, effective and efficient** health and human services
3. Create **career growth and development opportunities** for team members and build a new **one-team** culture



Example Objectives

Simplify the customer journey to HHS programs

Improve timeliness and access to services

Define an agreed-upon culture; create the foundation for a workplace that honors autonomy and empowers individuals to contribute

Team member participation and engagement were key priorities and central to the process



Culture surveys and focus groups

Team members defined a shared HHS culture.



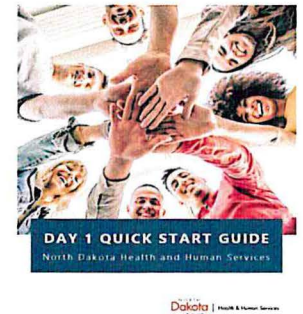
Workstream Wednesday interactive forums

Team members provided input toward workstream projects.



Team member communications

- Town halls
- Email updates
- Better Together podcasts
- Frequently asked questions



Day 1 HHS Quick Start Guide

Resource for team members to help them understand how the integration will impact day-to-day job functions.

Our approach to designing the future HHS organizational structure



- ✓ **Every team member will have a role**
- ✓ **Transform health and human services for North Dakotans**
- ✓ **Follow our guiding principle to become the healthiest state in the nation by reinforcing the foundations of well-being**

BETTER

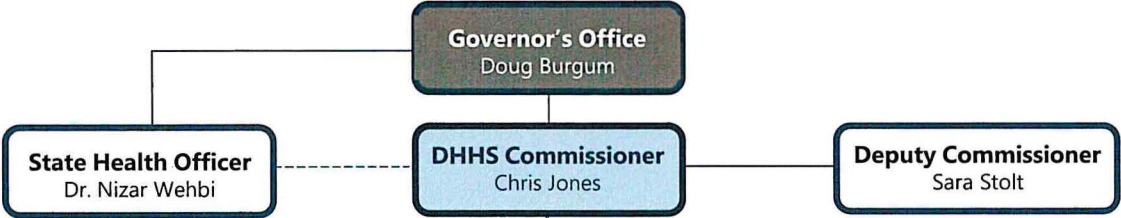
TOGETHER

Transforming the Citizen Experience

North Dakota Department of Health & Human Services

- Core Functions of the SHO**
- Governor's Cabinet Member
 - Lead Tribal Health Engagement
 - Health Liaison to the Legislature
 - External Stakeholder Engagement
 - Advisor to specific DHHS focus areas, including:
 - Community Engagement
 - Health Care Workforce Development
 - Emergency Preparedness & Response
 - Developer of Wellness Strategies for North Dakota

- Core Functions of the DC**
- Day-to-Day Operations
 - Constituent Services/Appeals Review
 - Facilities Planning/Operations Management
 - Criminal Background Check Services
 - Document Management
 - Contact Center Operations Coordination
 - Refugee Support Services
 - DD Council
 - Transformation Centers
 - Portfolio and Project Management
 - Process Improvement & Quality Management
 - Change Management
 - Customer Experience Management
 - IT and Data Governance



Executive Director Public Health
Dirk Wilke

- Disease Control and Forensic Pathology
- Healthy & Safe Communities
- Health Response and Licensure
- Laboratory Services
- Health Statistics and Performance

Executive Director Medical Services
Krista Fremming, Interim

- Medicaid

Executive Director Behavioral Health
Pamela Sagness

- Human Service Centers
- State Hospital
- Behavioral Health Policy

Executive Director Human Services
Jessica Thomasson

- Disability Determination Svc
- Human Service Zone Operations
- Economic Asst
- Vocational Rehabilitation
- Children & Family Services
- Child Support
- Early Childhood
- Life Skills and Transition Center
- Aging Services
- Developmental Disabilities

Chief Financial Officer
Arnold Strebe

- Assistant CFOs for each Division
- Budget Management
- Audit Management
- Procurement and Contracts
- Logistics Management
- Performance and Data Management
- Supply Chain Operations

Chief Human Resources Officer
Marcie Wuitschick

- HR Business Partners for each Division
- Operations and Digital
- Talent Acquisition
- Talent Management and Development
- Total Rewards
- Risk Management/Employee Health
- Safety/Disaster Preparedness

Chief Communications Officer
Lynn Bargmann

- Communications Managers for each Division
- Internal Communications
- External Communications
- Marketing, Outreach, and Education
- Multi-Media Support

Chief Legal Officer
Jon Alm

- Legal Advisory
- Attorney General Office Coordination regarding the Public Health Division and Litigation

Day 1 and the Road Ahead

Key milestones in our journey toward one **Better Together Health and Human Services** on Sept. 1, 2022, and our priorities for the road ahead

Sept. 2021 – Sept. 1, 2022

KEY MILESTONES ACCOMPLISHED

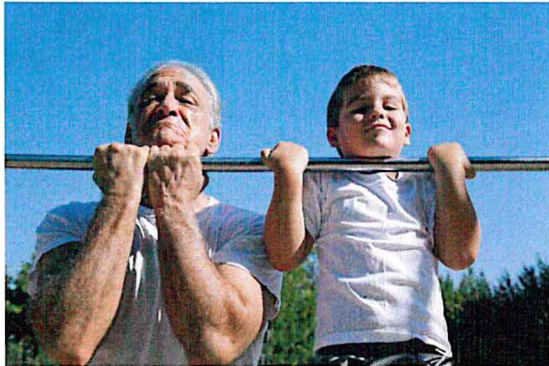
- Identified 18 **program integration opportunities** to improve the delivery of programs and services for North Dakotans.
- Identified more than **50 workstream projects across six workstreams** that will be accomplished as part of the integration.
- Designed a new **organizational structure** for HHS.
- Developed a **new, unified HHS website**.
- Established consistent **branding guidance**.
- Reviewed and **aligned all HR policies**.
- Implemented **New Workplace guidance**.
- Launched **new team member intranet**.

Sept. 1, 2022, and beyond

KEY PRIORITIES TO COME DOWN THE ROAD

- **Begin to see our unified approach take shape!** Continue to work on projects that will help HHS improve the health and well-being of North Dakotans **through September 2022 and BEYOND**.
- Begin to create new opportunities to **engage and develop one high-performing HHS team**.
- Begin to implement changes that will support **day-to-day operations** for all team members in a new unified HHS.

Make ND the Healthiest State in the nation by reinforcing the foundations of well-being



Physical
Health



Behavioral
Health



Economic
Health

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the
FOUNDATIONS
of well-being



Economic
Health



Behavioral
Health



Physical
Health

Ensure everyone has the
opportunity to realize
their **POTENTIAL**



Strong, Stable
Families



Services Closer
to Home



Early Childhood
Experiences

Efficiency
Through
Redesign

High-
Performing
Team

Give everyone the
OPPORTUNITY to
decide to:



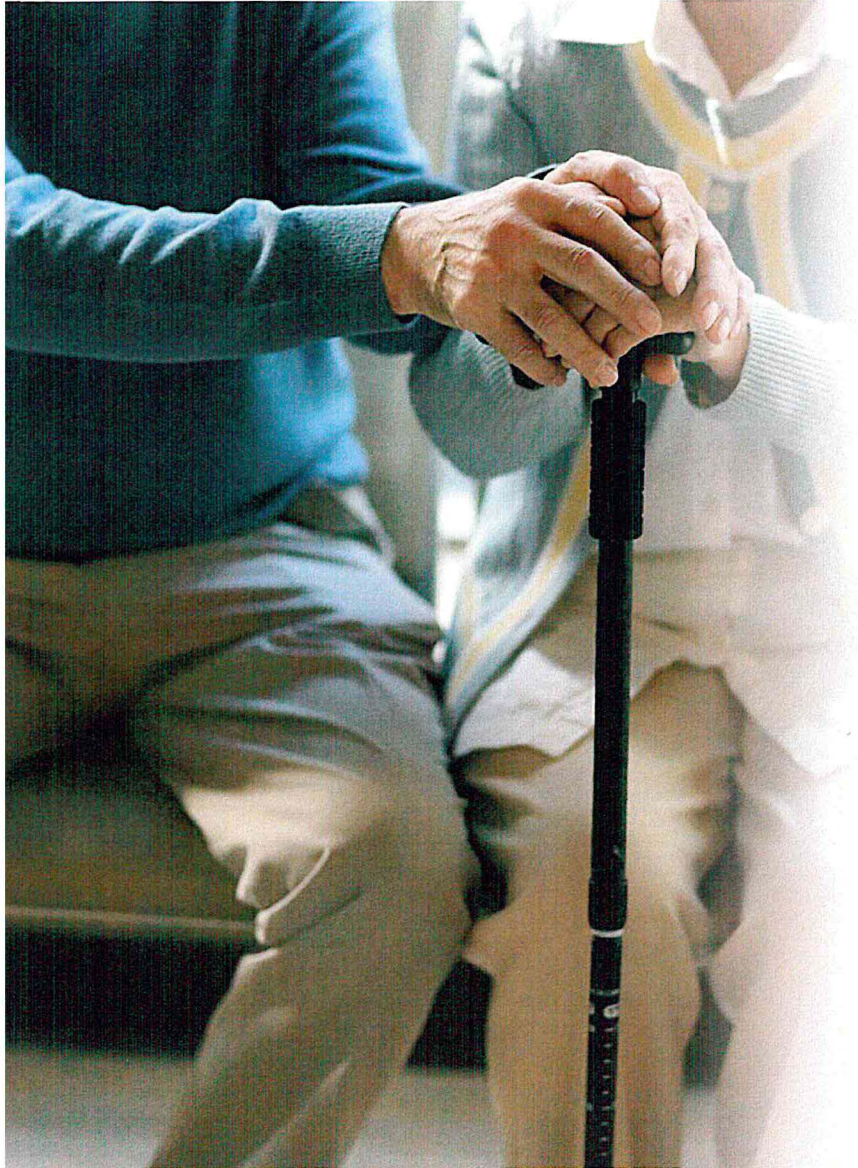
Be Healthy



Be Active



Find & Prevent
Disease Early



The science of well-being

Investing in North Dakotans to create the healthiest state and deliver taxpayer value

The science



Socioecological Model



Social Determinants of Health

RISK FACTORS	Protective Factors
<ul style="list-style-type: none"> Low socioeconomic status Low educational attainment Low health literacy Low social support Low access to services Low health awareness Low health behaviors Low mental health Low physical activity Low diet quality Low tobacco cessation Low alcohol use 	<ul style="list-style-type: none"> High socioeconomic status High educational attainment High health literacy High social support High access to services High health awareness High health behaviors High mental health High physical activity High diet quality High tobacco cessation High alcohol use

Risk/Protection Factors



Resilience



Adverse Childhood Experiences (ACEs)

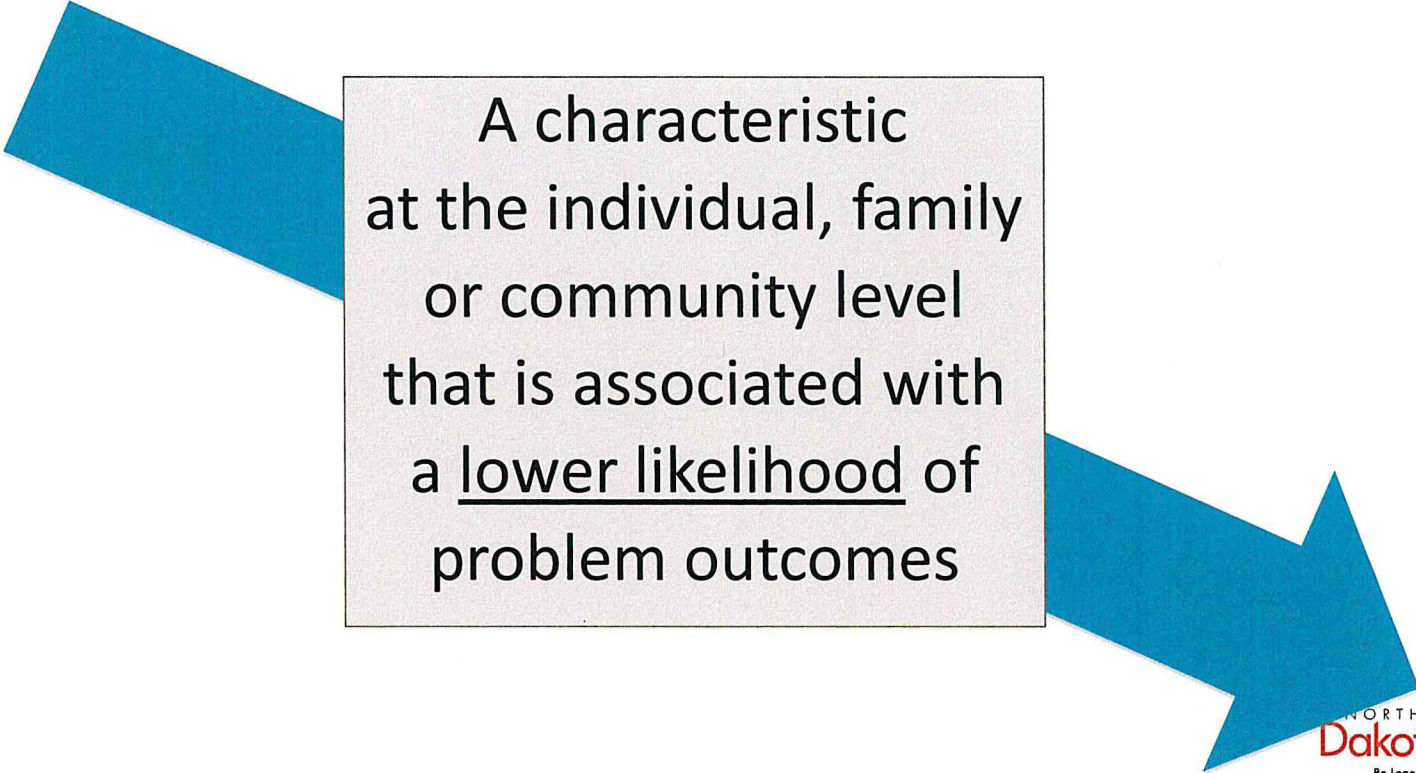
Multiple levels of influence surround each of us.



Risk factors

A characteristic at the biological, psychological, family, community or cultural level that precedes and is associated with a higher likelihood of problem outcomes





Protective factors



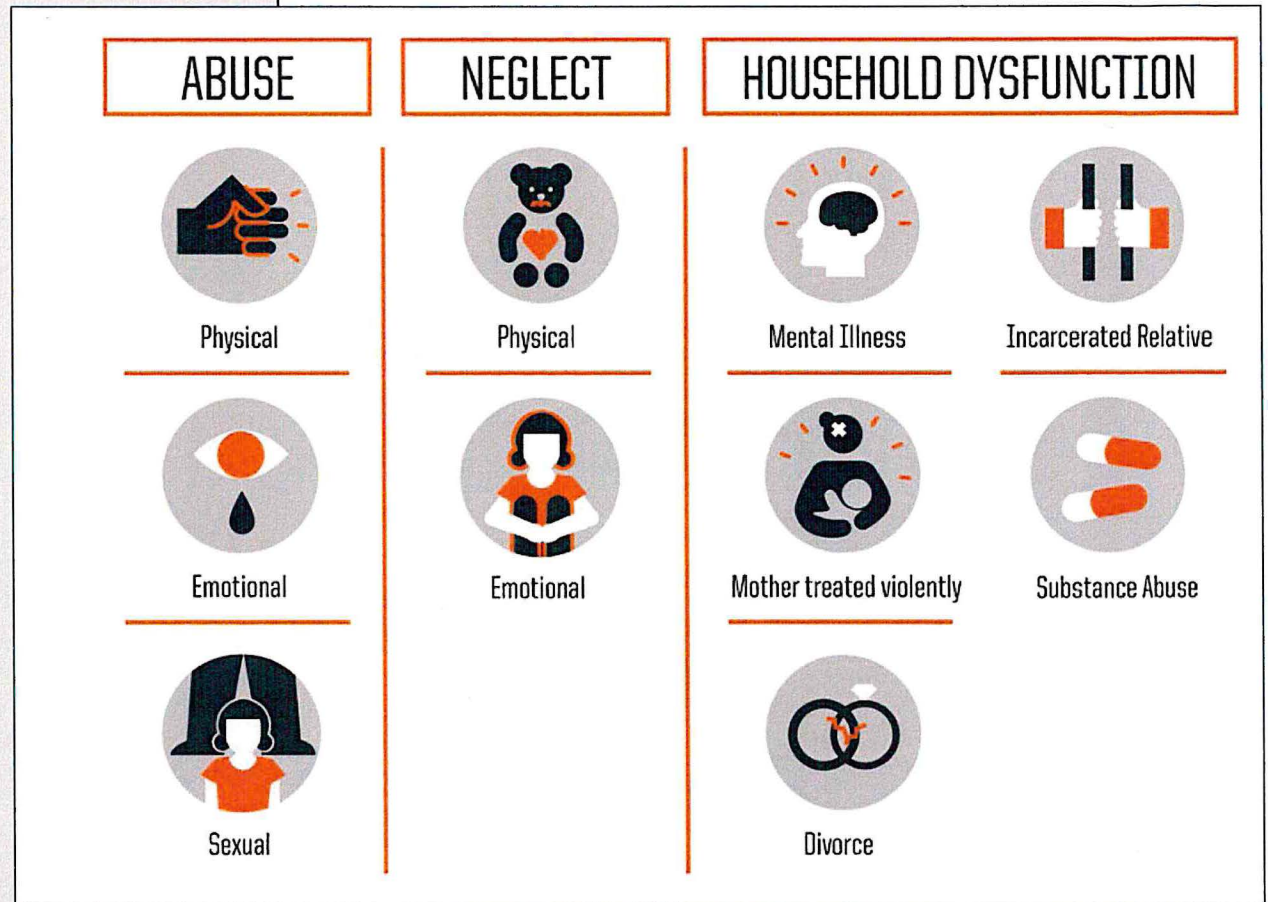
A characteristic at the individual, family or community level that is associated with a lower likelihood of problem outcomes

Risk and protective factors impacting healthy development of children and adolescents.

Source: Communities That Care

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
<ul style="list-style-type: none"> • Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs • Economic disadvantage (not measured in youth survey) 		<ul style="list-style-type: none"> • Opportunities for prosocial involvement in the community • Recognition of prosocial involvement • Exposure to evidence-based programs and strategies (some are measured in youth survey)
<ul style="list-style-type: none"> • Poor family management and discipline <ul style="list-style-type: none"> • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour 		<ul style="list-style-type: none"> • Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement
<ul style="list-style-type: none"> • Academic failure (low academic achievement) <ul style="list-style-type: none"> • Low commitment to school • Bullying 		<ul style="list-style-type: none"> • Opportunities for prosocial involvement in school • Recognition of prosocial involvement
<ul style="list-style-type: none"> • Rebelliousness • Early initiation of problem behaviour <ul style="list-style-type: none"> • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour <ul style="list-style-type: none"> • Sensation seeking • Rewards for antisocial involvement 		<ul style="list-style-type: none"> • Social skills • Belief in the moral order • Emotional control • Interaction with prosocial peers

TYPE OF ACES (ADVERSE CHILDHOOD EXPERIENCES)



Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

Social determinants of health

The social determinants of health are the conditions in which we are born, grow and age, and in which we live and work.



Childhood Experience



Housing



Education



Social Support



Family Income



Employment



Our Communities

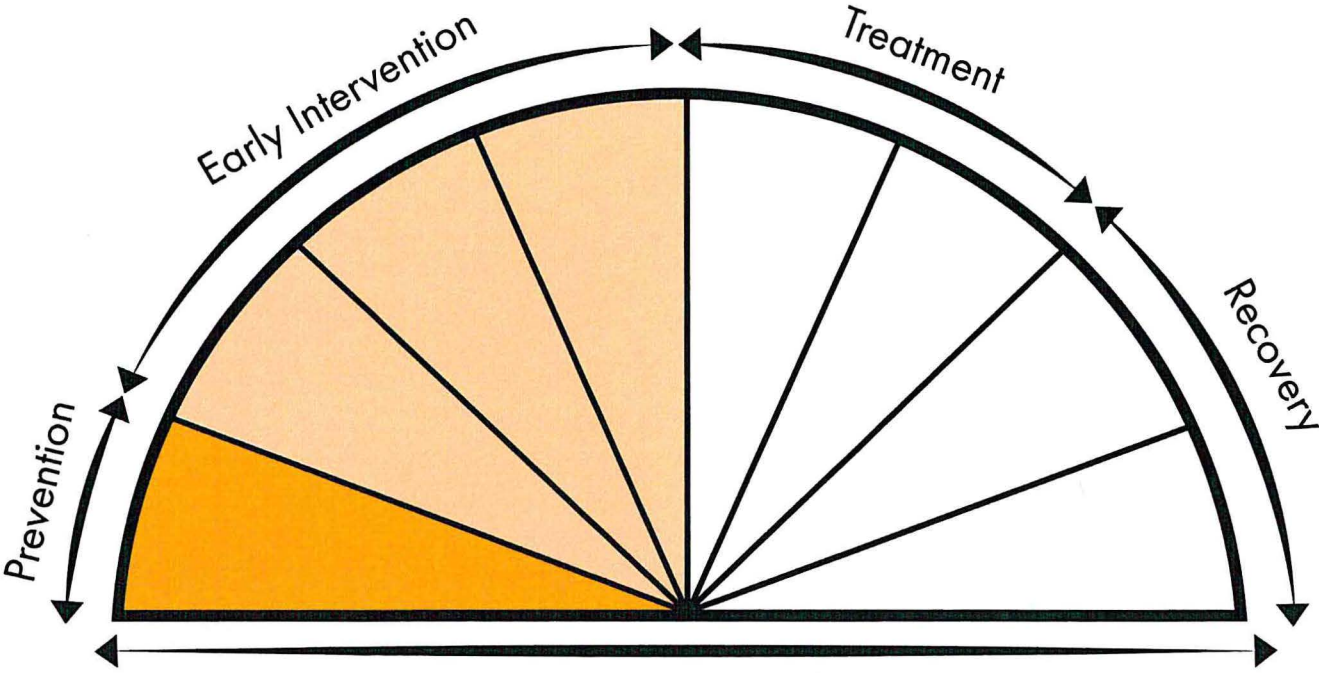


Access to Health Services

PROTECTIVE FACTORS BUILD RESILIENCE

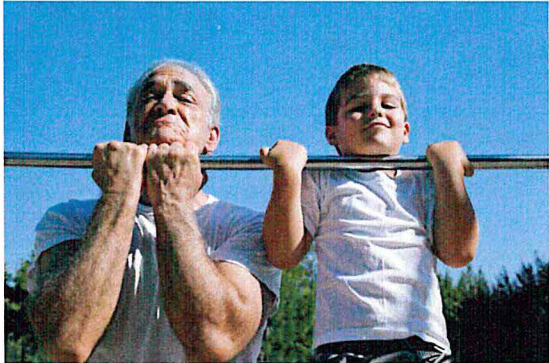


Services and support occur along a continuum



Institute of Medicine Continuum of Care

Reinforce the foundations of well-being



 Physical Health

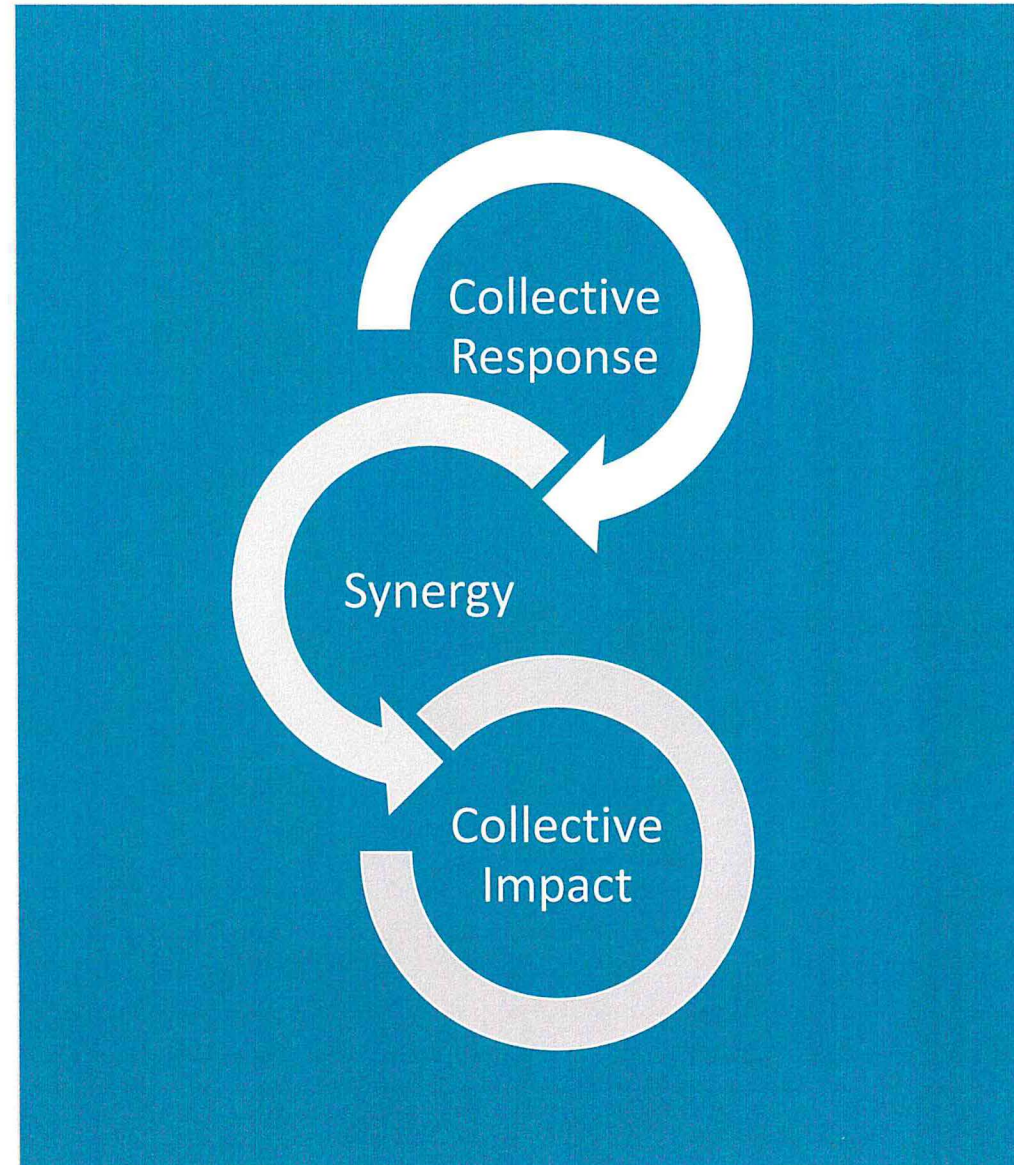


 Behavioral Health



 Economic Health

By focusing on **shared** risk factors or **shared** protective factors, we benefit from a collective response.



HHS priorities and action plans

Investing in North Dakotans to
create the healthiest state and
deliver taxpayer value



HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the
FOUNDATIONS
of well-being



Economic
Health



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Ensure everyone has the
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Strong, Stable
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Services Closer
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Early Childhood
Experiences

Efficiency
Through
Redesign

High-
Performing
Team

Give everyone the
OPPORTUNITY to
decide to:



Be Healthy



Be Active



Find & Prevent
Disease Early

HHS Action Plan

1

Forward Progress on Key Initiatives

- Behavioral Health Implementation
- Transformation of Home and Community Based Services
- Behavioral, Physical and Economic Health

2

Evolving How We Do Our Work

- DHHS Integration
- Social Service Redesign

3

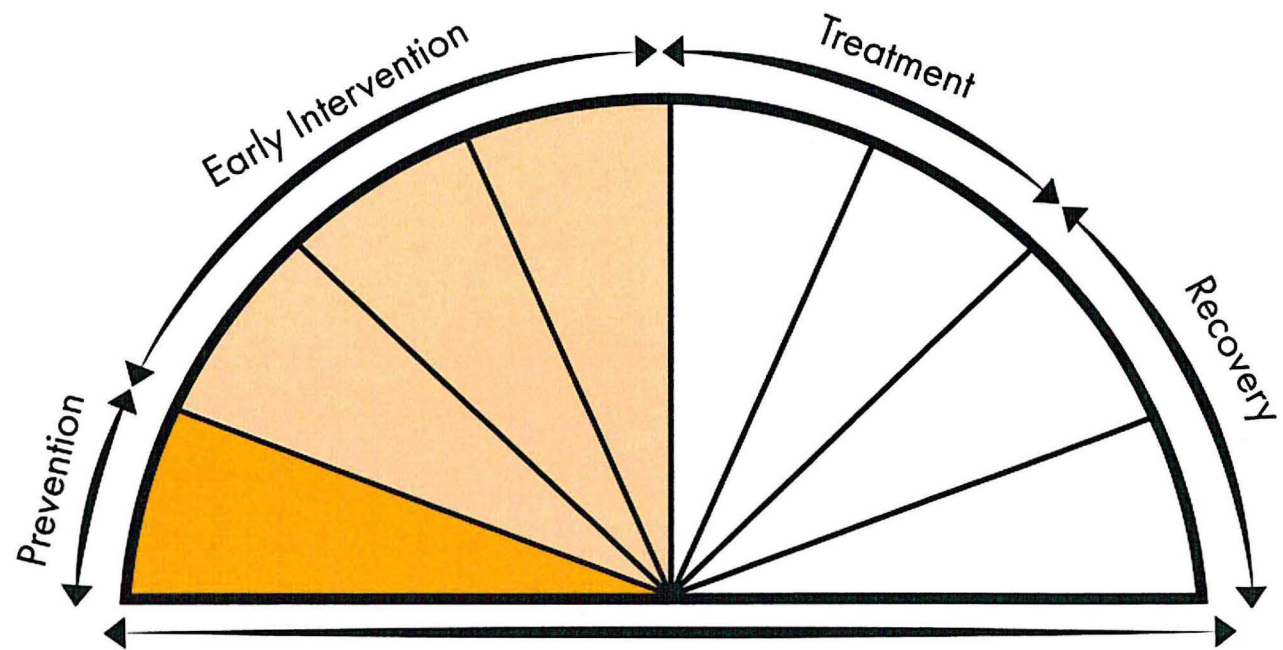
New Investment Focus 2023-2025

- Kids' Health, Safety and Wellbeing
- Lab Infrastructure Development
- Treatment Environment at State Hospital
- Emergency Preparedness and Response

Forward progress on key initiatives

Forward
Progress

- Expansion of Free Through Recovery to Community Connect
- Mobile Crisis Services
- Suicide Hotline / 988
- Peer Support
- 1915(i)
- Stigma



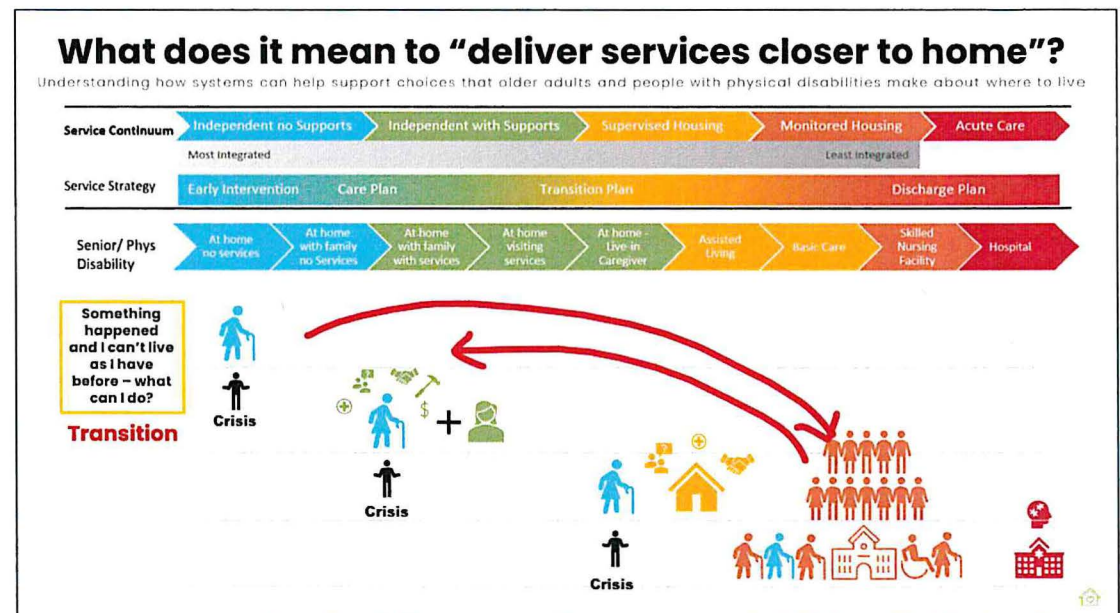
Institute of Medicine Continuum of Care

Be Legendary.

Forward progress on key initiatives

Forward
Progress

- Staff who can coordinate, navigate and connect people to resources they need
- Housing alternatives
 - Assistive technology and modified environments
- Upskilling direct care professionals re: behavioral health
- Support for transitions and diversions



Forward progress on key initiatives

Forward
Progress

- Child care affordability
- Housing stability resources
- Employment coaching
- Resources for kin caregivers
- Schools and behavioral health
- SUD Voucher and access to treatment options
- Postpartum benefits
- Addressing the benefit cliff



Childhood
Experience



Housing



Education



Social
Support



Family
Income



Employment



Our
Communities



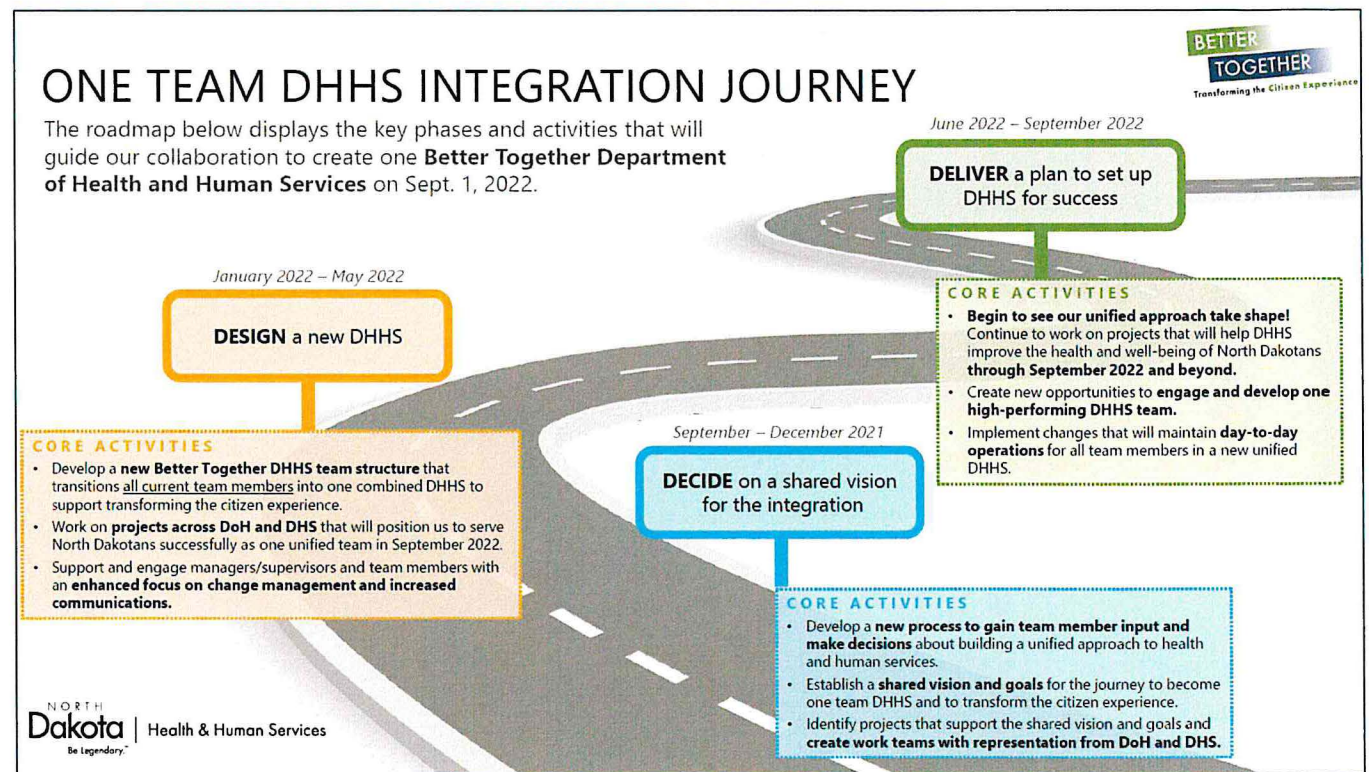
Access to Health
Services

Evolving how we do our work

HHS integration

Evolving

- Unified shared services for contracting and budgeting, website, communications and human resources
- Optimize Medicaid as funding source for DHHS vision
- Improved licensing and certification experience



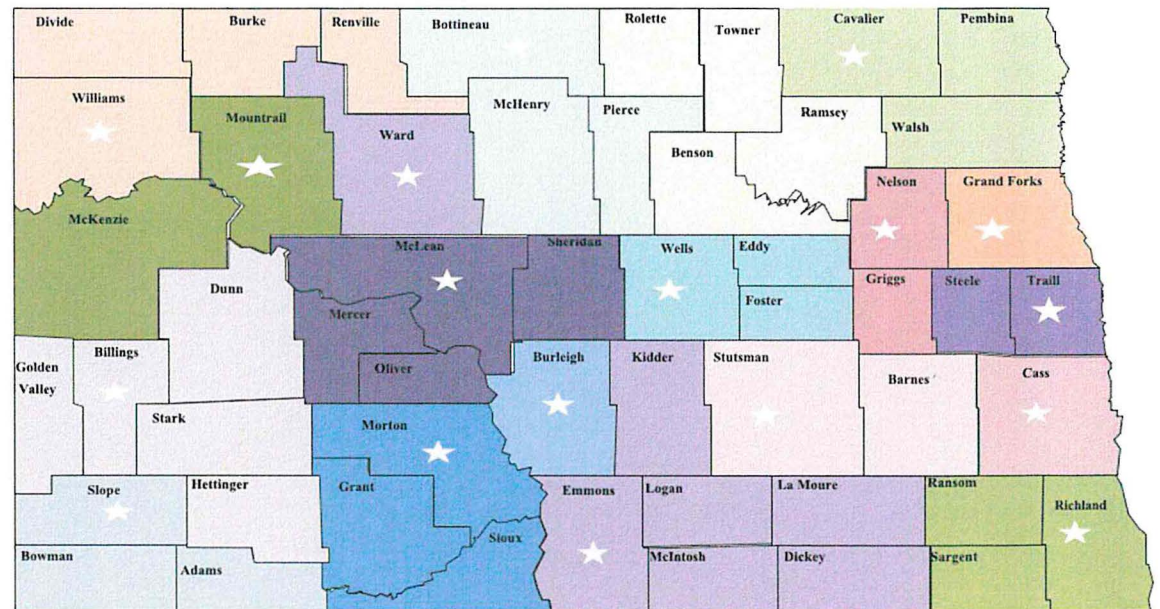
Be Legendary.

Evolving how we do our work

Social service redesign

Evolving

- Legislative studies related to equity, indirect rates and organization
- Redesign of economic assistance eligibility processing
- Final phases of child welfare systems redesign



New investment focus 2023-25

Kids' health, safety and well-being

New
Investment

- Deliver Child Care assistance to more working families
- Expand Best in Class to more communities
- Develop coaching for families through times of crisis
- Focus on childhood obesity
- Medicaid coverage for postpartum care extension from 60 to 365 days
- Crisis Stabilization services available without family separation
- Support family and friends who can offer kids a stable home



New investment focus 2023-25

Laboratory infrastructure development

New
Investment

1

Initial Funding

Received a \$15M appropriation from the legislature

2

Planning Committee

Governor's Office, DoH, DHS, and DEQ engaged a consultant "Zerr Berg Architects" to provide various options (June 2022)

3

Recommendation

After selecting the best option, a budget request will be submitted by DHHS

State-of-the-art lab
to serve
North Dakota
for the next
50 years!



Regional | Ready | Responsive ces

Strategic focus 2023-25

Treatment environment at the State Hospital

New
Investment

- New treatment campus to deliver specialized behavioral health services
- Develop specialized unit to deliver services to individuals from prison and jail settings (forensics)
- Create short-term crisis stabilization, assessment and specialized mobile supports for adolescents with complex needs



Acute/ Sub-Acute Inpatient	Specialized Inpatient	Specialized Residential	Outpatient
<ul style="list-style-type: none"> • Jamestown and Devils Lake Regions • Jail Settings • Hospital transfers 	<ul style="list-style-type: none"> • Psychiatric rehabilitation • Forensic assessment • Restoration treatment 	<ul style="list-style-type: none"> • SUD treatment • Sex offender treatment • Transitional living 	<ul style="list-style-type: none"> • SUD day treatment • Adult forensic assessment • Youth forensic assessment • Restoration treatment

Bo Legendary.

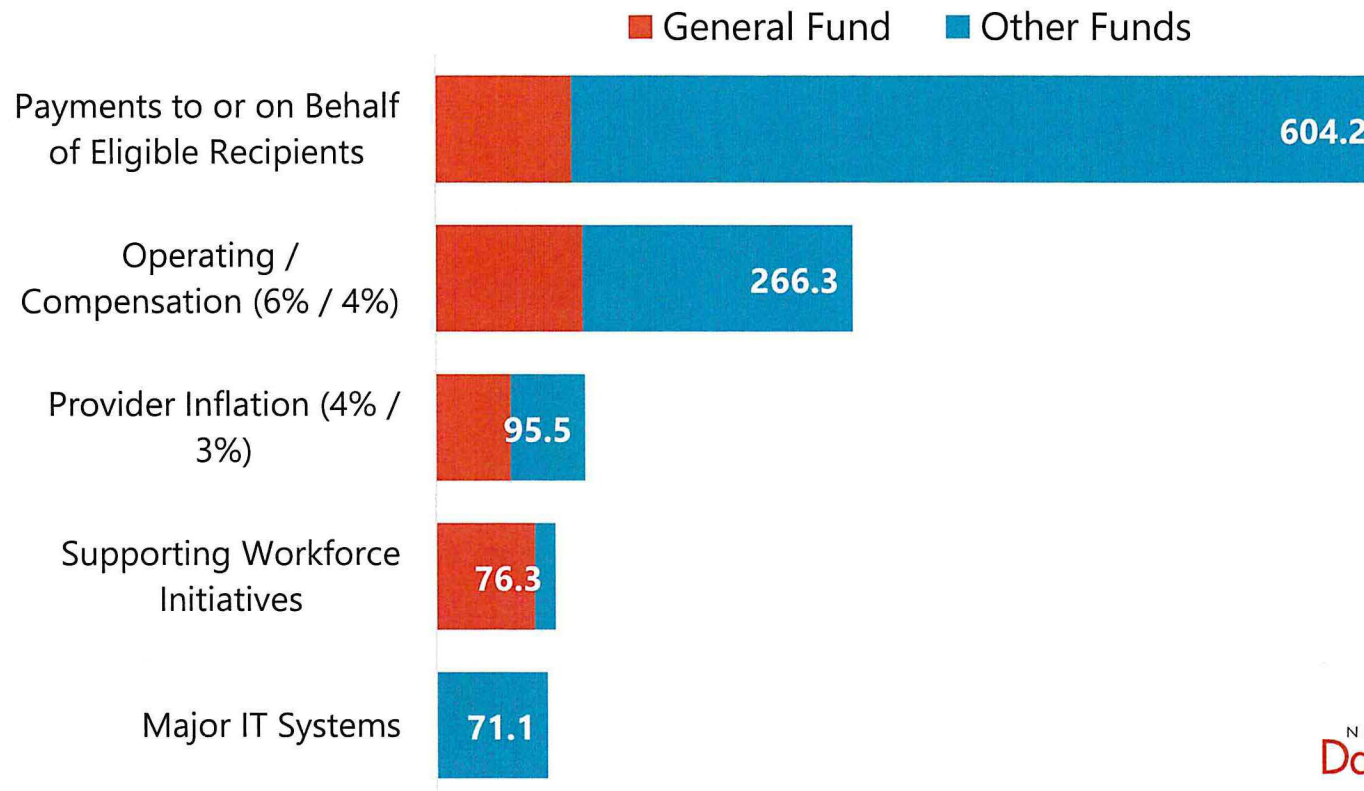
Overview of HHS 2023-2025 budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	\$ 442,536,412	\$ 82,834,795	\$ 525,371,207
Operating	272,225,097	119,134,588	391,359,685
IT Services	153,398,090	101,051,275	254,449,365
Capital Asset Expense	2,247,075	55,852,557	58,099,632
Capital Assets	1,913,748	10,225,984	12,139,732
Grants	3,747,425,766	803,872,182	4,551,297,948
Total	\$ 4,619,746,188	\$ 1,172,971,381	\$ 5,792,717,569

General Fund	\$ 1,593,362,812	\$ 442,101,510	\$ 2,035,464,322
Federal Funds	2,639,466,955	692,669,786	3,332,136,741
Other Funds	386,916,421	38,200,085	425,116,506
Total Funds	\$ 4,619,746,188	\$ 1,172,971,381	\$ 5,792,717,569

Full Time Equivalent (FTE)	2,476	86	2,562
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Overview of budget changes (IN MILLIONS)





Tactics

Investing in North Dakotans to create the healthiest state and deliver taxpayer value

Opportunities and challenges

What will it take for HHS to meet the moment?

Talent

- Managing immense and **continual change**
- Workforce shortage and **talent war** with private sector for key roles:
 - Behavioral health clinicians
 - Child safety and protection case managers
 - Direct support caregivers
 - Nurses
- Our partnership with private partners for **service delivery** = their challenges are our challenges

Systems

- **Mainframe** environment
- **Data analysis** and **data modernization**
- **Re-design delivery of services** in eligibility determination, case management, provider enrollment
- **Integrate** behavioral health policy and service delivery
- OCR and Bots as **automation tools**
- Update **state lab**
- Phase 2 of **HHS integration effort**

Budget

- **Rates tied to quality** and complexity of care
- **Re-balancing investment** from institutional to non-institutional settings
- Address immediate / acute / urgent needs **without sacrificing investments** in approaches that can prevent crisis
- **Right sizing staff** to meet demand
- **Efficient operations / efficient team**

Policy

- FORWARD PROGRESS: Invest energy, talent and resources in **ongoing strategic initiatives**
- STRATEGIC PRIORITY: **Kids' health**, safety and wellbeing, and childhood obesity
- STRATEGIC PRIORITY: Update **state lab**
- STRATEGIC PRIORITY: Treatment environment at the **State Hospital**

Takeaways heading into legislative session



- As a unified DHHS, we'll help **ND become the healthiest state in the nation.**
- **A strategic investment in North Dakotans** is an investment in the foundations of well-being: physical, behavioral and economic health.
- **To achieve excellence,** we need human, system and physical infrastructure investment.

NORTH
Dakota Be Legendary.

Health & Human Services



House Bill 1004

House Appropriations Committee; Human Resources Division
Representative Nelson, Chairman

Department of Health and Human Services

Public Health Division | January 9, 2023



Health & Human Services

Public Health in North Dakota

- 100 years of public health outreach in North Dakota.
- Integration with Human Services to streamline pathways for citizen service.
- Shared agency administration of shared services - separate public health budget/bill.





North Dakota Century Code & Major Statutory Responsibilities

Division of Public Health established in Chapter 23 Health and Safety.

Regulatory responsibility

- *ND Food, Drug, and Cosmetic Act*
Chapter 19-02.1
- *Medical Marijuana statute*
Chapter 19-24.1

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the
FOUNDATIONS
of well-being



Economic
Health



Behavioral
Health



Physical
Health

Ensure everyone has the
opportunity to realize
their **POTENTIAL**



Strong, Stable
Families



Services Closer
to Home



Early Childhood
Experiences

Efficiency
Through
Redesign

High-
Performing
Team

Give everyone the
OPPORTUNITY to
decide to:



Be Healthy

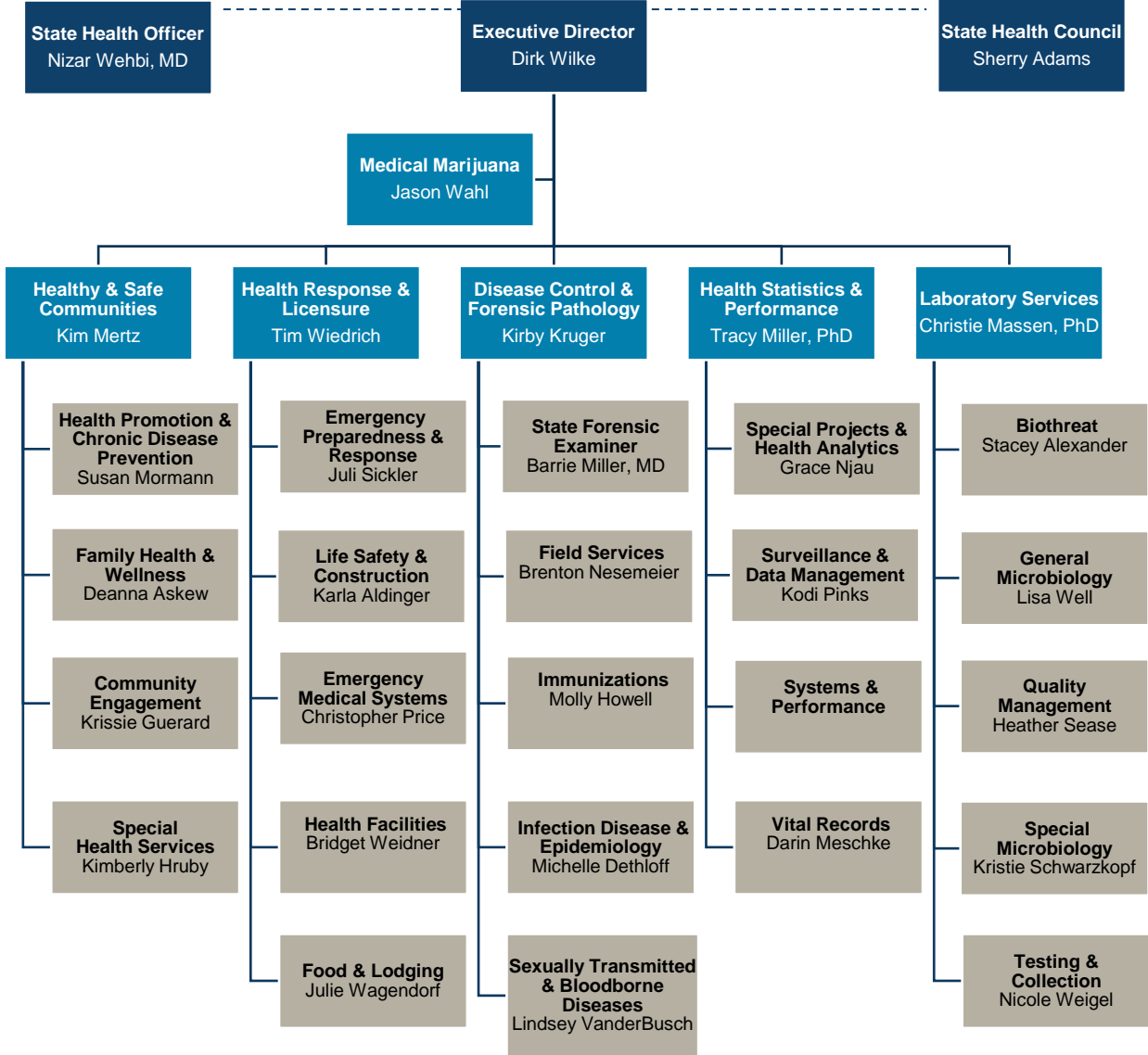


Be Active



Find Disease
Early

Public Health Division Overview



How We Serve North Dakotans



Create Healthy & Vibrant Communities

- Reduce the risk of infectious disease.
- Prevent and reduce chronic diseases.
- Promote safe and sanitary food establishments.
- Support communities in building resiliency.
- Promote community-driven wellness.
- Increase healthy lifestyles and behaviors.

Enhance & Improve Systems of Care

- Improve access to care in underserved and rural areas.
- Enhance health care through technology.
- Ensure access to equitable health and preventative services.
- Enhance quality and safety through regulation and education.
- Promote health in all policies.
- Foster system-level partnerships across continuums of care.

Strengthen Population-based Health Interventions

- Prevent and reduce tobacco and other substance misuse.
- Prevent violence, intentional and unintentional injury.
- Reduce the risk of vaccine-preventable diseases.
- Reduce adverse health outcomes through early detection.
- Promote healthy weight across the lifespan.

Promote Public Health Readiness & Response

- Ensure effective communication systems.
- Maintain systems to sustain medical and emergency services.
- Ensure capacity to detect and respond to hazardous threats.

2021-23 Accomplishments



Agency Integration

Integrated with Human Services
Sept 1, 2022.



SealND!

School-based sealant program provided services in 50 schools, 1,159 students received services and 930 were referred for additional treatment.



Public Health Accreditation

Achieved national reaccreditation status by the Public Health Accreditation Board demonstrating high-quality practices.



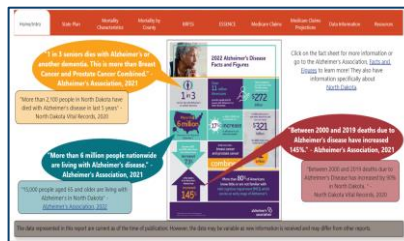
Emergency Operation Missions

Conducted 6,698 missions including 456 public health-led vaccine events, 983 long-term care staffing assistance missions, 1,675 testing missions and 3,584 courier missions.



Laboratory Testing

Since July 2021, performed more than 296,000 diagnostic & environmental tests at State Lab and more than 135,000 tests at static test sites.



New Dashboards

Launched the State Health Assessment, State Alzheimer Dashboard and State Tobacco Dashboard to increase access to data and support state plans.

Challenges Ahead

A Return to Normal Services

- Preventative Screenings.
- Routine Wellness Checks.





A Future of **Continued Progress**

2023-2025 is focused on local services

- Increase State Aid for Local Public Health.
- Increase Funding for Domestic Violence/Rape Crisis Agencies.
- Investment in Tribal Liaisons.

Audit Findings

The audit reviewed testing of compliance and financial records, contact tracing, COVID-19 vaccine storage, handling, and distribution, COVID-19 testing and reporting, and COVID-19 dashboards and information systems.

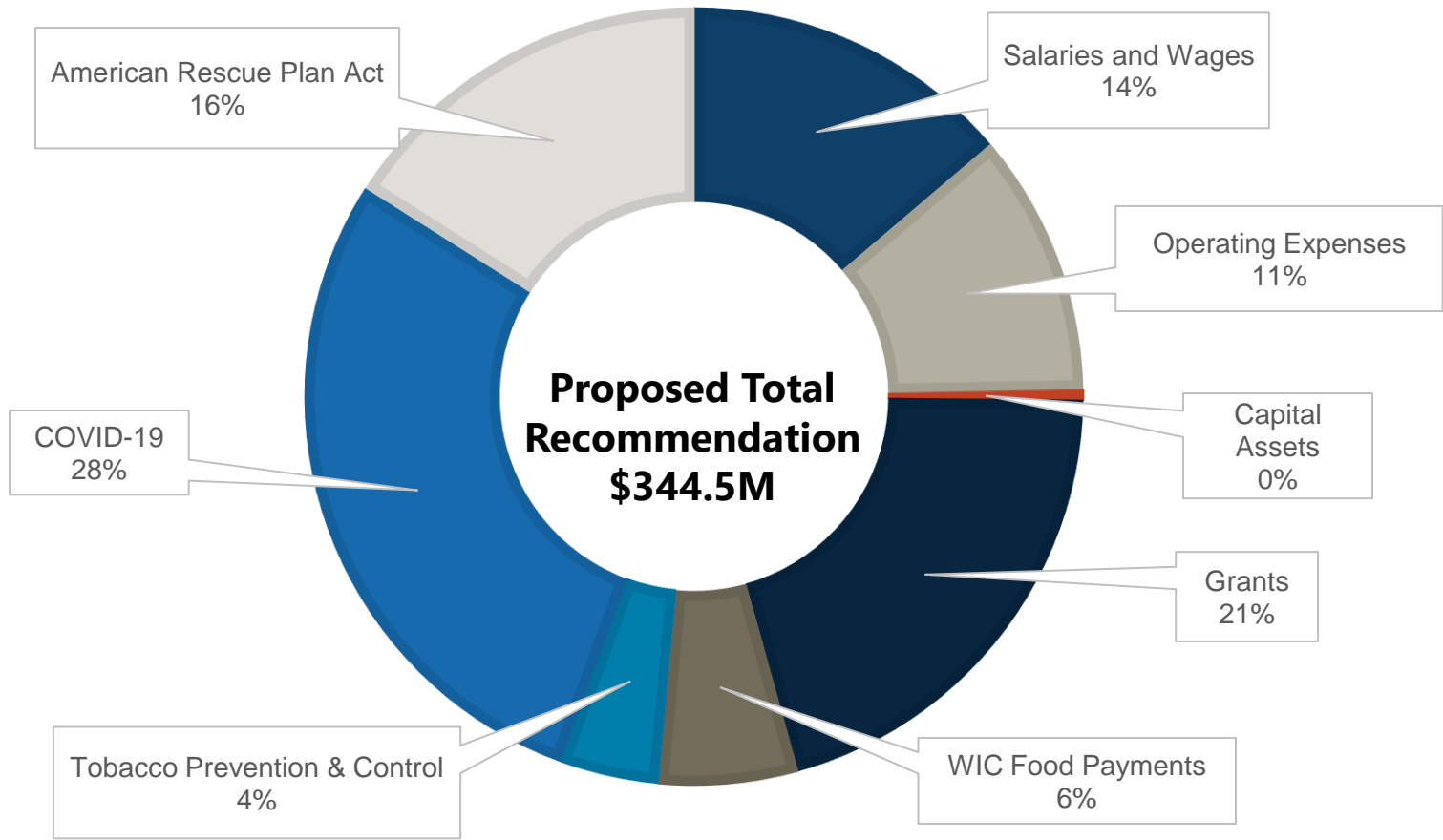
I	II	III	IV
<p>✓ Reconcile all vaccines in storage on a monthly basis, including verifying the location in ICAM to maintain accurate vaccine inventory records.</p>	<p>✓ Record accurate storage locations in ICAM records and/ or properly store vaccines according to manufacturer temperature requirements and monitor vaccine shelf life according to storage temperatures.</p>	<p>✓ Ensure data logger data is identifiable by transport. ✓ Improve training and perform internal monitoring procedures to ensure complete and accurate vaccine chain of custody records and cold chain temperature readings. ✓ Ensure records retention, document internal monitoring procedures, and perform subsequent corrective actions.</p>	<p>✓ Document approval and perform monitoring procedures that ensure lead laboratory technicians review and approve PCR runs with greater than 25% positivity rates for COVID-19 in accordance with their Standard Operating Procedures.</p>
<p><u>ACTION TAKEN:</u> New ICAM system updates and staff training implemented to address recommendations 1-3.</p>			<p><u>ACTION TAKEN:</u> Updated operating procedure.</p>

Comparison

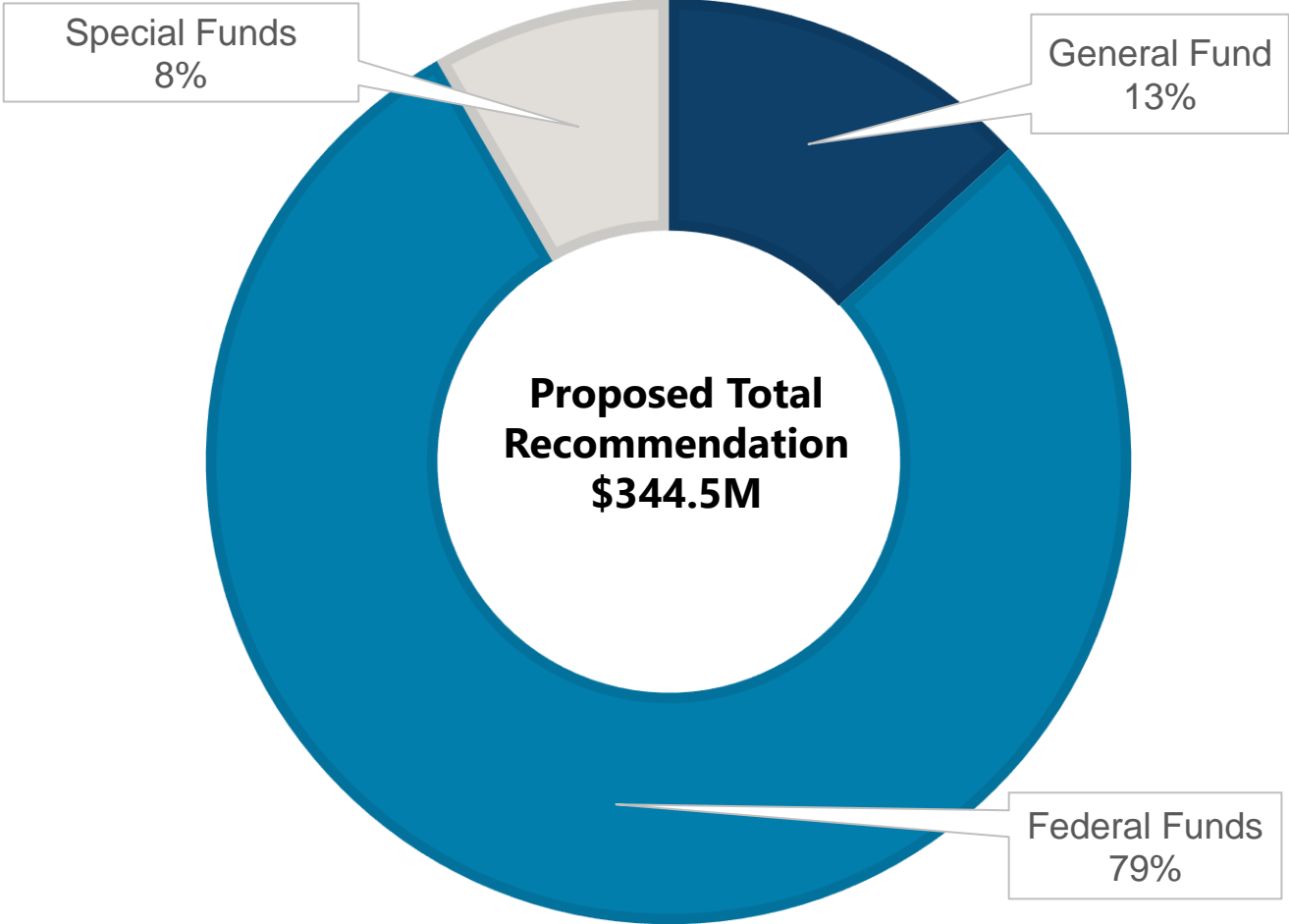
Base Budget To Executive Recommendation

Description	2021-23	2023-25	Increase / (Decrease)
	Base Budget	Executive Rec.	
Salaries and Wages	41,362,968	47,481,742	6,118,774
Operating Expenses	31,242,543	37,721,213	6,478,670
Capital Assets	1,796,393	1,469,780	(326,613)
Grants	55,812,575	70,739,703	14,927,128
Tobacco Prevention & Control	13,410,022	14,274,295	864,273
WIC Food Payments	19,900,000	19,900,000	0
COVID-19	4,459,766	97,840,525	93,380,759
American Rescue Plan Act	0	55,120,000	55,120,000
Total By Line Item	167,984,267	344,547,258	176,562,991
General Fund	38,575,155	45,438,167	6,863,012
Federal Funds	105,837,535	270,392,653	164,555,118
Special Funds	23,571,577	28,716,438	5,144,861
Total By Fund	167,984,267	344,547,258	176,562,991
FTE	210.50	215.50	5.00

2021-23 Executive Recommendation By Line Item



2021-23 Executive Recommendation By Funding Source



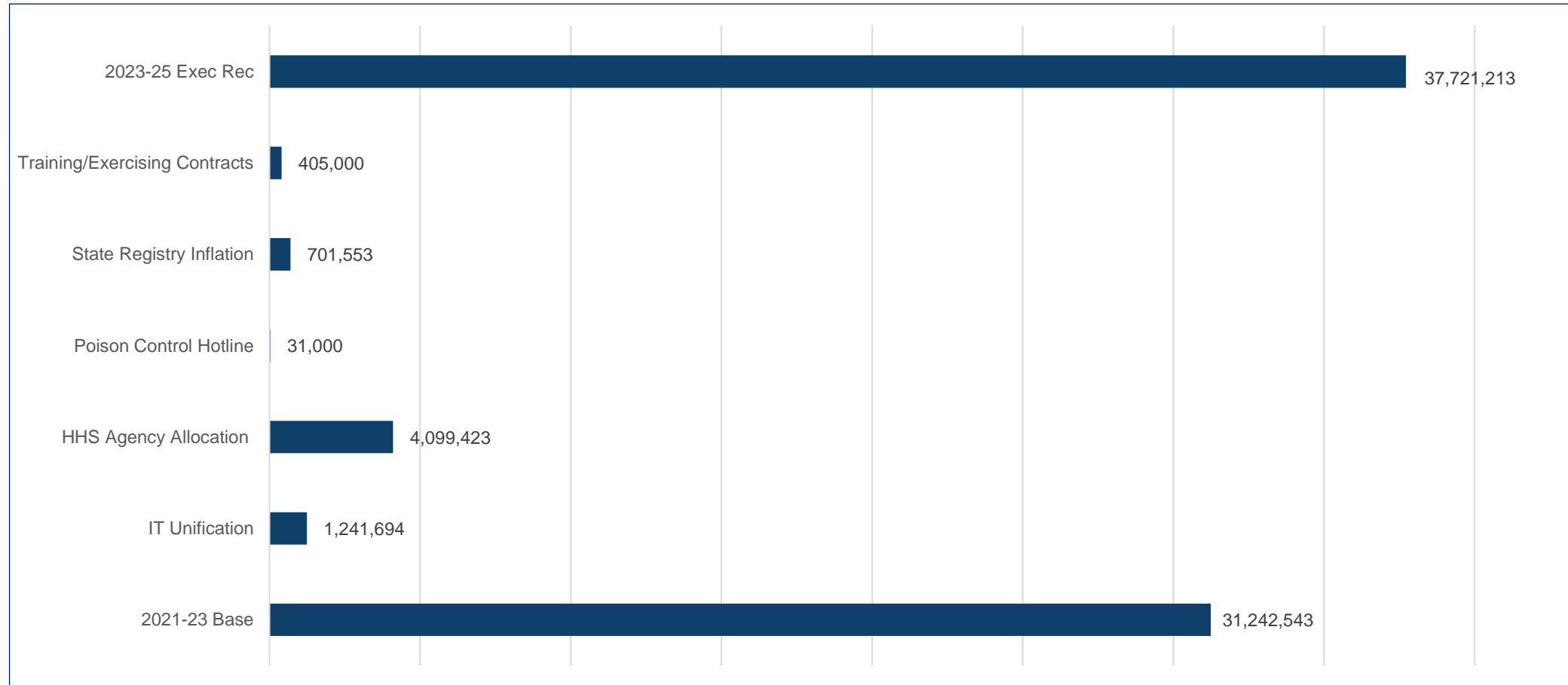
Funding Changes

Description	General Fund	Federal Funds	Special Funds	Total
Base Budget 2021 - 2023	38,575,155	105,837,535	23,571,577	167,984,267
OMB Cost to Continue	295,035	1,101,409	165,051	1,561,495
HHS Agency Allocation	1,692,991	12,684,402	259,653	14,637,046
Covid-19 Funding (HB 1394 / 1395)	-	93,203,286	-	93,203,286
Total Adjustments to Base Budget	1,988,026	106,989,097	424,704	109,401,827
Public Health Division Requested Budget	40,563,181	212,826,632	23,996,281	277,386,094
Executive Budget Changes				
Executive Compensation Package	914,117	2,396,013	470,157	3,780,287
Tobacco Treatment Service Grants to ND Pharmacies			500,000	500,000
Youth Vaping/Nicotine Prevention			300,000	300,000
Local Public Health Unit State Aid			2,750,000	2,750,000
Autopsy Technician Temp to FTE	67,473			67,473
Poison Control Hotline	31,000			31,000
Grants to Domestic Violence/Sexual Assault Agencies	2,686,285			2,686,285
Domestic Violence Offender Treatment Program Grants			700,000	700,000
State Registries - Inflationary Increases	771,111			771,111
ARPA Funds - New State Lab		55,120,000		55,120,000
Emergency Preparedness Training/Exercising Contracts	405,000			405,000
Tribal Liaisons Temp to FTE		50,008		50,008
Executive Budget Recommendation	45,438,167	270,392,653	28,716,438	344,547,258

Changes in Salaries and Wages



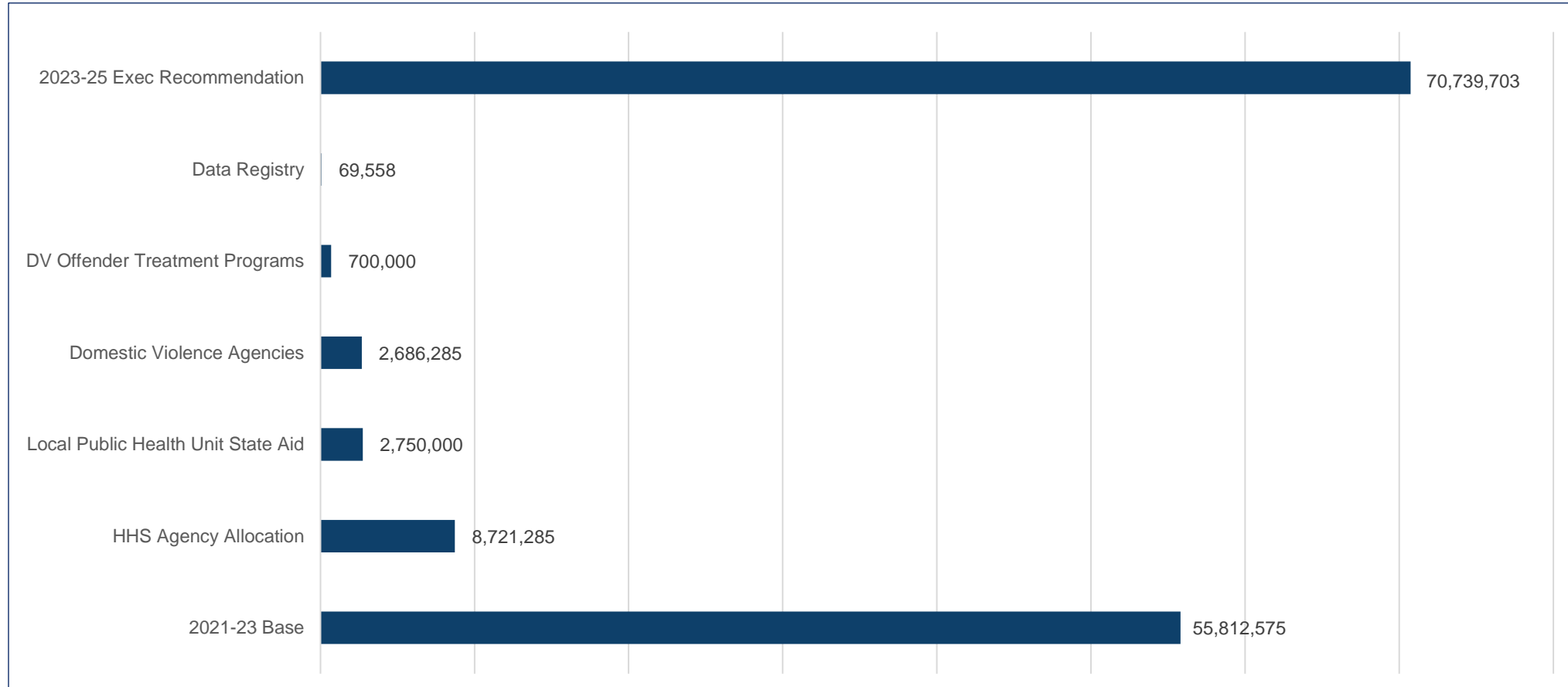
Changes in Operating Expenses



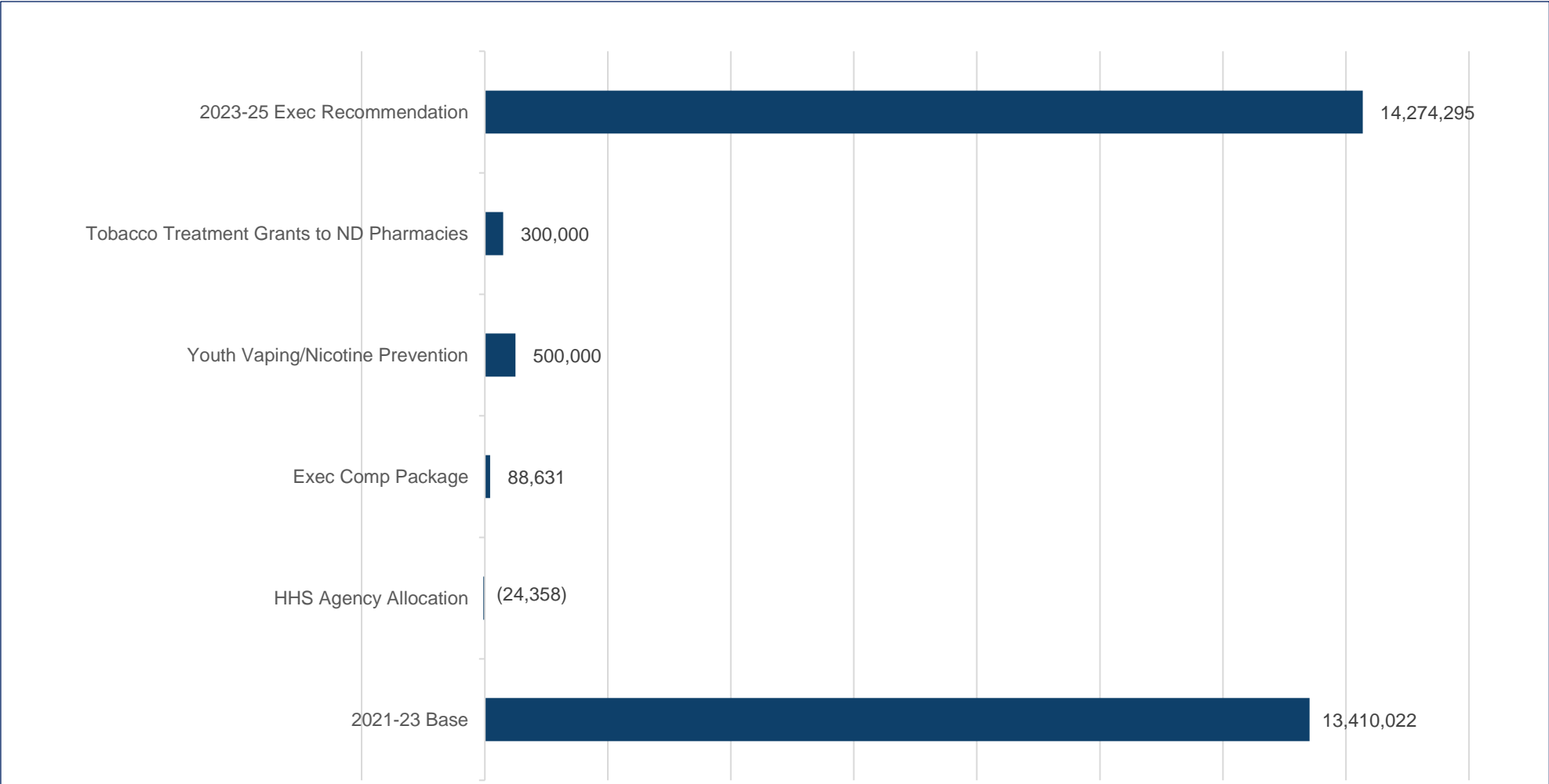
Changes in Capital Assets

Description	2021-23	2023-25	Increase / (Decrease)
	Base Budget	Executive Rec.	
Capital Assets	1,796,393	1,469,780	(326,613)

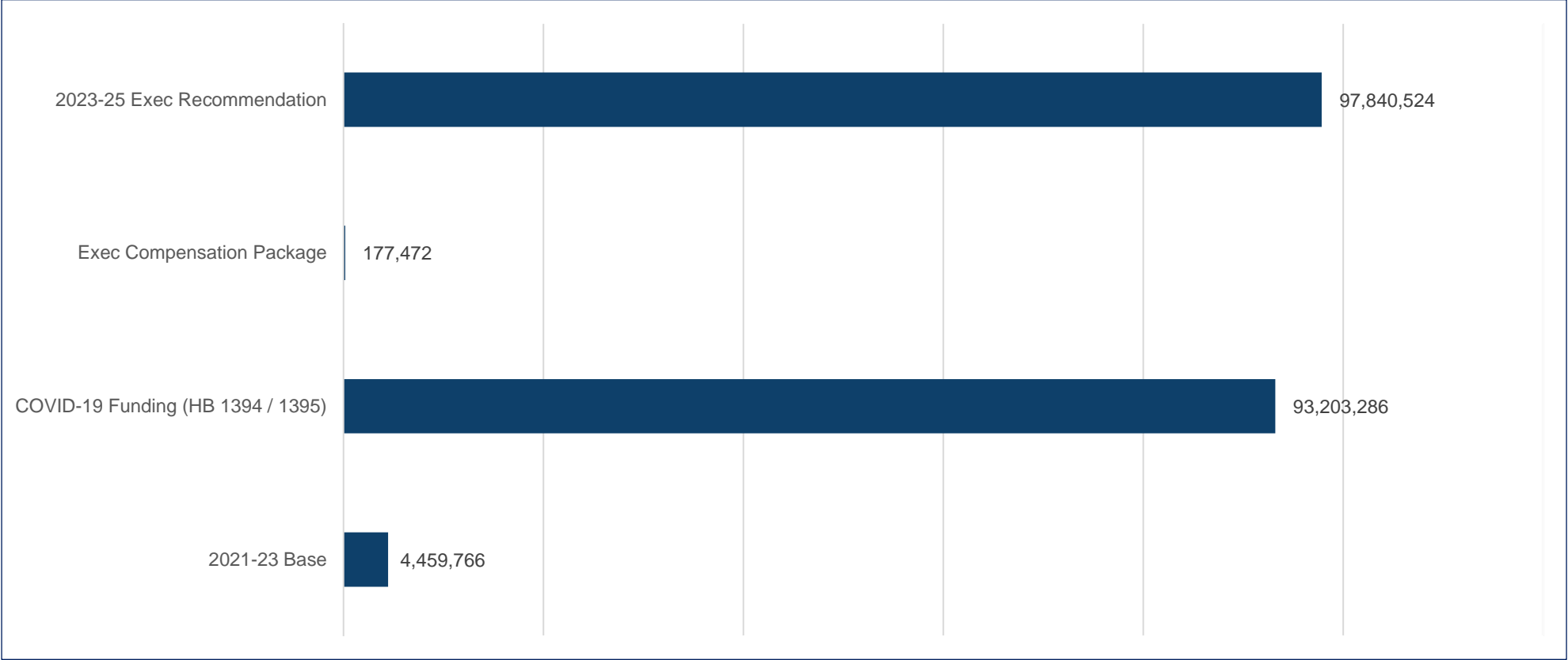
Changes in Grants



Changes in Tobacco Prevention & Control



Changes in COVID-19 Funding



One-time funding 2021-2023



Vital Records System Technology Updates

\$ 275,000



Statewide Health Strategies Initiative

\$3,000,000



COVID-19 Response

\$9,262,341



Forensic Examiner Upgrades

\$ 910,000



COVID-19 response House Bill No. 1395

\$87,290,597

One-time funding 2023-2025

State Laboratory **\$55,120,000**
ARPA Federal Funds



Current facility

The original building was built in 1974.
The addition was built in 2004.

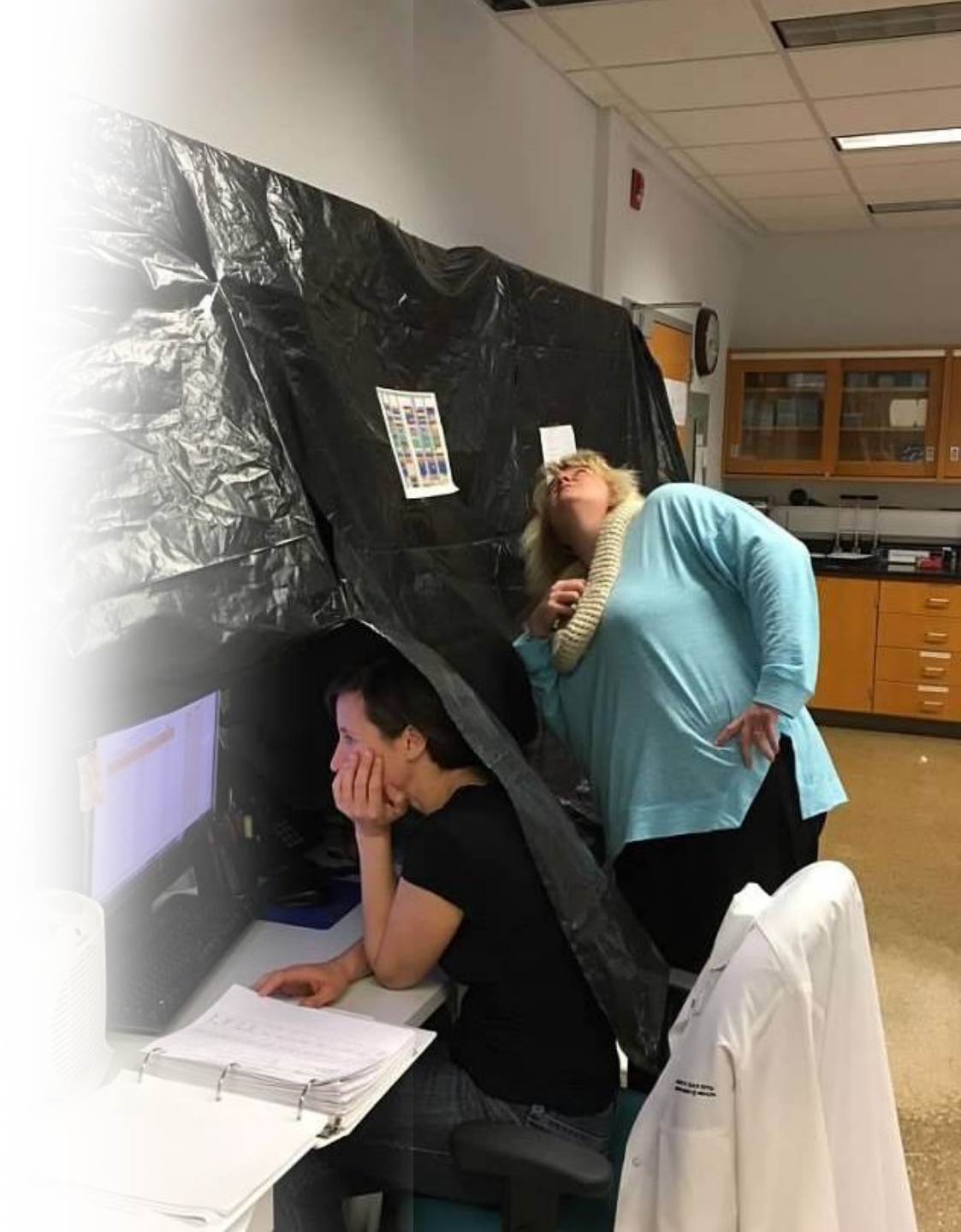
Temporary trailers were added during the pandemic response to support testing needs in the state.



New State Lab

Regional, Ready & Responsive

Will increase the ability to be agile and to respond to changing demands in our region, increase the emergency preparedness of the laboratory, and allow for an expanded test menu in areas of toxicology, chemistry and hematology services.



November 2021 Special Session Appropriations

State Laboratory



Initial Funding - \$15M

- American Rescue Plan Act (ARPA) funding.
- Planning and development phase.



Funds Spent as of 12/31/2022 - \$252,049

- Funds to this point have been spent on the initial study, architect selection, design and operation planning.
- Remaining funds requested to continue through 2023-25; see HB 1004 Section 8 Exemption.
- Total amount is expected to be obligated by December 2024.





Collections

The only area that is expected to experience increased collections is vital records due to requests for birth certificates related to the Real ID mandate.

New Sections

SECTION 3. FUNDING TRANSFERS – EXEMPTION- AUTHORIZATION - REPORT

- Allows transfer of appropriation authority between budget line items within Section 1 HB 1004, Subdivisions 1, 2, and 3 of Section 1 of SB 2012, and any other remaining appropriation authority. The Subdivisions referred to in SB 2012 include Management, Program and Policy and Field Services.
- Must notify Legislative Council of any such transfers made and report to budget section and appropriations committees.

SECTION 4. FUNDING TRANSFERS – EXEMPTION- AUTHORIZATION - REPORT

- Allows transfer of appropriation authority as in Section 3, extending specifically to Subdivision 4: County Social Service Financing.
- Must notify Legislative Council of any such transfers made and report to budget section and appropriations committees.

SECTION 5. TRANSFER OF APPROPRIATION AUTHORITY

- Combines appropriation authority of HB 1004 and SB 2012 into one budget as of July 1, 2023.
- The integrated Department of Health and Human Services will submit a single biennial budget beginning July 1, 2025.

New Sections, cont.

SECTION 8. EXEMPTION- STATEWIDE HEALTH STRATEGIES

- Identifies \$3,000,000 appropriated for the statewide health strategies initiative in chapter 32 of the 2021 Session Laws are not subject to the provisions of section 54-44. 1-11 and are available for the 2023-25 biennium.
- Amount appropriated is contingent on DHHS securing dollar-for-dollar matching funds.

SECTION 9. EXEMPTION – PUBLIC HEALTH LABORATORY CAPITAL PROJECT

- The \$15,000,000 appropriated for this project in chapter 550 of the 2021 Special Session - Session Laws are not subject to the provisions of section 54-44. 1-11 and are available for the 2023-25 biennium.

DHHS Public Health Division Related Bills

Fiscal Impact

Bill	Description
HB 1028	To provide for a community health worker task force; to provide for a legislative management report; and to provide an appropriation.
HB 1029	Relating to regulation of community health workers and Medicaid reimbursement for community health worker services; and to provide a contingent effective date.
SB 2012	To provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.
SB 2127	Relating to the student loan repayment program; to provide an appropriation to the department of health and human services for the behavioral health loan repayment program; and to declare an emergency.

Non-fiscal Impact

Bill	Description
HB 1032	Relating to high-demand certificates scholarships; and to provide an appropriation.
HB 1042	Relating to autopsies, determination of cause of death, and certification of coroner fees in situations involving the unexplained sudden death in infant or child with or without intrinsic or extrinsic factors, or both.
HB 1045	Relating to a life safety survey process of any health care facility licensed by the department of health and human services.
HB 1111	Relating to international health regulations.

DHHS Public Health Division Related Bills

Non-fiscal Impact, cont.

Bill	Description
HB 1139	Relating to required elements of birth records.
HB 1164	Relating to limitations on cannabinoid edible products; and to amend and reenact section 19-24.1-01 of the North Dakota Century Code, relating to the definition of cannabinoid edible products.
HB 1165	Relating to powers and duties of the department of health and human services public health division, central public health laboratory, and surge staffing; relating to the powers and duties of the department of health and human services, state health officer, state health council and the executive director of the department of health and human.
SB 2068	Relating to the maximum concentration or amount of tetrahydrocannabinol permitted in a thirty-day period.
SB 2078	Relating to the appeals process for a medical marijuana registry identification card for qualified patients and designated caregivers, referral of credible criminal complaints, and the appeals process for a compassion center agent or compassion center.
SB 2085	Relating to system registries for a comprehensive emergency cardiovascular medical system.
SB 2088	Relating to assisted living facilities; and to repeal sections 50-32-02.1 and 50-32-03 of the North Dakota Century Code, relating to the licensing of assisted living facilities and powers and duties of the department of health and human services.
SB 2096	Relating to administrative rules, hemp commodities or products, powers of the commissioner, and civil enforcement remedies; to amend and reenact sections 4.1-18.1-01 and 4.1-18.1-04.3, subparagraph a of paragraph 2 of subdivision m of subsection 5 of section 19-03.1-05 of the North Dakota Century Code, relating to definitions, prohibited acts by licensees, schedule I controlled substances tetrahydrocannabinols; and to provide a penalty.
SB 2102	Relating to fingerprint-based criminal history record checks for the department of health and human services, and compassion centers.

Comparison of Public Health Division Request to Executive Budget Recommendation

Department of Health and Human Services						Fully Funded budget items				
Public Health Division						Partially or differently funded				
Comparison of Agency Requests to Executive Budget Recommendations						Unfunded budget item				
Description	Public Health Division Requests					Executive Budget Recommendation				
	FTE	Total	General Funds	Federal Funds	Special Funds	FTE	Total	General Funds	Federal Funds	Special Funds
Tobacco Treatment Svc Expansion / NDQC Grant to ND Pharmacies		500,000			500,000		500,000			500,000
Community Health Specialist (Childhood/Adult Obesity Prevention)	1.0	231,830	231,830							
Emergency Medical Services for Children Coord (Temp to FTE)	1.0	11,670		11,670						
Funding for Safe Havens / Safe Parenting time/exchanges		1,775,000	1,775,000				-			
Youth Vaping and Nicotine Prevention Proposal		300,000			300,000		300,000			300,000
Health Facility Surveyors for Basic Care & Assisted Living	4.0	676,120	676,120							
Autopsy Tech (Temp to FTE)	1.0	65,094	65,094			1.00	67,473	67,473		
External-focused Comms (DoH Health Equity)	1.0	188,658	188,658				-			
FTE Addition for Medical Marijuana	1.0	-	-	-	-		-			
Hepatitis Surveillance Epidemiologist (Temp to FTE)	1.0	13,112		13,112			-			
Local Public Health Unit State Aid		2,750,000	2,750,000				2,750,000			2,750,000
Poison Control Hotline		31,000	31,000				31,000	31,000		
Regional Field Epidemiologists (Temp to FTE)	8.0	104,896		104,896			-			
Toxicology testing for controlled substances		105,000	105,000				-			
West Nile Virus Surv Coord & Gen Disease Epidemiologist (Temp to FTE)	1.0	13,866		13,866			-			
Child Sexual Abuse Prev Task Force support		486,285	486,285							
Domestic Violence Offender Treatment program grants		1,150,000			1,150,000		700,000			700,000
Domestic Violence/Rape Crisis (DV/RC) Program Specialist	1.0	231,830	231,830							
Grants for Sexual Violence Primary prevention programs		3,800,000	3,800,000							
Grants to Domestic Violence/Sexual Assault agencies		8,090,000	8,090,000				2,686,285	2,686,285		
Cardiac Registry		69,558	69,558				139,116	139,116		
CARES		40,000	21,000		19,000		21,000	21,000		

Comparison of Public Health Division Request to Executive Budget Recommendation

Department of Health and Human Services										Fully Funded budget items
Public Health Division										Partially or differently funded
Comparison of Agency Requests to Executive Budget Recommendations										Unfunded budget item
	Public Health Division Requests					Executive Budget Recommendation				
Description	FTE	Total	Funds	Federal Funds	Funds	FTE	Total	Funds	Funds	Funds
ePCR for EMS Agencies		261,352	261,352				261,352	261,352		
Epidemiologist - Special Projects	2.0	193,460	193,460				-			
Health Stats & Performance Support Staff	1.0	-		-			-			
Hospital Trauma Registry		152,118	152,118				152,118	152,118		
PulsePoint		21,525	21,525				21,525	21,525		
Senior Public Health Info Specialist/Data Modernization Lead	1.0	243,492		243,492			-			
StateTrauma Registry		176,000	176,000				176,000	176,000		
EHP II (Food & Lodging Lic) Team Lead	1.0	178,958	178,958							
Oral Health Program public health	1.0	35,000		35,000						
Command and Control - Technology		1,275,000	1,275,000							
Emerg Mgmt Operations Chief / Incident Command		80,000	80,000							
EMS Systems Coordinator		165,646	165,646							
HRL Office Manager (Temp to FTE)	1.0	11,846		11,846						
Lab Facility Manager	1.0	84,186	78,004	6,182						
Laboratory Support Staff	1.0	304,732	299,700	5,032						
Medical Cache - Biomedical Services		20,000	20,000							
Medical Cache - Increase Warehouse Space		80,000	80,000							
Training & Exercising - Contractual		520,000	520,000				405,000	405,000		
Training & Exercising - Technology		250,000	250,000							
Volunteer & Wkforce Coord		136,000	136,000							
Warehouse Support staff	1.0	105,674	105,674							
Health Equity - Tribal Health Liaisons (Temp to FTE)	4.0	50,008		50,008		4.00	50,008		50,008	
Tribal Health Initiative staff	2.0	407,130	407,130							
New Lab Building - Public Health only		39,890,000		39,890,000						
New Lab Building - Shared Facility: Public Health with DEQ		67,120,000		67,120,000			55,120,000		55,120,000	
Totals	36.0	131,896,046	22,921,942	107,505,104	1,469,000	5.0	62,880,877	3,960,869	55,170,008	3,750,000

Summary of Federal Funds

Purpose	Amount
Administrative Services	6,551,607
Disease Control	22,595,876
Health Statistics and Performance	6,931,295
Healthy and Safe Communities	41,430,784
WIC Food	19,900,000
Tobacco Prevention	2,111,566
Health Response and Licensure	19,056,065
Laboratory Services	3,252,223
ARPA Funds - New Lab Building	55,120,000
COVID Funds (included in various sections)	93,443,237
TOTAL	270,392,653

Summary of COVID-19 Grants

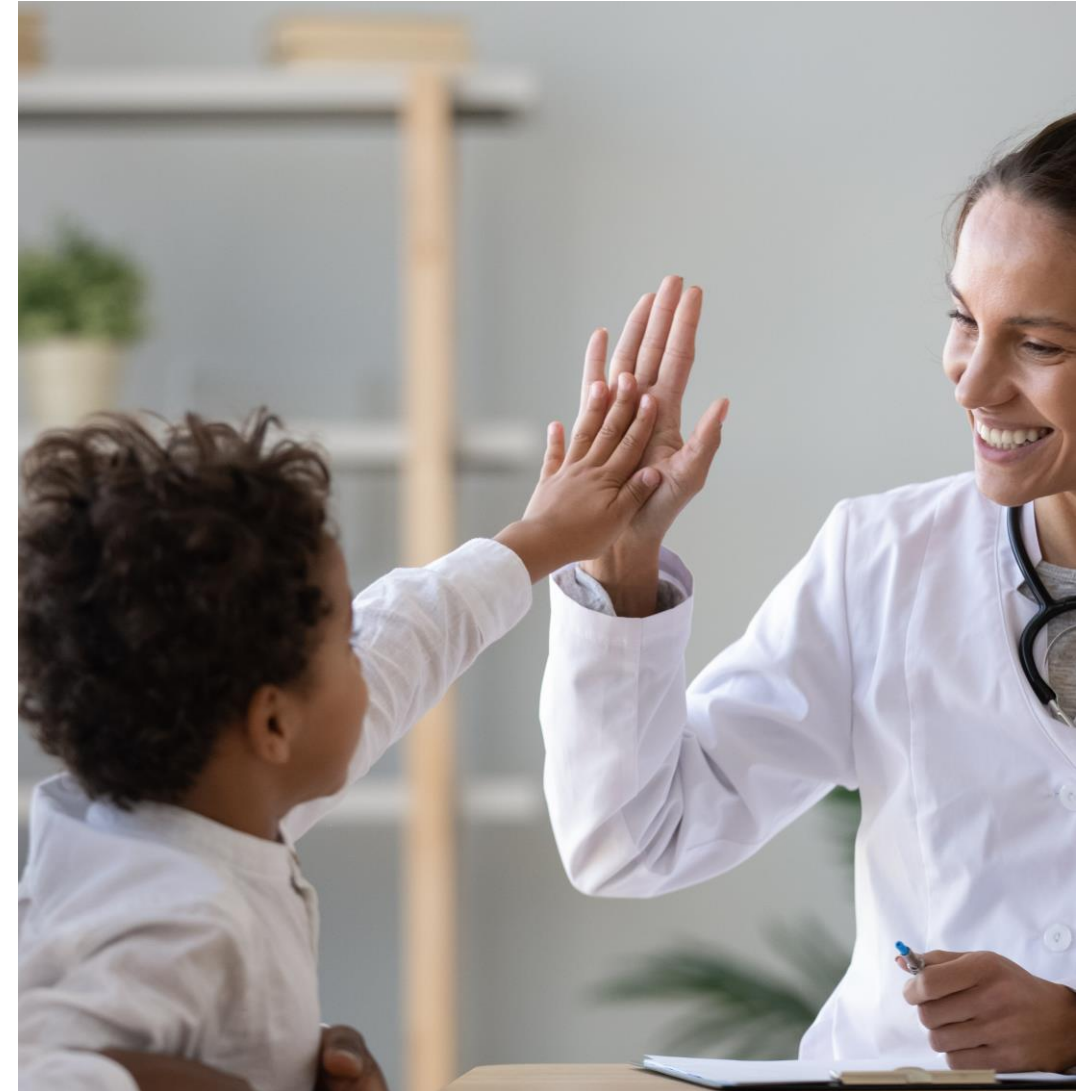
Grant	Award Amount	Expenditures		Start Date	End Date
		Biennium to date thru 11/30/22	Remaining		
FEMA	54,540,000	49,515,422	5,024,578	3/1/20	Unknown
ELC Care Act COVID 19	5,125,000	1,762,735	3,362,265	4/23/20	7/31/24
ELC Care Enhanced Act COVID 19	52,621,819	15,794,542	36,827,277	4/23/20	7/31/24
ELC COVID19 Infection Control	904,829	151,801	753,028	5/28/20	7/31/24
ELC COVID Supp AMD	131,000	101,873	29,127	12/16/20	7/31/24
ELC COVID Suppl PHL	515,000	260,409	254,591	12/16/20	7/31/24
ELC COVID Suppl Traveler's Health	200,000	131,590	68,410	1/14/21	7/31/24
ELC COVID Enhancing Expansion	43,863,056	2,416,112	41,446,944	1/14/21	7/31/24
ELC - School Testing	22,952,934	2,405,959	20,546,975	4/1/21	7/31/24
COVID ELC AMD (round 2)	1,318,662	424,547	894,115	5/12/21	7/31/24
COVID ELC PHL (round 2)	142,473	50,830	91,643	5/12/21	7/31/24
Immunization COVID 19	240,831	325	240,506	6/5/20	6/30/24
Immunization COVID19 Vaccine Services	584,919	177,166	407,753	9/23/20	6/30/24
Immunization COVID19 Immunization Warp Speed	7,395,665	4,267,714	3,127,951	1/15/21	6/30/24
Immunization COVID4	29,297,083	7,400,553	21,896,530	3/31/21	6/30/24
Immunization COVID19 Vaccine Confidence Strategy and Media Campaign	559,478	500,000	59,478	5/3/21	6/30/24
Immunization COVID	2,451,143	0	2,451,143	3/31/21	6/30/24
Immunization COVID IIS	340,730	20,655	320,075	7/1/22	6/30/24
Immunization COVID Ukrainian	20,780	0	20,780	7/1/22	6/30/24

Summary of COVID-19 Grants, cont.

Grant	Award Amount	Expenditures		Start Date	End Date
		Biennium to date thru 11/30/22	Remaining		
Medicaid CARES FY23	100,000	2,250	97,750	10/1/22	9/30/23
COVID-19 Health Disparities	31,278,243	8,687,058	22,591,185	6/1/21	5/31/24
Family Violence- ARP Testing (COVID-19 related)	1,288,954	153,691	1,135,263	10/1/20	9/30/25
Family Violence- ARP Sexual Assault (COVID-19 related)	890,649	46,693	843,956	10/1/20	9/30/25
ELC COVID Traveler's Health Year 2	200,000	87,935	112,065	10/26/21	7/31/24
ELC COVID-19 HIS	75,101	65,476	9,625	8/1/21	7/31/24
ELC COVID-19 VPD	98,280	42,827	55,453	8/1/21	7/31/24
ELC COVID-19 Data Modernization	2,949,394	805,426	2,143,968	8/1/21	7/31/24
ELC COVID-19 HAI / AR	1,190,000	14,053	1,175,947	8/1/21	7/31/24
ELC COVID-19 HAI/Leadership	4,464	0	4,464	8/1/21	7/31/24
ELC COVID-19 HAI/Antimicrobial Resistance	2,526,937	81,817	2,445,120	8/1/21	7/31/24
ELC COVID-19 HAI SNF Strike Team	1,270,273	9,739	1,260,534	8/1/21	7/31/24
ELC COVID-19 HAI LTC NA Strike Team	1,216,364	13,253	1,203,111	8/1/21	7/31/24
ELC COVID-19 Homelessness	449,760	48,597	401,163	8/1/21	7/31/24
Infrastructure Workforce and Data Systems A1	8,433,656	0	8,433,656	12/1/22	11/30/27
Infrastructure Workforce and Data Systems A2	495,924	0	495,924	12/1/22	11/30/27
Total:	276,255,706	95,586,606	180,669,100		

Summary and Key Takeaways

- Strengthen public health capacity at the state and local levels to meet the needs of a growing population.
- Utilize remaining federal funds to return to normal services and encourage preventative care.
- Increase State Aid for local public health units.
- Build a new State Laboratory to serve the needs of North Dakota.





THANK YOU

Dirk D. Wilke, JD, MBA | Executive Director | ddwilke@nd.gov | 328-3256

Karol K. Riedman, CPA, MPA | Asst CFO | kkriedman@nd.gov | 328-4542



House Bill 1004

Administrative Services

Dirk D. Wilke, Executive Director

Department of Health and Human Services

Public Health Division | January 16, 2023



Health & Human Services

Administrative Services



- As part of the HHS agency integration administrative services were moved to shared services and are not part of the organizational chart of the Public Health Division.
- These four administrative divisions have cross-cutting support for all of HHS.
- Early wins include the launch of an integrated website to simplify pathways to information and services and enhanced visibility of open positions.

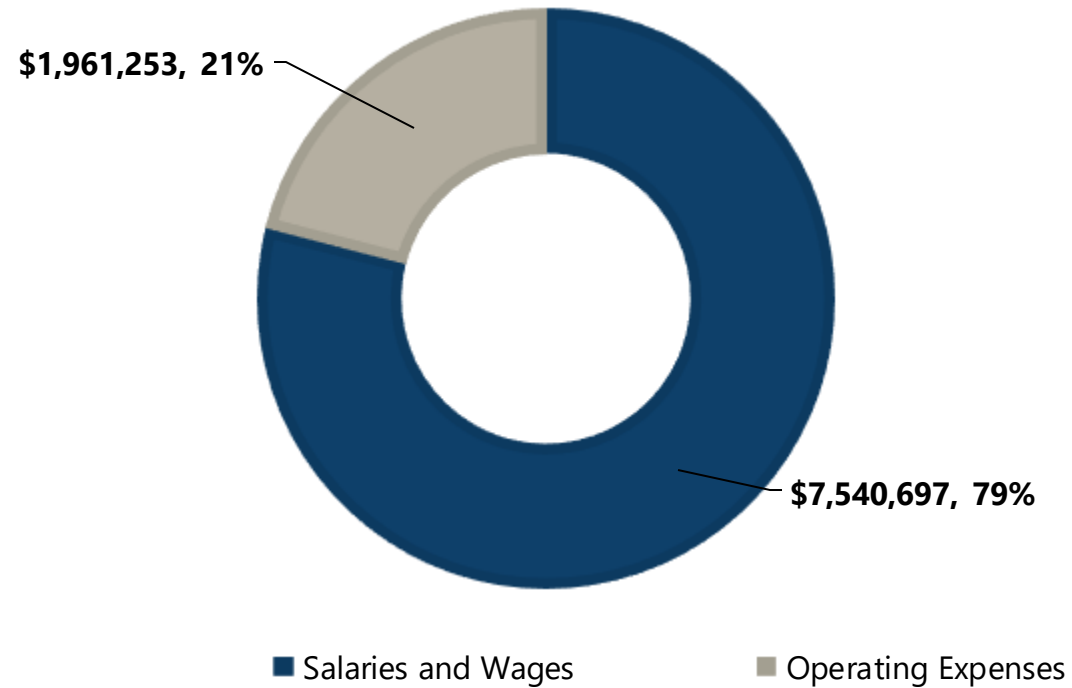


2023-2025 Budget request

The program, systems and workforce support necessary to continue to serve North Dakotans.

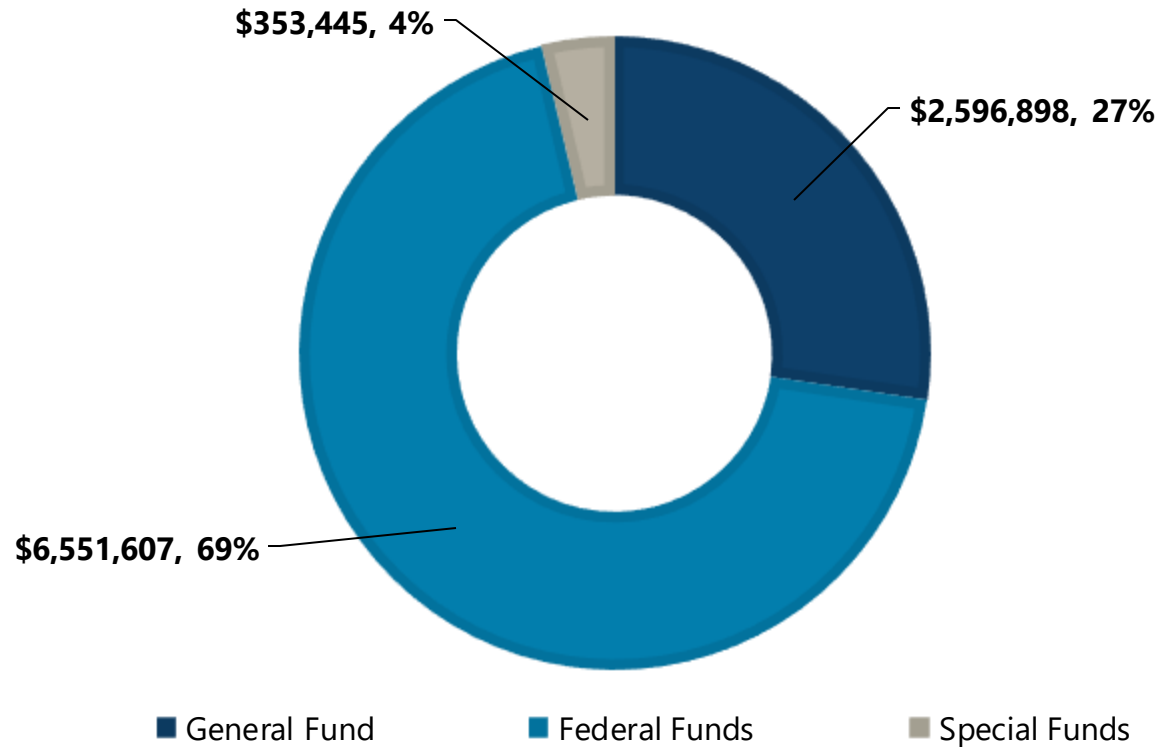
2023-25 Executive Recommendation By Line Item

**CORE BUDGET
\$9.5M**



2023-25 Executive Recommendation By Funding Source

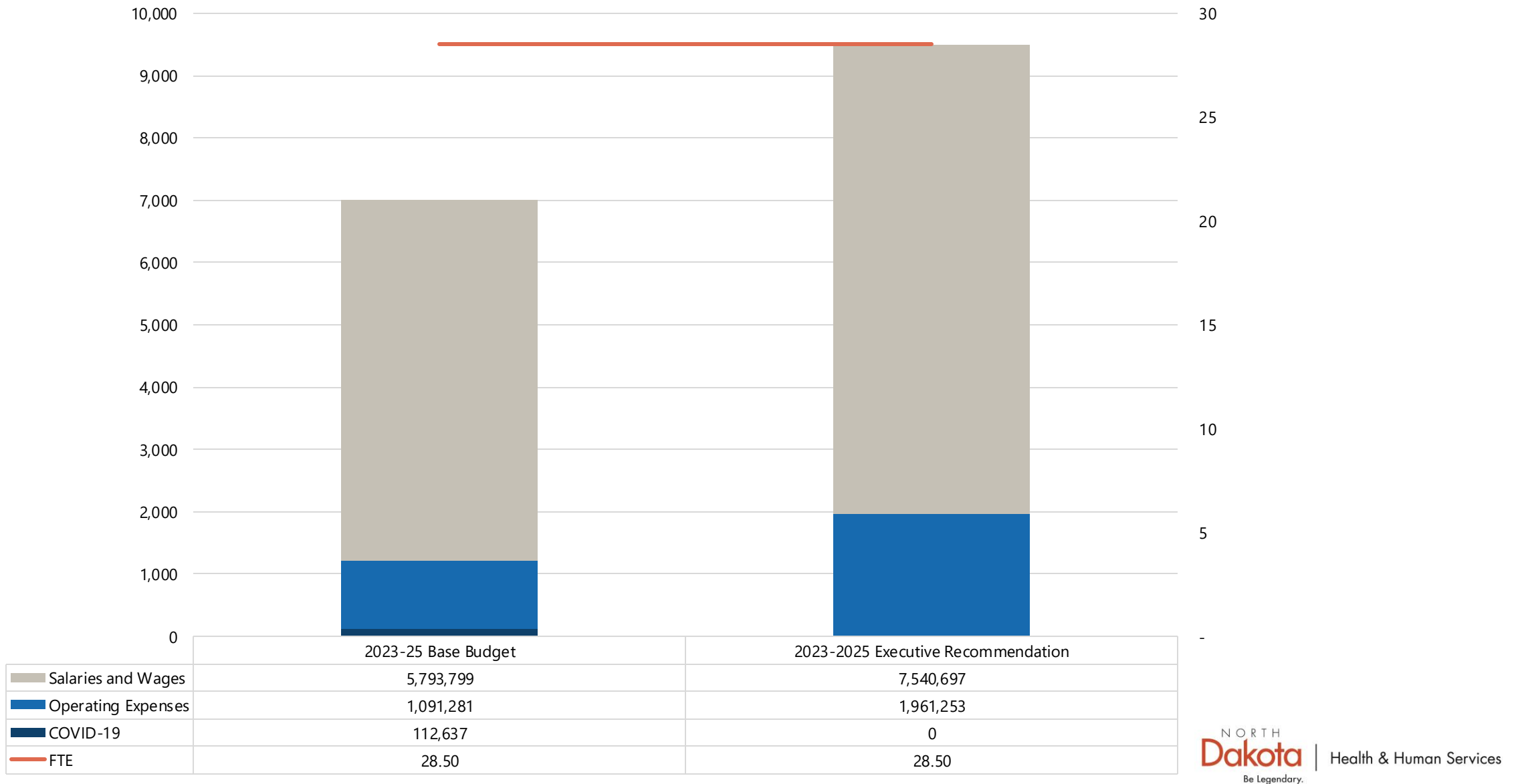
**CORE BUDGET
\$9.5M**



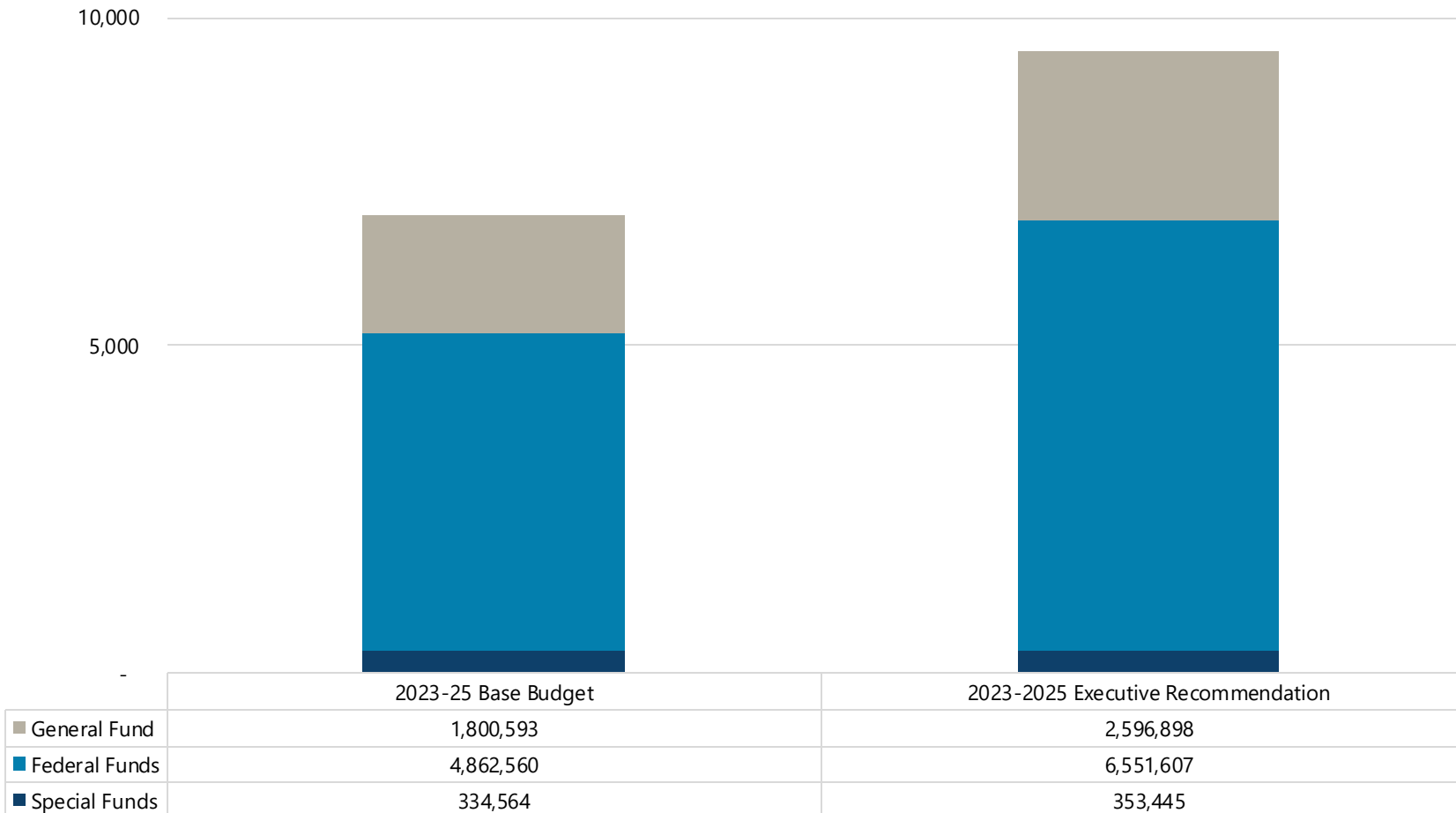
Comparison

Description	2021-23 Base Budget	Increase/ (Decrease)	2023-25 Executive Rec.
FTE	28.5		28.5
Salaries and Wages	5,793,799	1,226,491	7,540,697
Operating Expenses	1,091,281	869,972	1,961,253
COVID-19	112,637	(112,637)	0

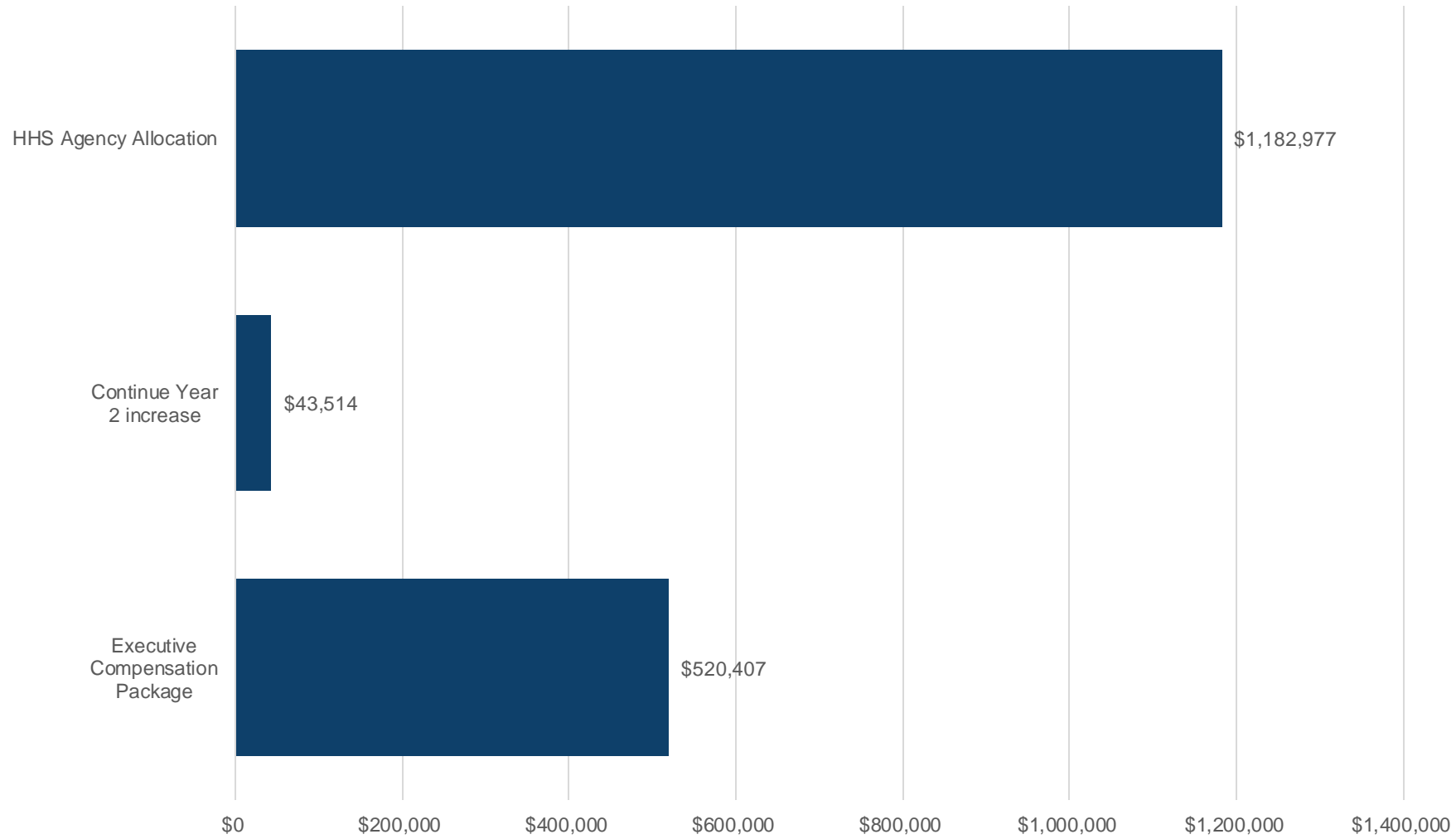
Overview of Budget Changes



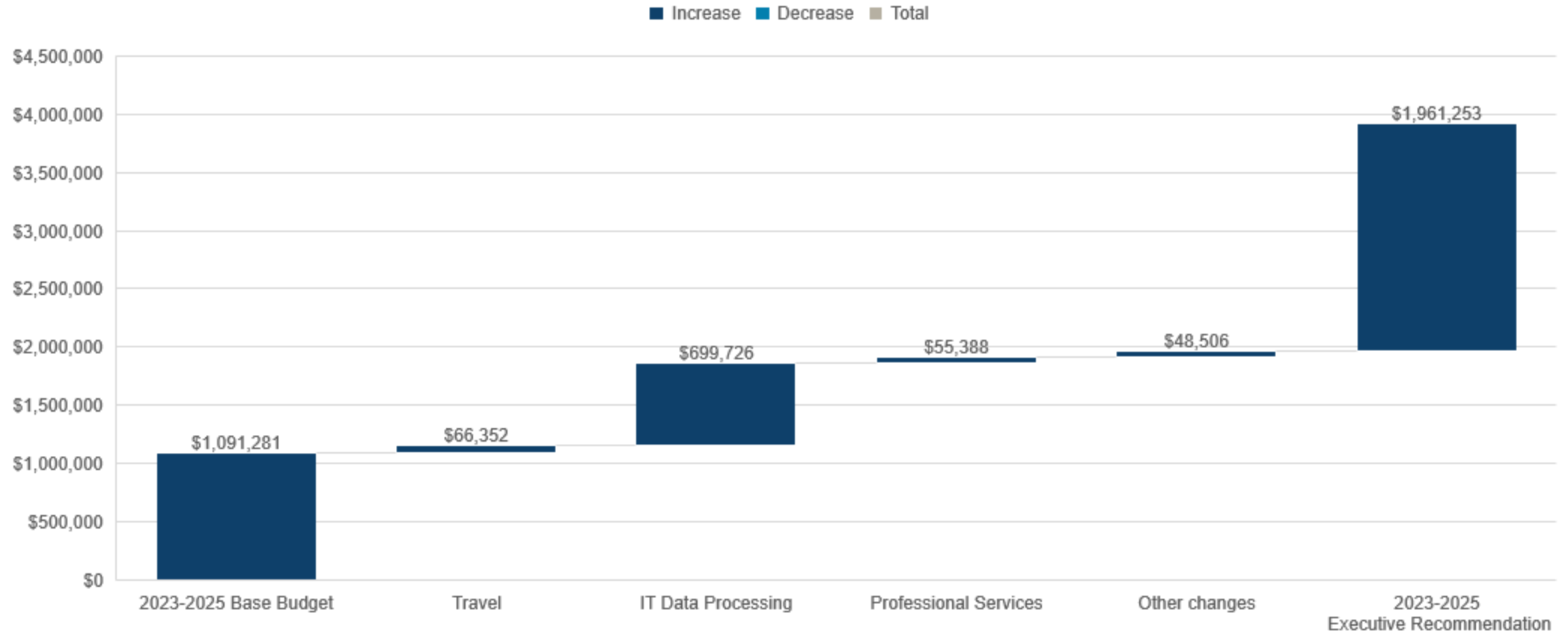
Overview of Funding Changes



Major Salary & Wage Differences

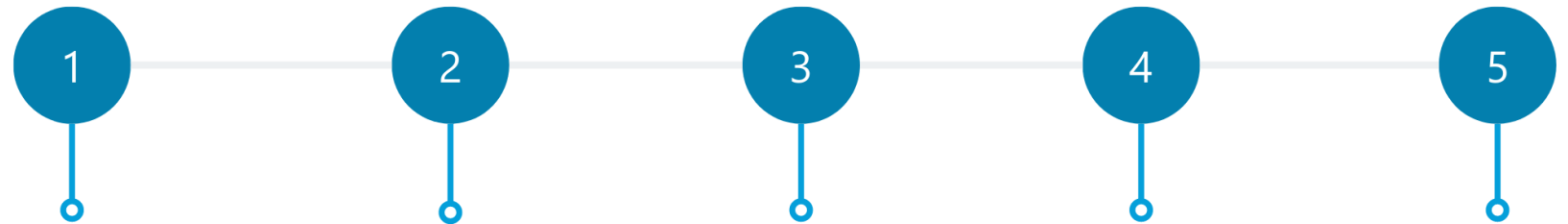


Major operating differences



Medical Marijuana Program

A brief history



2017

New state law requires ND Health Department to establish and implement a Medical Marijuana Program.

2019

Eight regionally placed dispensaries and two manufacturing facilities were opened.
By June 30, 2019, there were 707 registered qualified patients.

2020

By June 30, 2020, there were **3,233 registered qualified patients.**

2021

As of June 30, 2021, there were **5,754 registered qualifying patients.**

2022

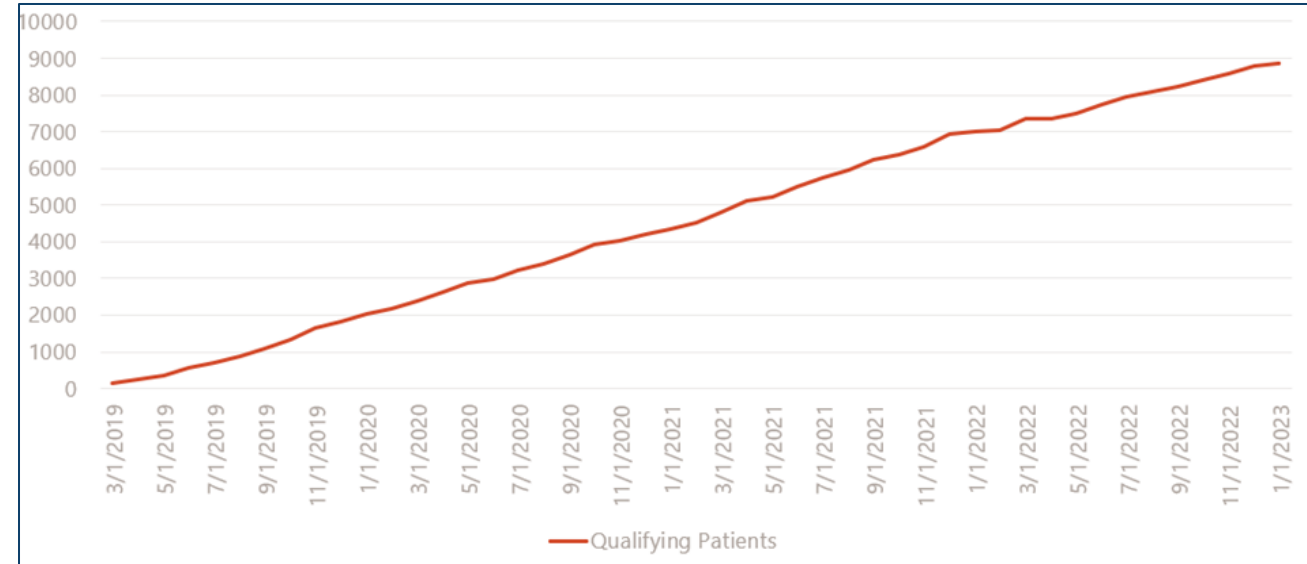
As of June 30, 2022, there were **7,958 registered qualifying patients.**

Medical Marijuana Program, cont.

Authorized Plant Count at Manufacturing Facilities

	July 1, 2021	December 31, 2022
Grassroots	5,000	8,000
Pure Dakota	1,500	3,000
Total	6,500	11,000

Total Number of Registered Qualifying Patients



Total Dispensary Sales (by Fiscal Year)

	2020	2021	2022	2023 (6 months)
Total Sales	\$6,361,000	\$15,336,000	\$19,970,000	\$10,700,000
Percent of Total Sales that were Dried Leaves and Flowers	67%	72%	69%	66%

Medical Marijuana – Continuing Appropriation

Status of the Medical Marijuana Fund

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023^
Revenue	\$95,000	\$928,300	\$743,415	\$1,130,959	\$920,050	\$697,024
Expenditures*	(\$363,426)	(\$722,750)	(\$596,510)	(\$657,822)	(\$820,854)	(\$328,370)
Ending Fund Balance	\$77,225	\$614,188	\$761,093	\$1,234,230	\$1,333,426	\$1,702,080

* General Fund expenditures in fiscal years 2018 and 2019 totaled \$677,064.

^ Information through December 31, 2022.



THANK YOU

Dirk Wilke | Executive Director | ddwilke@nd.gov |



House Bill 1004

Disease Control and Forensic Pathology Section

Kirby Kruger

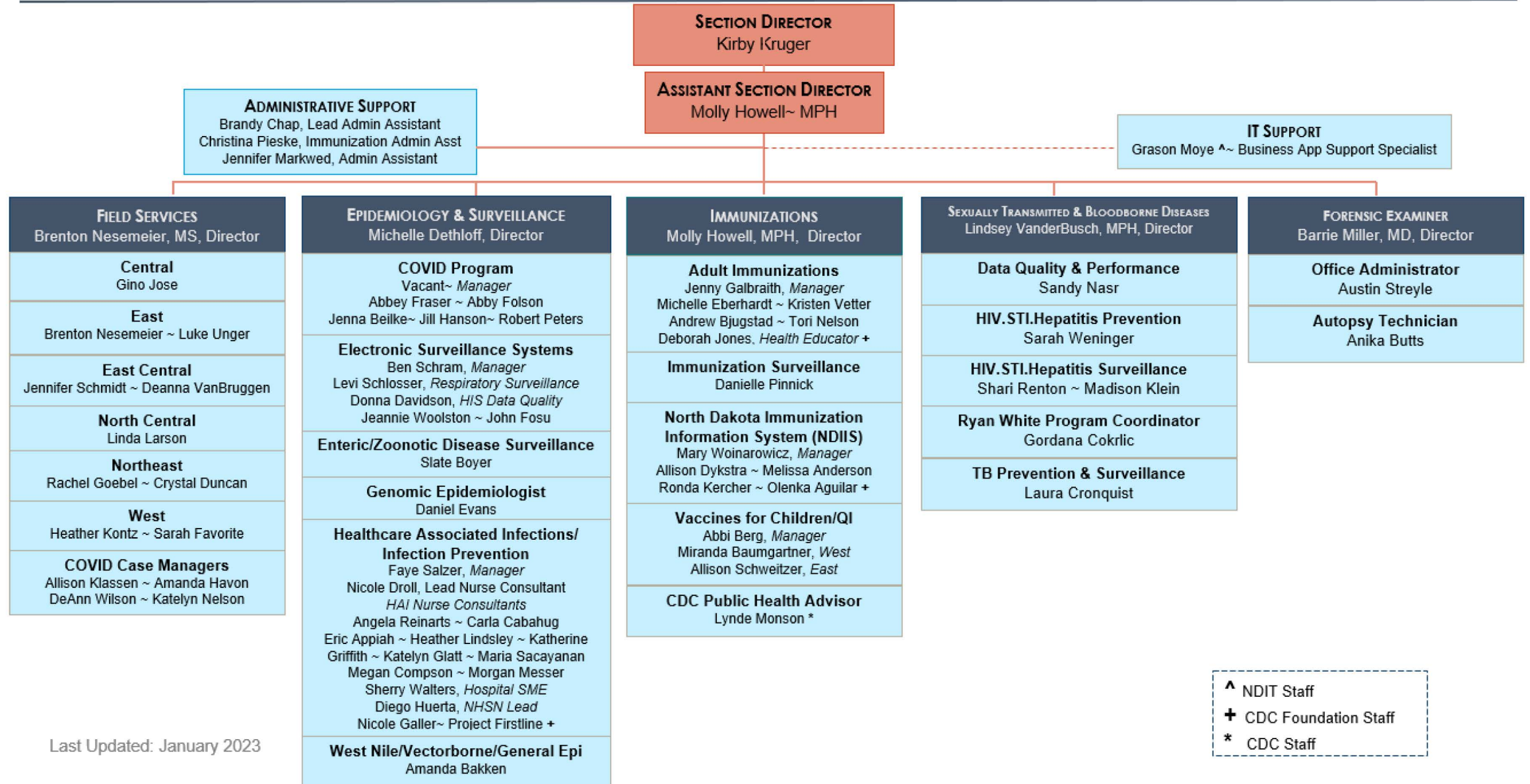
Department of Health and Human Services

Public Health Division | January 16, 2023



Health & Human Services

**DISEASE CONTROL & FORENSIC PATHOLOGY
ORGANIZATIONAL CHART**



Disease Control and Forensic Pathology

Assist local jurisdictions in death investigations, promote disease prevention activities, facilitate disease reporting and conduct disease investigations

Immunizations

Molly Howell

- Coordinate immunization activities
- Monitor immunization coverage rates
- Manage the Vaccines for Children Program
- Respond to vaccine preventable diseases

Forensic Examiner

Barrie Miller, MD

- Provide assistance to local coroners and law enforcement on death investigations through consultation and the performance of autopsies

Sexually Transmitted and Bloodborne Diseases

Lindsey VanderBusch

- Provide case and partner services to prevent complications from disease
- Facilitate access to care, testing and treatment, as needed
- Ryan White
- Tuberculosis

Infectious Disease and Epidemiology

Michelle Dethloff

- Facilitate and coordinate disease reporting
- Investigate zoonotic, respiratory, foodborne, waterborne, vectorborne and other diseases, as needed
- Healthcare Associated Infection Prevention

Field Services

Brenton Nesemeier

- “Shoe leather epidemiologists” – these are our front-line disease investigators
- Establish rapport with key partners

Disease Control is Disease Prevention



Vaccines for Children (VFC)

Free vaccines for uninsured, underinsured, Medicaid or Native American Children.



STI Program

Telehealth and at-home testing program.



Field Services/Disease Investigations

Facilitating the best possible outcomes for at risk people.



Syringe Services Program

Clean injection supplies, counseling and referral.



Zoonotic Disease Program

Possible rabies exposure follow-ups, West Nile, Tickborne and others.



HAI Prevention

Providing safer healthcare for patients and staff.

Programs and Services for North Dakotans



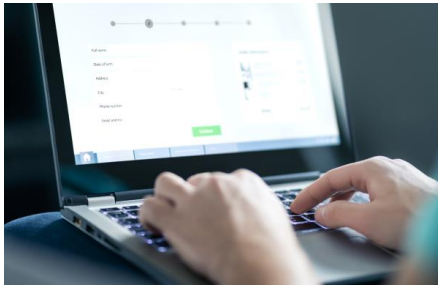
HAI Prevention

78 ICAR assessments in 2022.



Antibiotic Stewardship

Contract with NDSU School of Pharmacy (CAP Center).



Forensic Examiner

200 autopsies in 2021.



STI and Behavioral Health Collaborative

Increase services to citizens.



NDIIS

411,591 immunization records provided since July 2021.



HIV Prevention

Perinatal HIV Case.

Team Members Recognized for Excellence

Brenton Nesemeier – Field Services

Fargo Challenge Coin Award

Olenka Aguilar

AIRA Consider it Done Award

Mary Woinarowicz – NDIIS Manager

AIRA System Data Genius Award

Molly Howell, Immunization Director

Governor's Heritage Award

NDMA Friend of Medicine Award

AIM Natalie Smith Award (*excellence in immunization program management*)



Improving the lives of North Dakotans

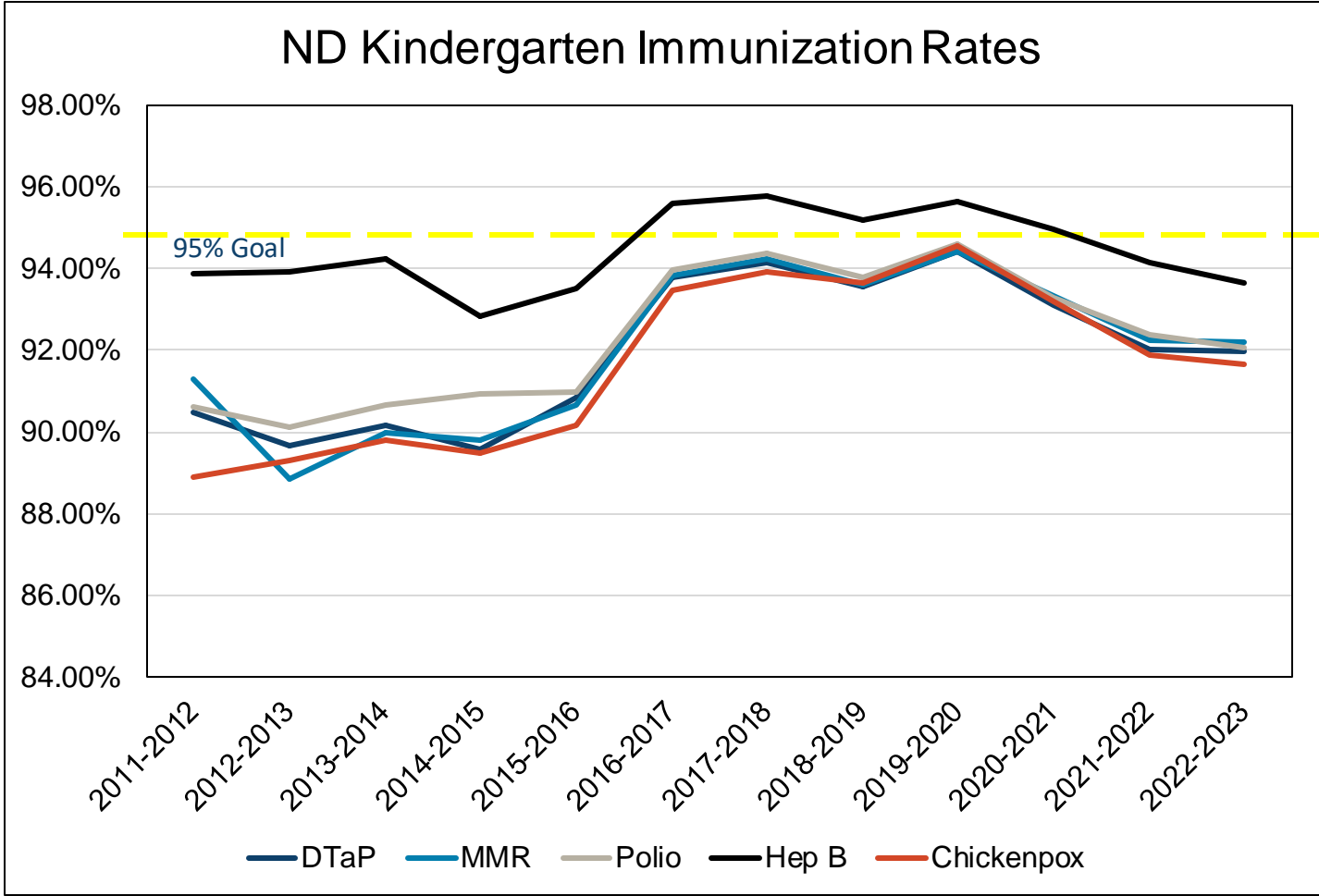
How legislative support and
appropriations made an impact in
the **2021-2023 biennium**



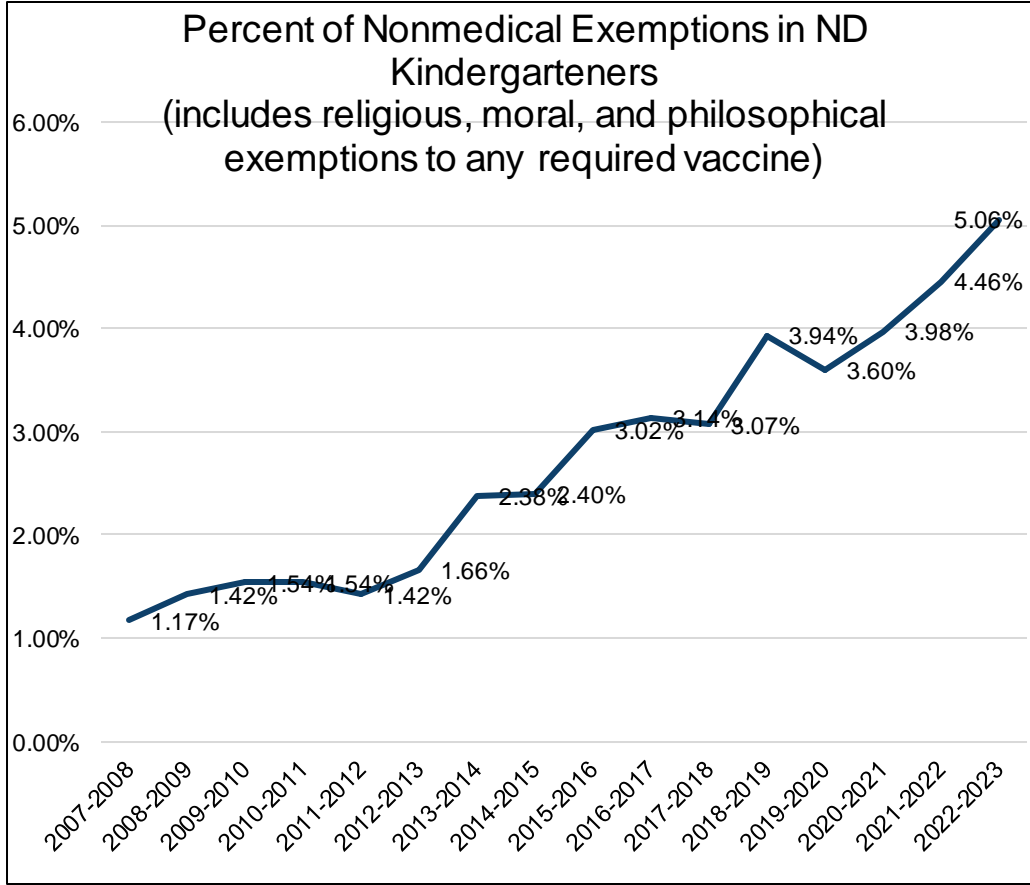
Disease Prevention Activities

- **Mpox**
 - Coordinated vaccine ordering and distribution
 - Over 700 doses of Mpox vaccine administered
 - Six cases of Mpox reported in North Dakota
 - Community Engagement
- **Ebola**
 - Monitoring of travelers arriving from Uganda
- **STI prevention and follow-up**
 - Congenital syphilis follow-up
- **Disease Surveillance Activities**
 - Electronic laboratory Reporting and syndromic surveillance
- **Routine Disease Follow-up**
 - Foodborne and enteric illness, STI's, bloodborne infections, HAIs
- **General Immunization Activities**
 - 52% of North Dakota children are VFC eligible

School Immunization Rates – North Dakota

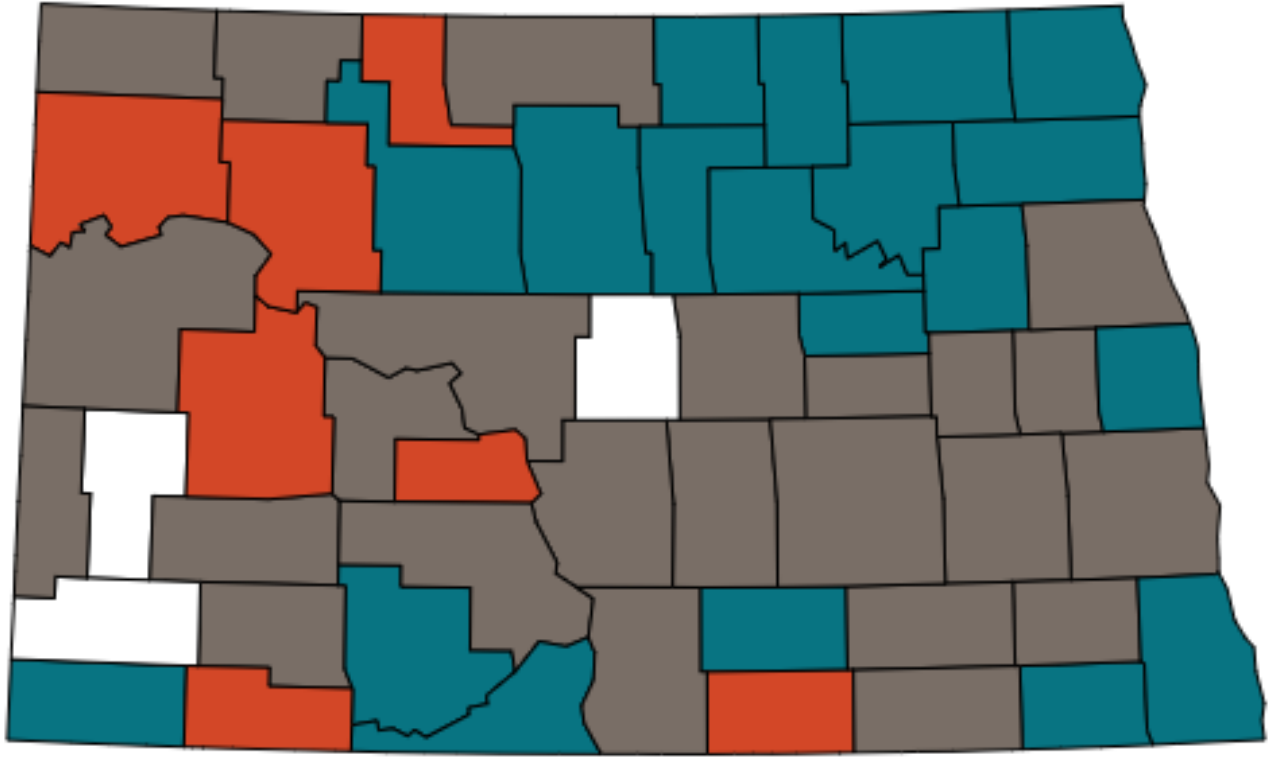
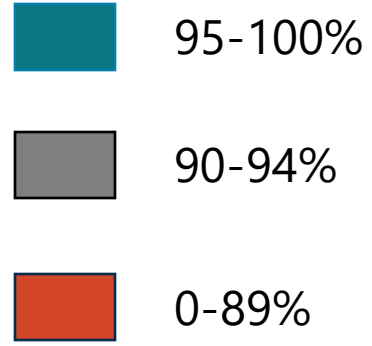


MMR: 92.2% (Range by district 52% - 100%)



Map of County MMR Rates

Kindergarten MMR Rates, by County



Range: 75.00% - 100%

Why School Vaccines are Important

Measles

- Each case of measles can infect up to 18 susceptible people, making it one of the most contagious diseases.
- Measles is a very serious illness. In recent outbreaks, nearly half of the children have required hospitalization.
- For every 1000 measles cases, 1-2 will die.
- Over 100,000 people, mostly children, die from measles every year
- **The Herd Immunity Threshold for measles is 95%**



68 Confirmed
measles cases

DAY 38
May 24, 2017

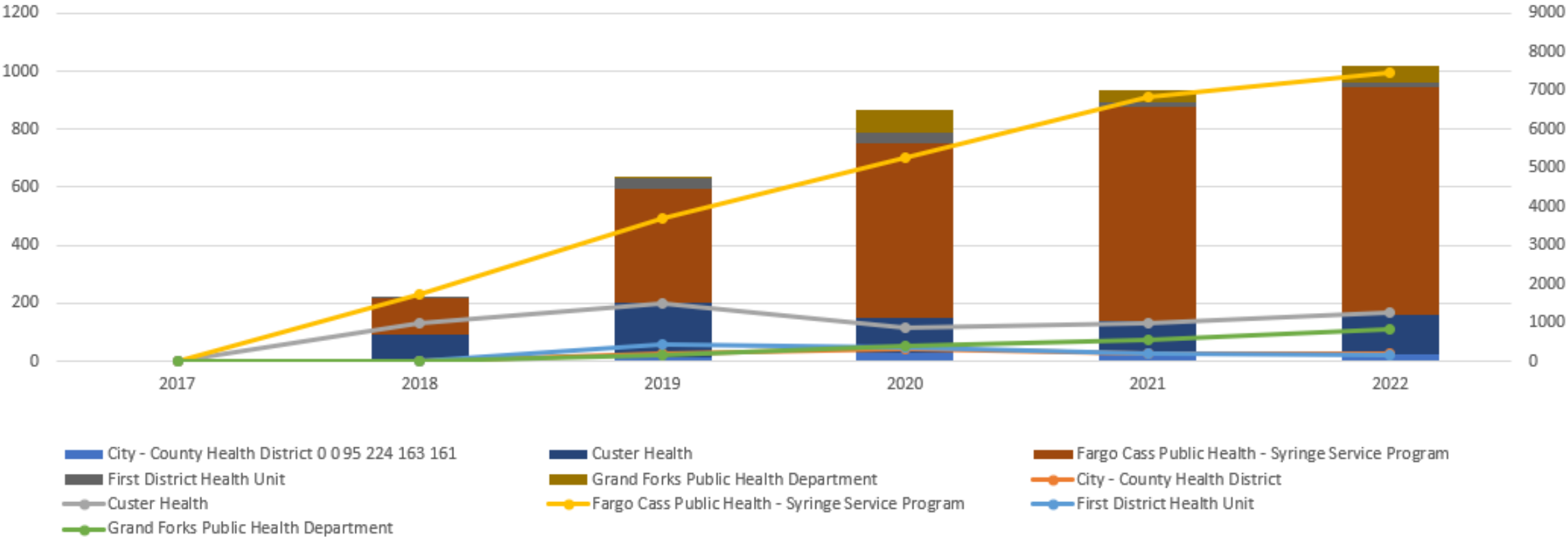
Source: Minnesota Department of Health

Measles in the United States

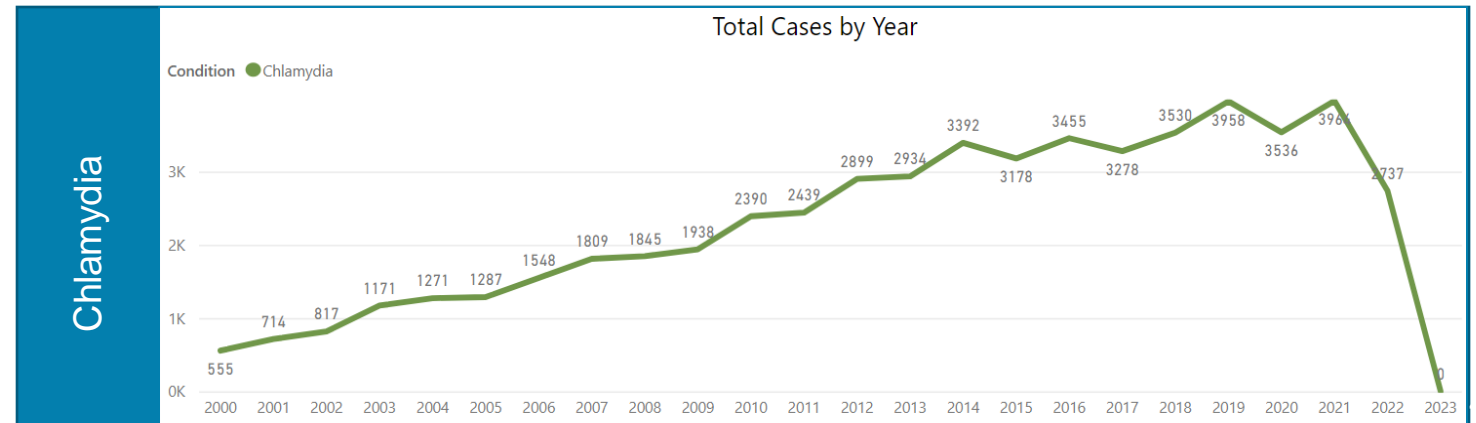
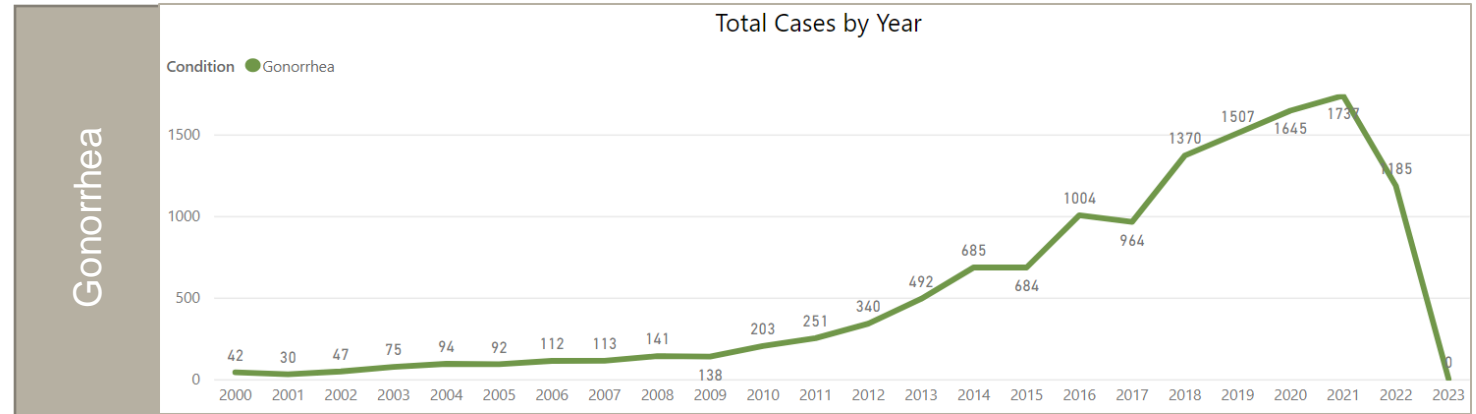
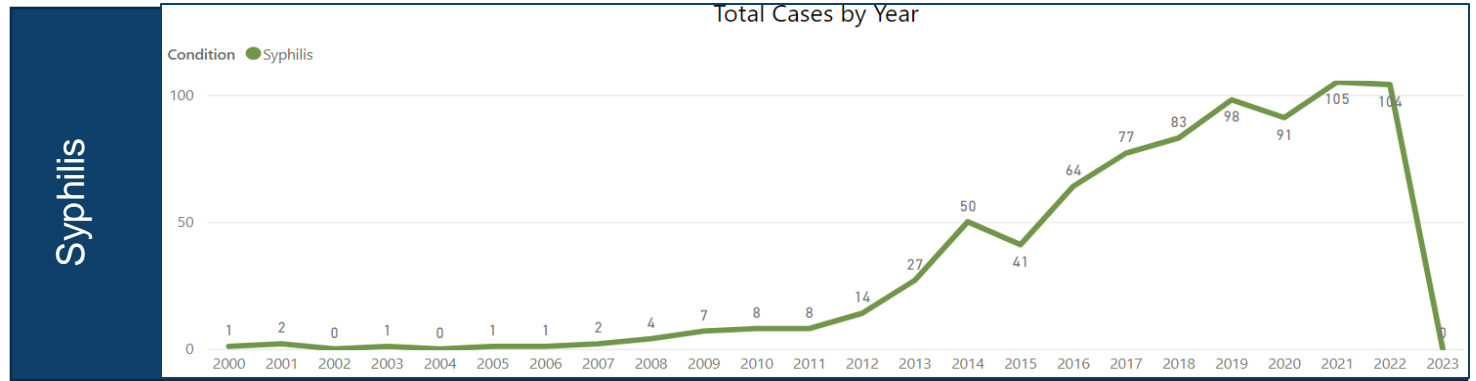
- Minnesota:
 - 22 cases in 2022
 - Mostly travel-related
- Ohio: (ongoing outbreak: data as of 01/12/2023)
 - 83 cases since November 2022
 - 33 hospitalized
 - 78 not vaccinated
 - 4 partially vaccinated (only one dose)
 - 1 unknown vaccination status
 - 23 cases younger than 12 months (too young to be vaccinated)
 - 66% of cases are ages 1-5
 - Over 17 childcares and schools impacted

Syringe Services, People Served and Total Visits, by Site and Year, 2017 - 2022

Unique People by Agency by Year and Total Visits



STI Cases by Year, North Dakota



Forensic Examiner Upgrades

Legislative support and appropriations made an impact in the **2021-2023 biennium**



COVID-19 Response



Case Work

- Case investigation
- Contact tracing
- Documentation
- Questions and guidance
- Developing systems for case management



Infection Prevention

- LTC
- Congregate Settings
- Hospitals
- Outpatient Clinics



Disease Reporting

- Updating systems to handle reports
- Work with laboratories to establish electronic reports



Vaccination

- Providing up-to-date guidance to providers and public
- Providing guidance on storage and handling
- Monitoring Coverage rates



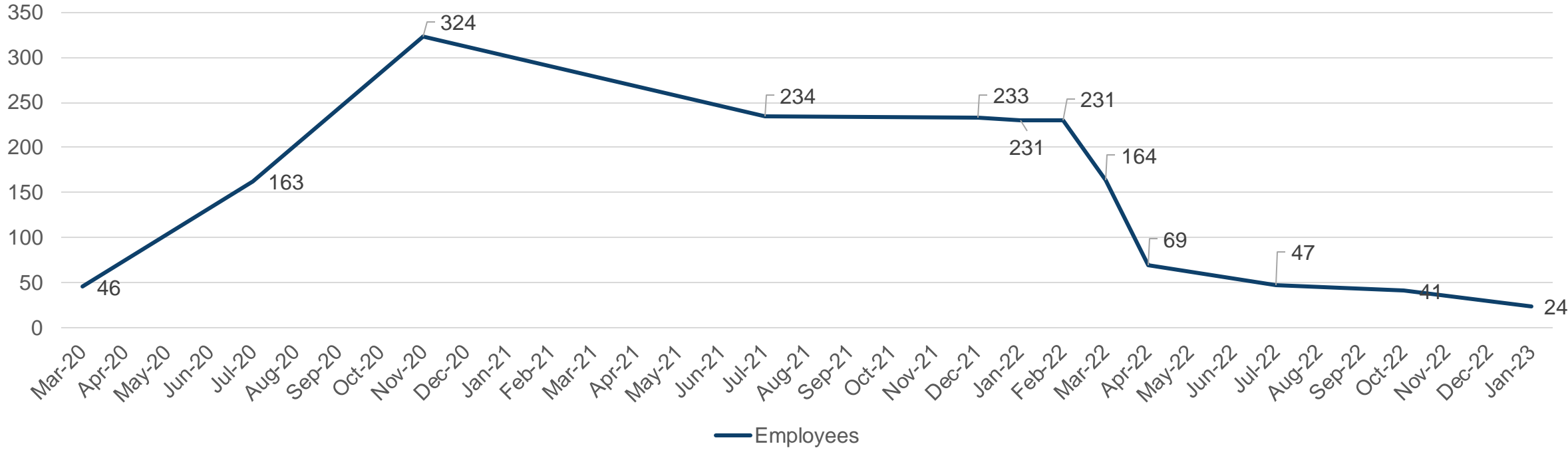
Subject Matter Assistance

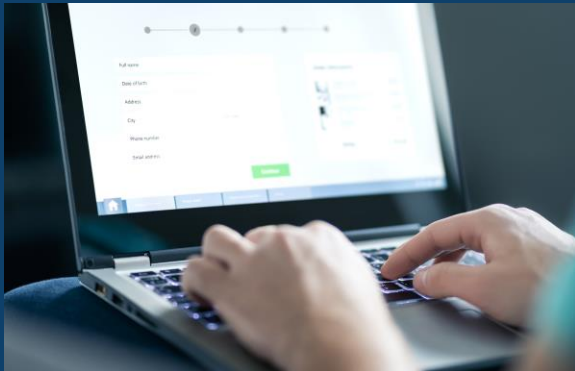
- Businesses
- Travelers
- Preschool, k-12 and higher ed
- Shelters and group homes

COVID Response Team from March 2020-January 2023

Disease Control and Forensic Pathology

Employees





COVID Vaccine Funding

- Upgrade vaccine storage and handling
- Upgrades to NDIIS
- Site visits
- Provider Education (NDSU)
- Pharmacist Training
- Support to local public health
- Support Vaccine Distribution

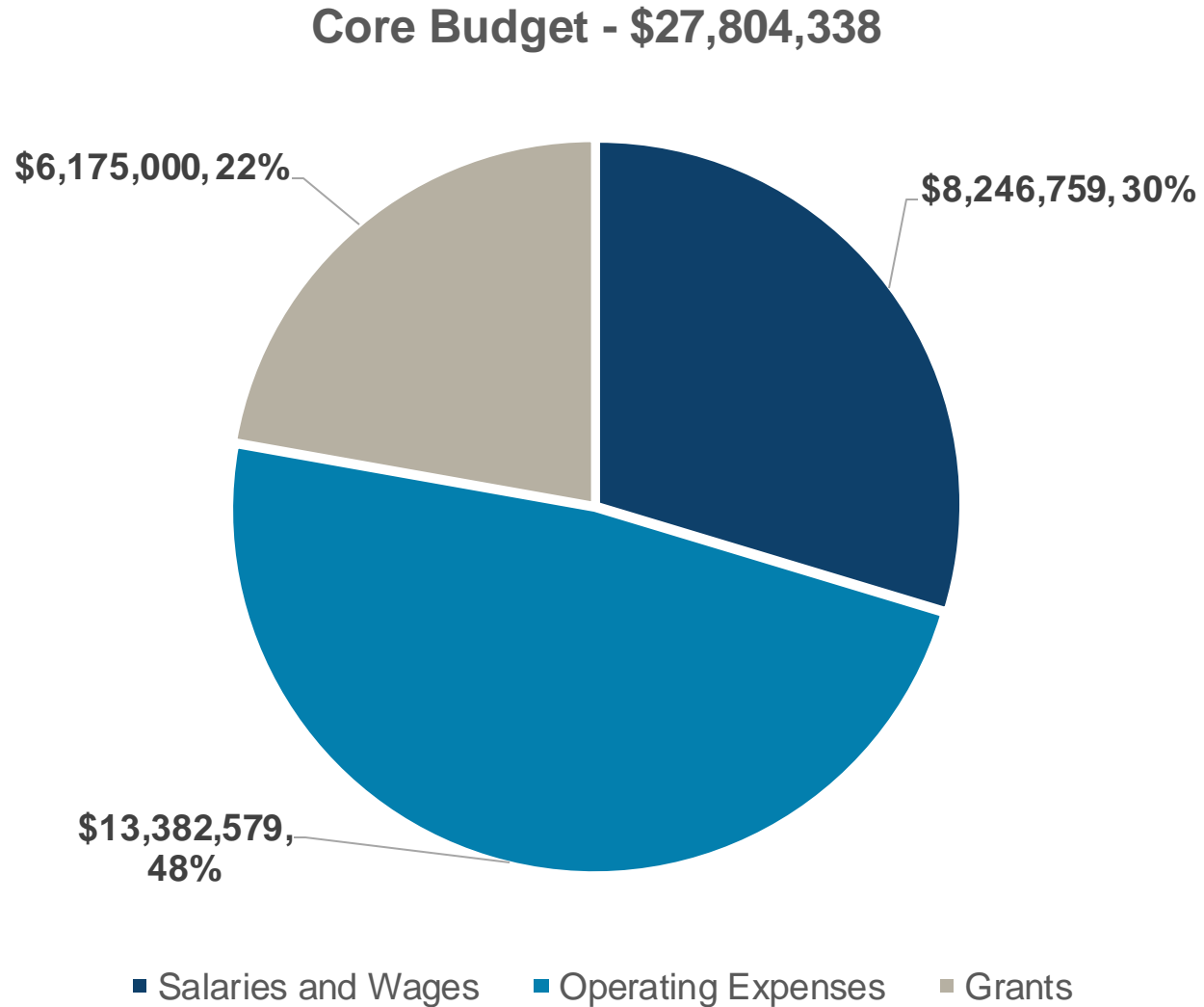


2023-2025 Budget request

**The program, systems and
workforce support
necessary to continue to
serve North Dakotans**

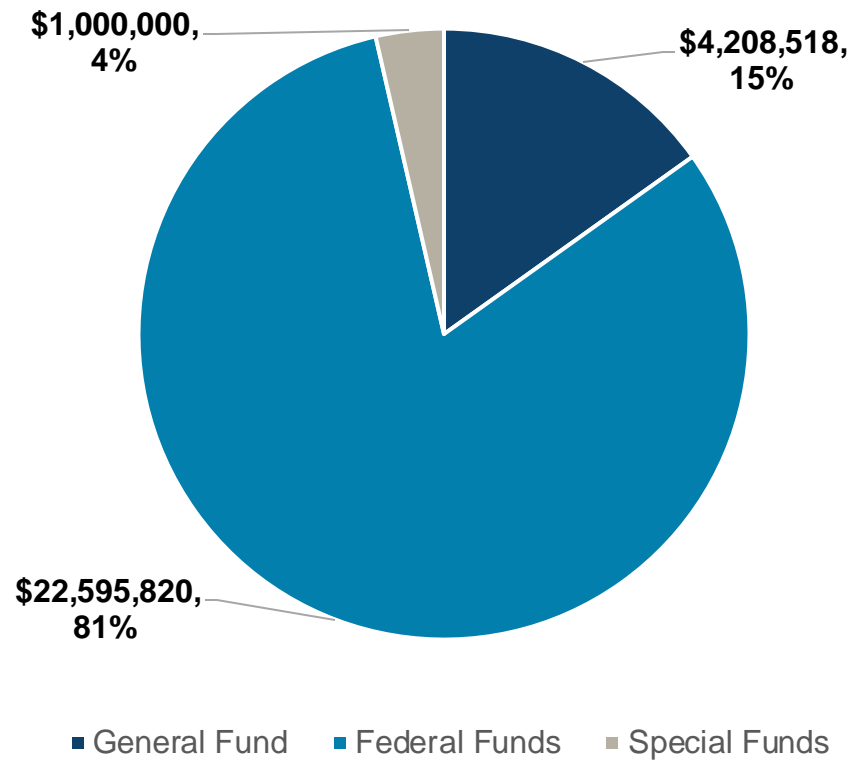
2023-25 Executive Recommendation

Core Budget By Line Item

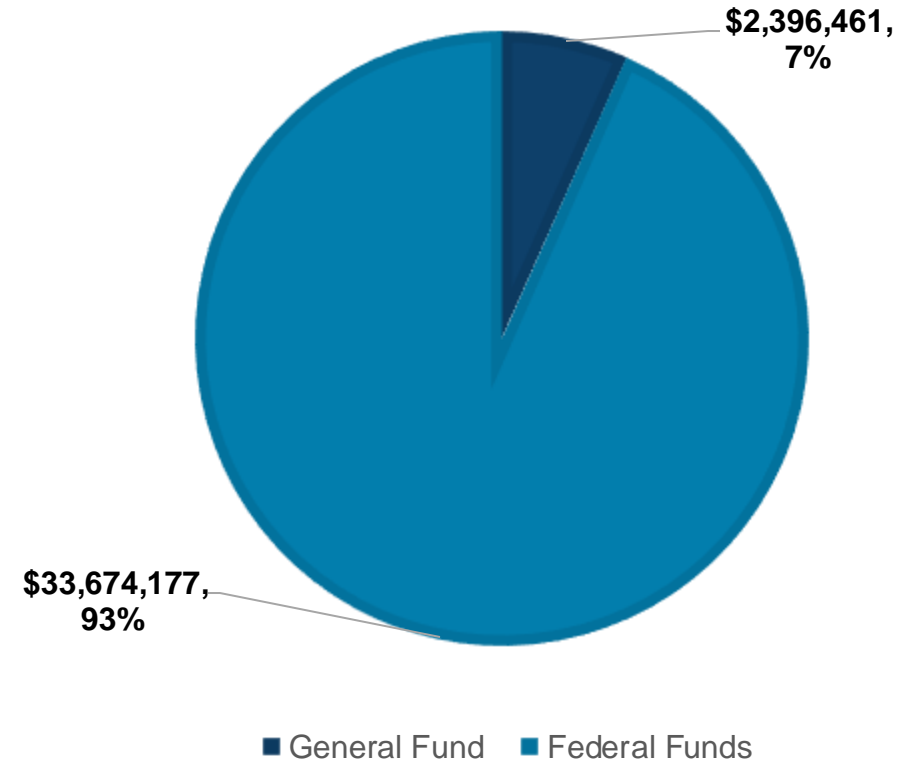


2023-25 Executive Recommendation By Funding Source

Core Budget- \$27,804,338

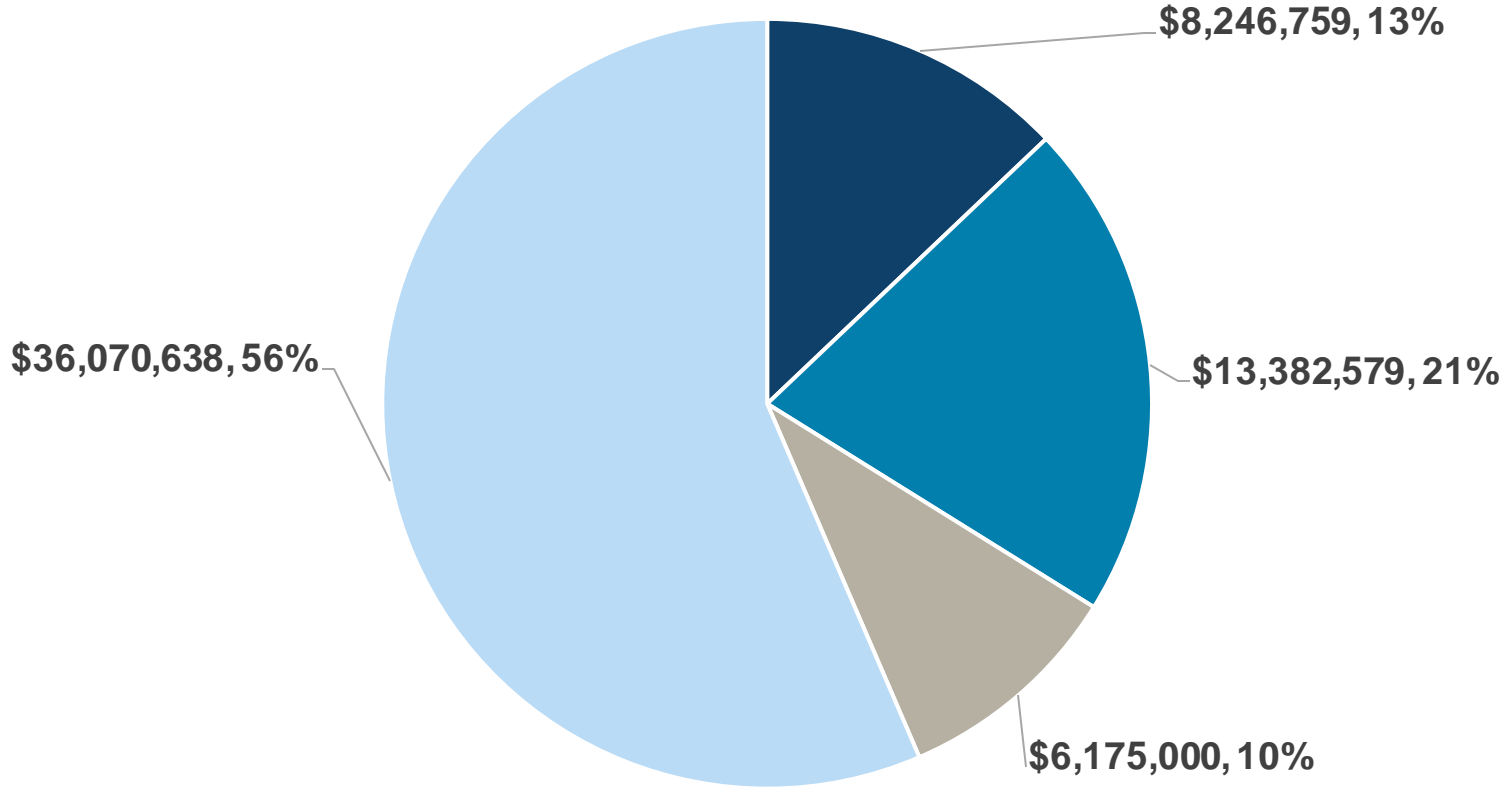


COVID-19 Budget - \$36,070,638



2023-25 Executive Recommendation

By Line Item

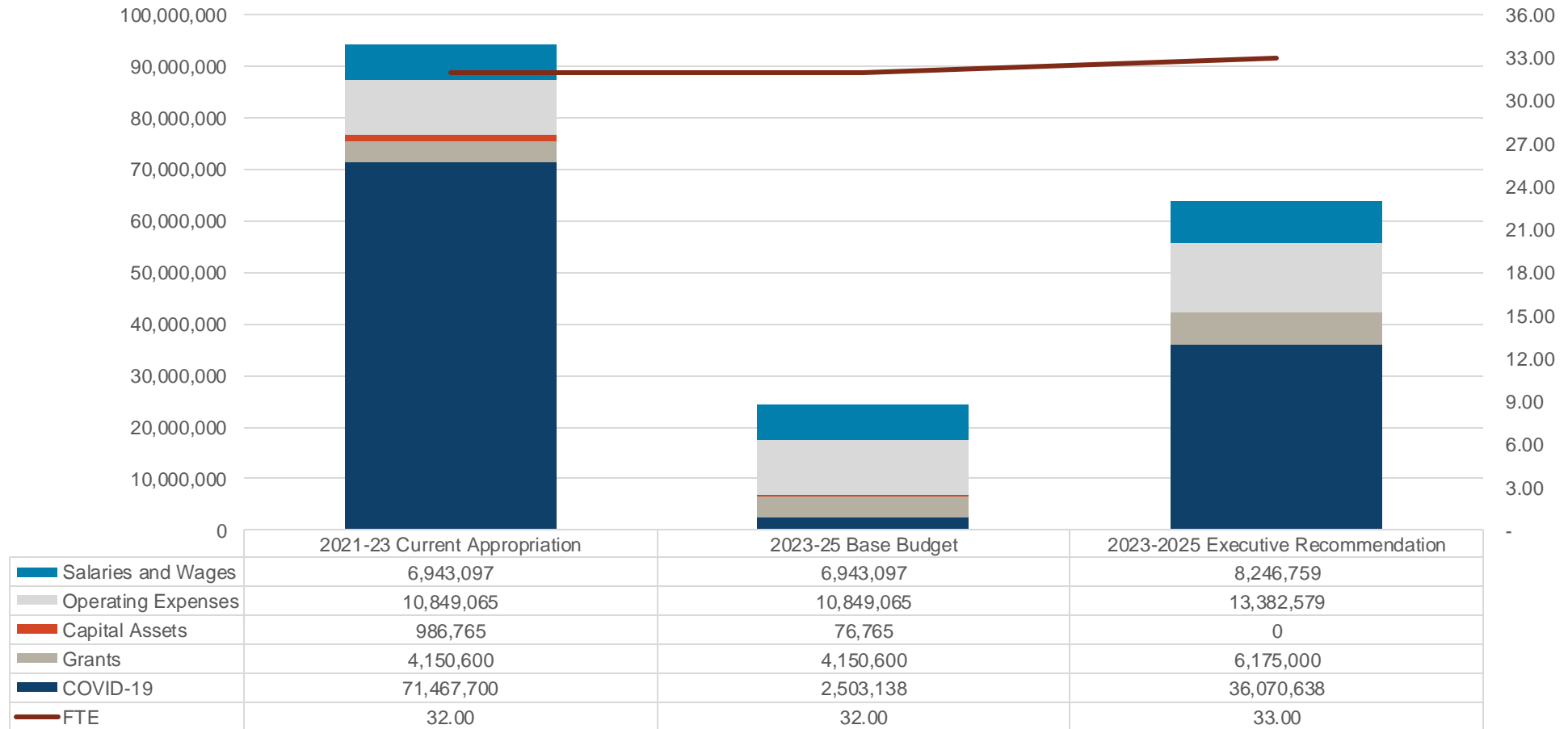


■ Salaries and Wages ■ Operating Expenses ■ Grants ■ COVID-19

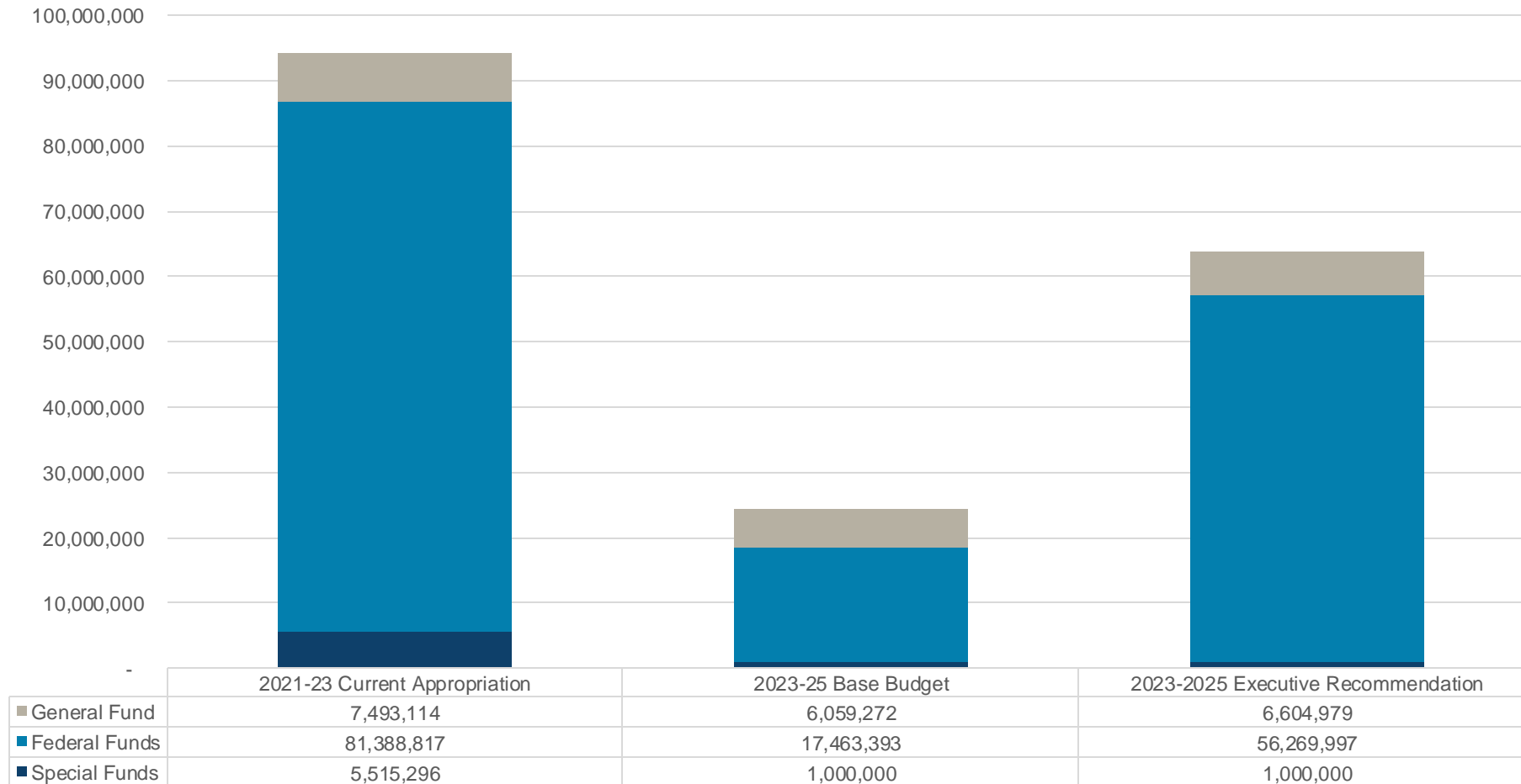
Comparison

Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Rec.
Salaries and Wages	6,943,097	6,943,097	1,303,662	8,246,759
Operating Expenses	10,849,065	10,849,065	2,533,514	13,382,579
Capital Assets	986,765	76,765	(76,765)	0
Grants	4,150,600	4,150,600	2,024,400	6,175,000
COVID-19	71,467,700	2,503,138	33,567,500	36,070,638
FTE	32.0	32.0	1.0	33.0

Overview of Budget Changes



Overview of Funding Changes

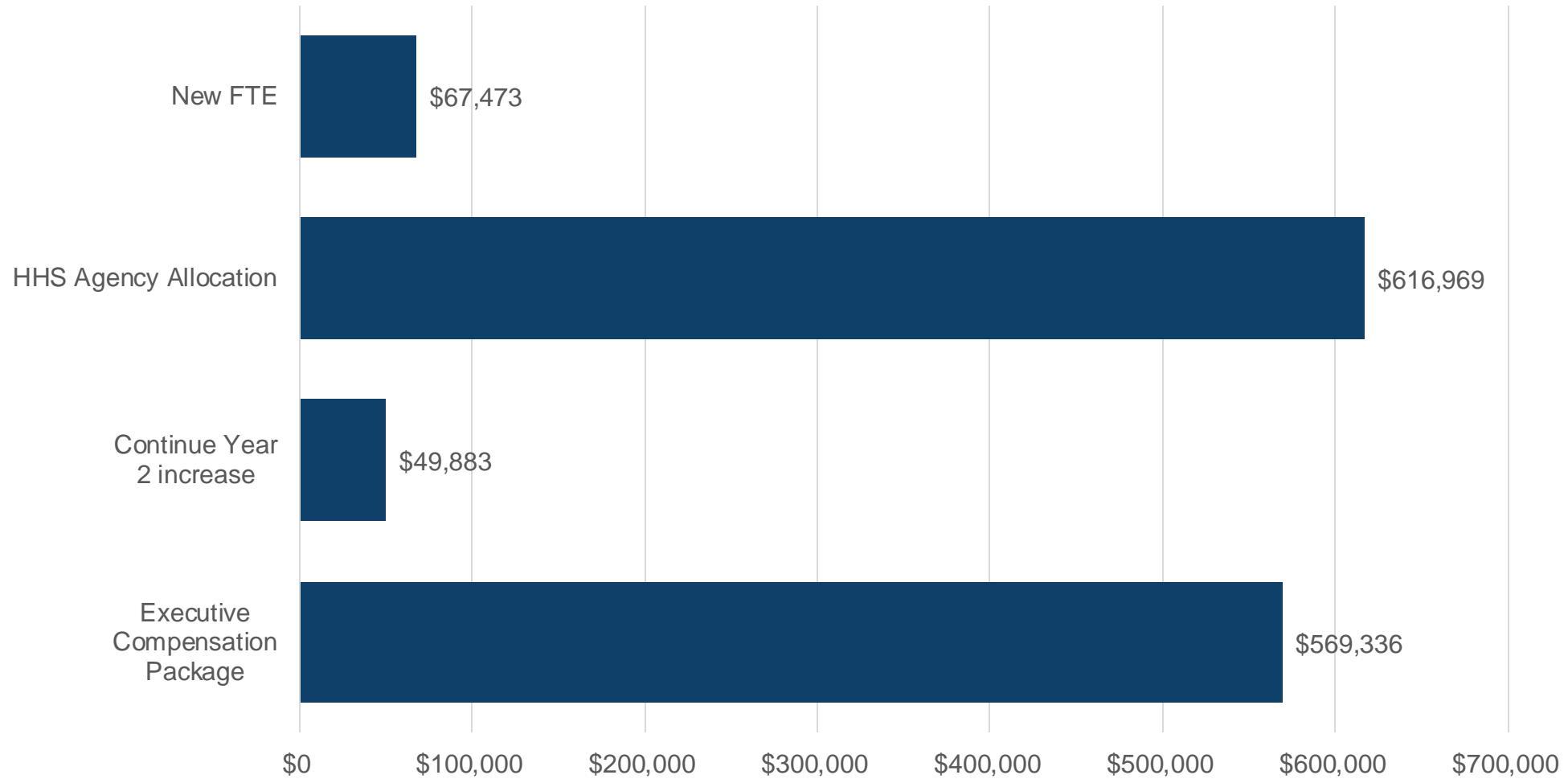


COVID Funding - Moving Forward

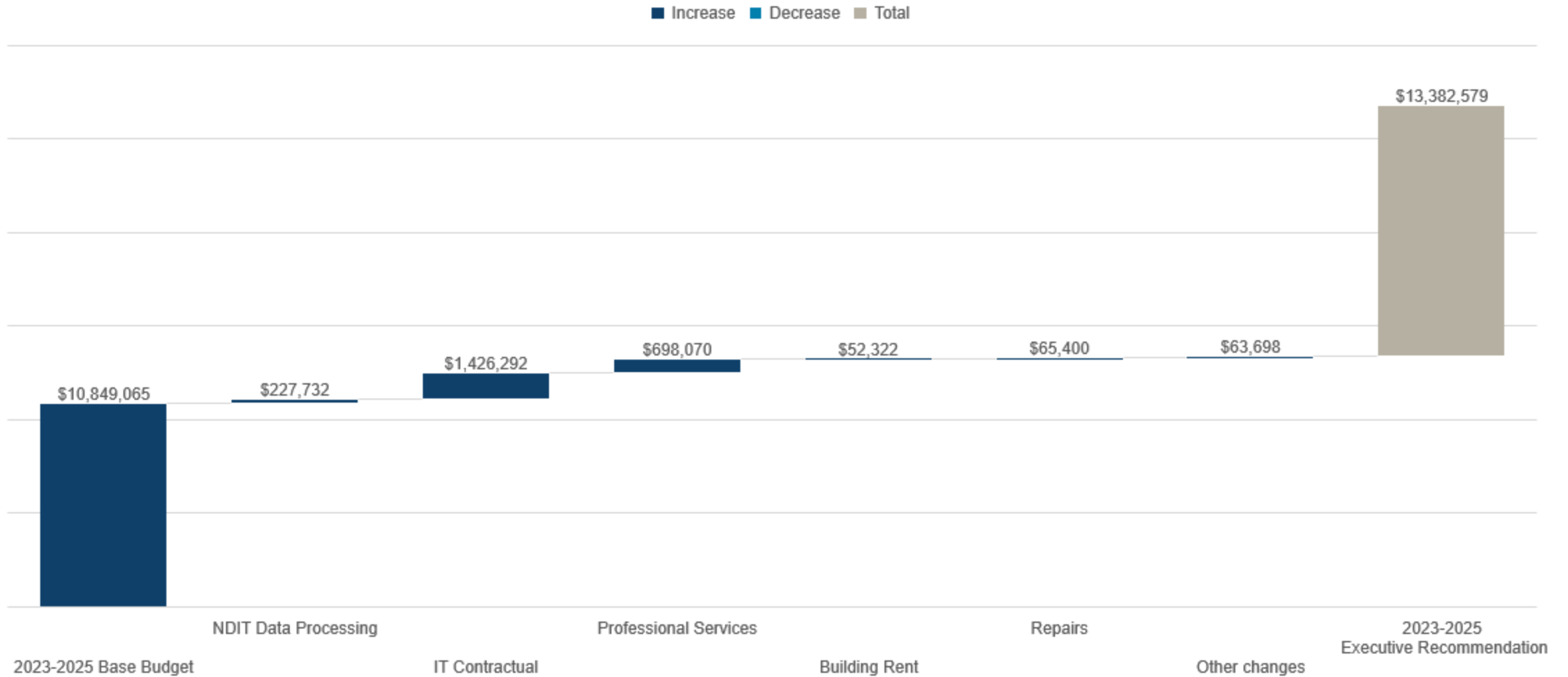
Federal grants will allow for disease prevention infrastructure and cross-cutting activities.

- Public health response data demands.
- NDIIS and Maven modernization.
- HAI prevention activities.
- Advanced molecular detection.
- Antimicrobial surveillance and stewardship.
- Increasing immunization rates for all immunizations.
- Transitioning COVID vaccine from a federal asset to the private market.

Major Salary & Wage Differences

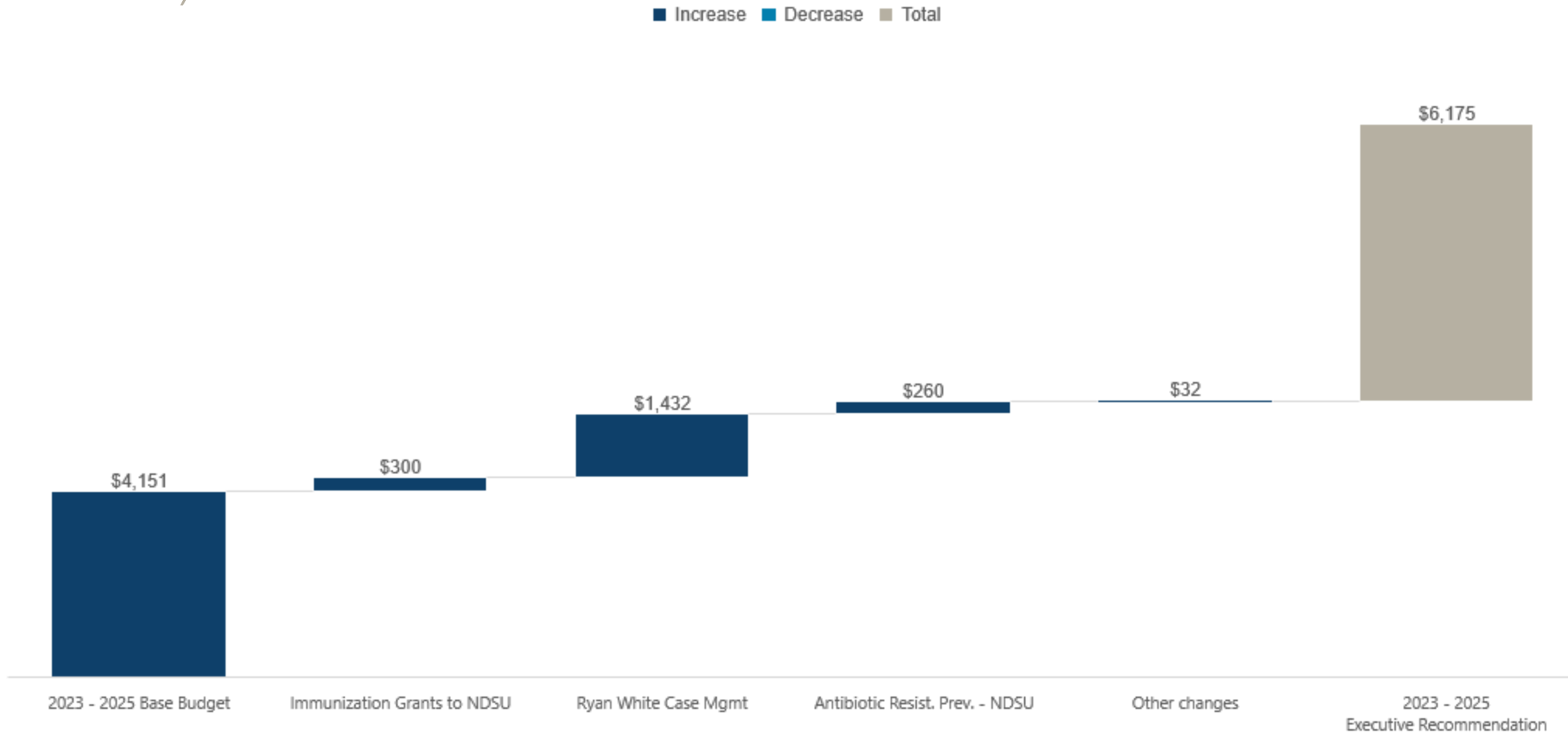


Major Operating Differences



Major Grant Differences

(in thousands)



Summary and Key Takeaways

1

Reduce illness and preventable deaths by understanding causes and increasing prevention.

2

Reducing infectious disease and preventable deaths contributes to a healthier state.

3

North Dakotans living healthier lives are happier and more productive.

4

Legislative support for key programs and staffing further enhances our ability to better understand and prevent deaths and infectious diseases.





THANK YOU

Kirby Kruger | Section Director, Disease Control & Forensic Pathology
kkruger@nd.gov | (701) 328-4549



Testimony on HB1004
2023 Legislative Session
January 16, 2023

Rep. John Nelson, 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 HB 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 34,412 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.

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, Newborn Screens, and Medical Home initiatives. 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.

Newborn screening is a very important test that every baby can benefit from. The testing involves a heel prick on a newborn between 24 and 48 hours after birth that can identify certain metabolic or genetic disorders that can cause serious illness, disability or death to the baby if not identified early. Newborn screening is a screening test and if there is an abnormal result, the newborn always requires further testing to confirm whether he or she has a disorder. There is a treatment available for all of the disorders that are screened, although some treatments may be lifelong.

In closing, the SHS Division is a model program that provides a great deal of services with a limited budget. FVND over the years has participated in the Block Grant and Needs Assessment process, which the Division takes very seriously. 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.

Thank you for your consideration

Donene Feist
Family Voices of North Dakota, Director
701-493-2634
fvnd@drtel.net



House Bill 1004

Health Statistics and Performance Section

Tracy K. Miller, MPH, PHD, State Epidemiologist

Department of Health and Human Services

Public Health Division | January 16, 2023



Health Statistics & Performance (HSP)

Section Overview

State Epidemiologist

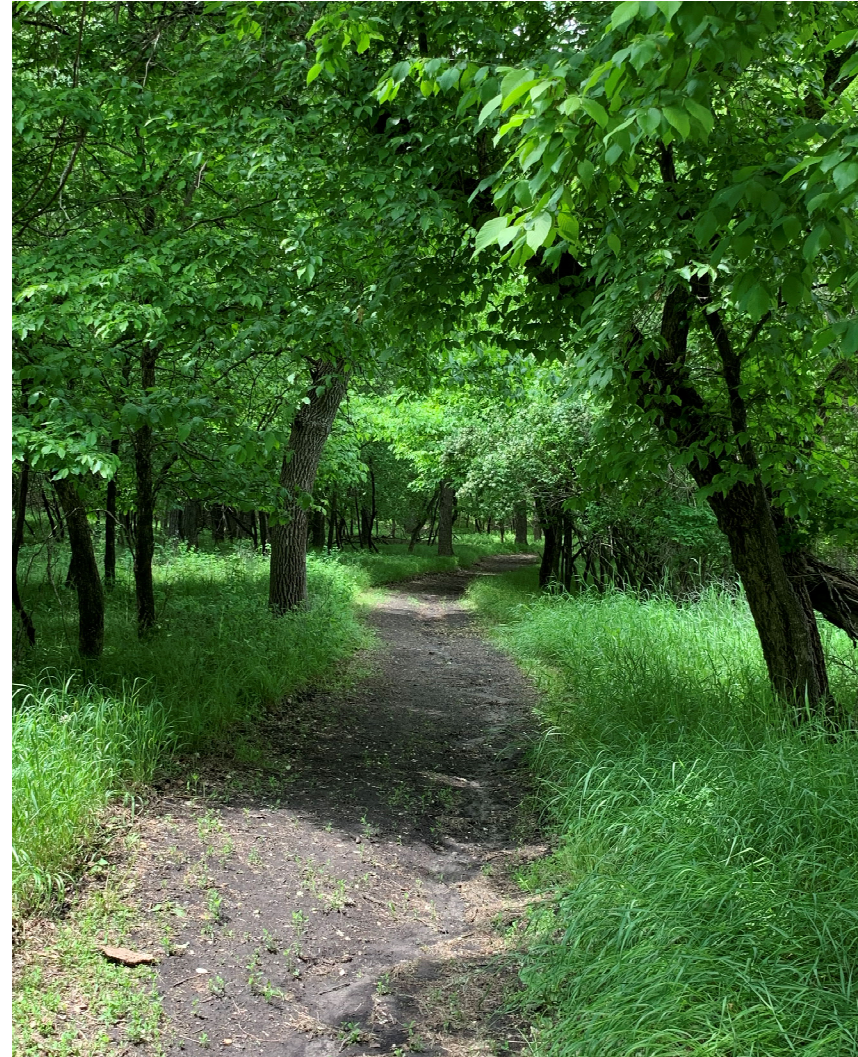
- Section Director of the HSP Section

Deputy State Epidemiologist

- This position is not a part of the HSP section
- The SE and DSE have extensive ID knowledge and are usually the main points of contact for CDC and CSTE in the event of emergencies which are typically infectious disease-related. Having the DSE in the Disease Control Section ensures collaboration and timely information sharing between the two sections.

Team members in this section include:

- 21 FTEs
- 5 FT Temporary positions
- 2 PT Temporary positions
- 2 Contract positions
- 1 CSTE Fellow
- 3 Graduate Assistants
- 1 Student Interns



Health Statistics & Performance

Section Organizational Chart



Health Statistics & Performance (HSP)

Provide data analysis, surveillance, program evaluation and quality improvement for cross cutting activities and via program requests; ensuring accurate data for births and deaths.

Special Projects & Health Analytics	Surveillance & Data Management	Systems & Performance	Vital Records
<ul style="list-style-type: none">• Evaluation & Analytical Support of Program(s)• Responsible for data analysis and data interpretation of special projects and emerging issues• Covid-19 Data Analyses and Modeling Projects• State Health Assessment & Improvement• Pregnancy Risk Assessment Monitoring System• Study of Associated Risks of Stillbirth• MCH, Health Equity, and Other Program Evaluations• Needs Assessments & Quality Improvement Analyses	<ul style="list-style-type: none">• Responsible for data analysis and interpretation of non-infectious disease/conditions and injury/violence data• Behavioral Risk Factor Surveillance System (BRFSS)• Emergency room, Hospital Discharge and EMS data• Health Equity• Medical Marijuana• Overdoses, Suicides, Homicides and other violent deaths• Oral Health, Diabetes, Stroke, SSDI, MCH• Trauma, stroke, and cardiac registry• Tobacco	<ul style="list-style-type: none">• Performance improvement, Coordinating efforts in PH accreditation, Strategic planning, and Coordinating the state health assessment and state health improvement plan• Primary Care Office oversees:• Recruitment and retention of critical health care providers, Designating workforce shortage areas; Managing state and federal loan repayment programs, Managing the J-1 Visa Waiver program, Promoting the National Health Service Corps Program	<ul style="list-style-type: none">• Responsible for three primary functions:• Registration of Records<ul style="list-style-type: none">• Births, deaths, fetal death, marriages, divorces, abortions• Certification – Provide Certified Copies<ul style="list-style-type: none">• Births, deaths, fetal deaths and fetal losses• Statistics<ul style="list-style-type: none">• National – NCHS, SSA• State agencies, researchers, media, legislative and public

HSP Encourages Data to Action



Pregnancy Risk Assessment Monitoring System (PRAMS)

Investigate emerging issues in reproductive health; review programs/ policies aimed at reducing health problems among mothers, families and infants.



Vital Records Statistics

Baseline data – Birth and Death
Many researchers, state and federal agencies all need this data to complete their analysis.



Behavioral Risk Factor Surveillance Survey (BRFSS)

Telephone surveys collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.



Violent Death Reporting

Collects facts from death certificates, coroner/ME reports, LE reports, and toxicology reports to aid in developing and tailoring violence prevention efforts.



Autism

Study the prevalence of ASD diagnoses in North Dakota. Inform policy, improve community awareness, improve services and support for people with ASD.



Primary Care Office

Improve primary care service delivery and workforce availability; administer the North Dakota Health Service Corps.

Using Data for Prevention and Policy Changes



Medicaid expansion for Postpartum coverage

Assess the impact of the new Medicaid Postpartum coverage from 90 days to up to 12 months.



Primary Care Office

Works with state/federal partners to encourage health care practitioners to work in rural/underserved areas; increase access to primary and dental care and mental health services.



Governor's Opioid Roundtable Discussions

Presented drug overdose data to multiple agencies, including LE, HHS, education, and local, state and tribal government.



Outreach

Master Plan on Aging Project
PRAMS for Dad/MCH
UND Suicide Grant
Youth Risk Behavioral Survey
PRAMS Child Care Access Module
DOCR projects.



Suicide Prevention

NVDRS data is provided to partners such as LE, NDDDES, HHS, community action groups, tribal govt, GO, HP, coroners, etc., to improve prevention activities.



State Health Improvement Plan (SHIP)

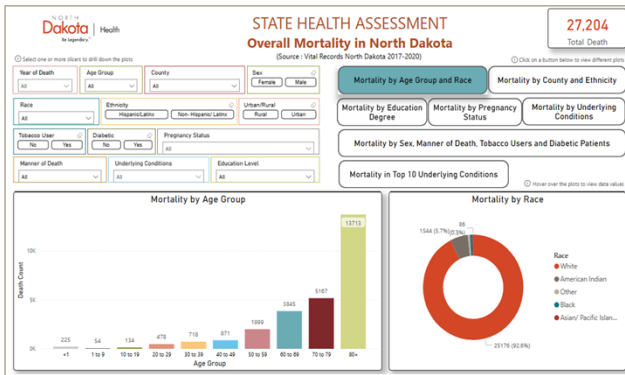
Design and disseminate the SHIP to align with the goal of becoming the healthiest state in the nation.

Improving the lives of North Dakotans

How legislative support and appropriations made an impact in the **2021-2023 biennium.**

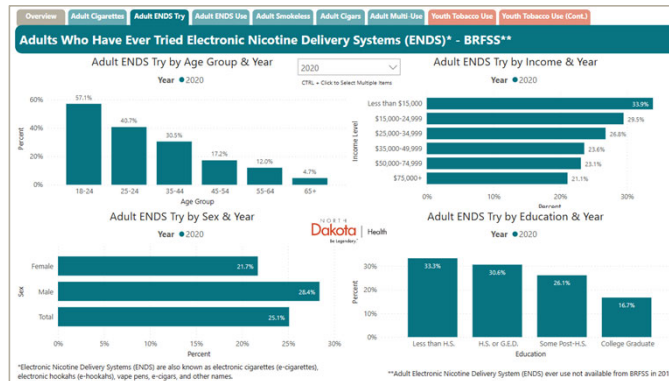


Health Statistics & Performance



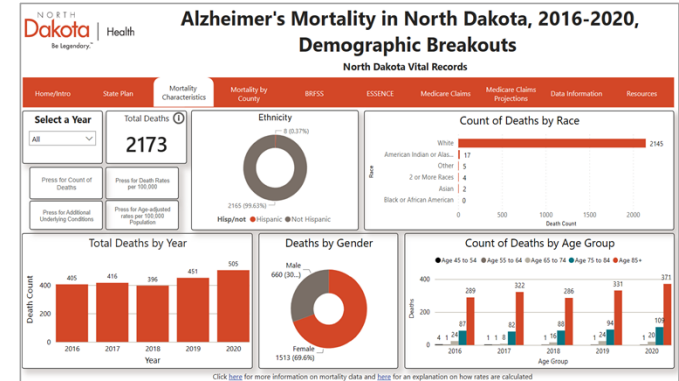
State Health Assessment Dashboard

Mortality data and premature death data available by county, age group and other demographics.



Tobacco Dashboard

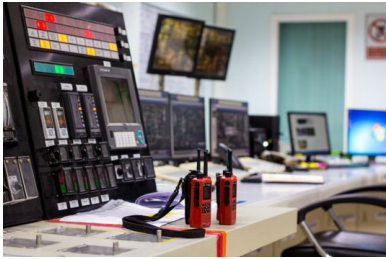
Multi-year look at Adult and Youth tobacco use; data available by income, age, education and other demographics.



Alzheimer's Dashboard

Alzheimer's death and claims data available by county, age group, and other demographics; includes updated state plan.

Health Statistics & Performance



Incident Command

Help support COVID-19 response, through data modeling and providing data intelligence to Incident Command.



Educational Health Dept

Three graduate assistants were placed in this section; teaching classes; guest lectures and multiple summer student projects.



Data Modernization

Recent purchase of statewide death investigation system; incorporation of Poison Control data.



Presentations/Publications

Work we have done has been selected for journal publications or national presentations.



School Dashboard

Worked with internal and external agencies to provide school level data.

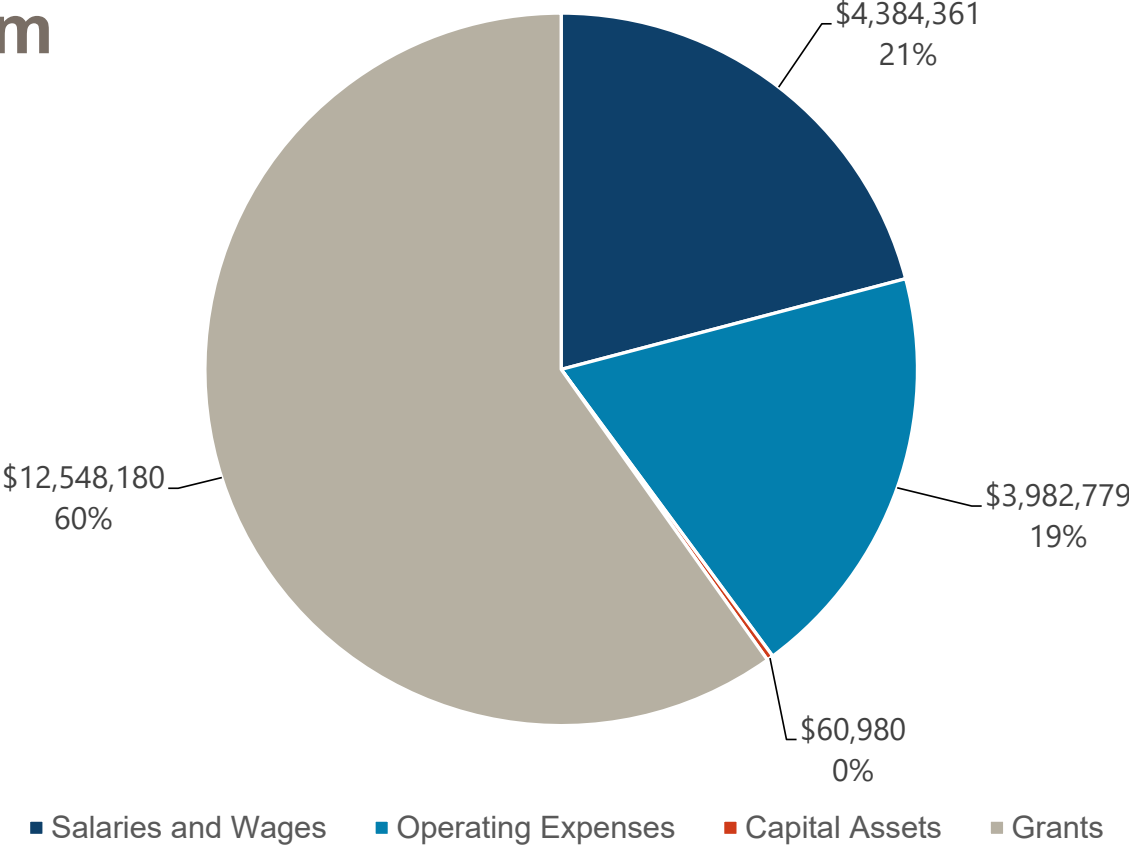


2023-2025 Budget request

The program, systems and workforce support necessary to continue to serve North Dakotans.

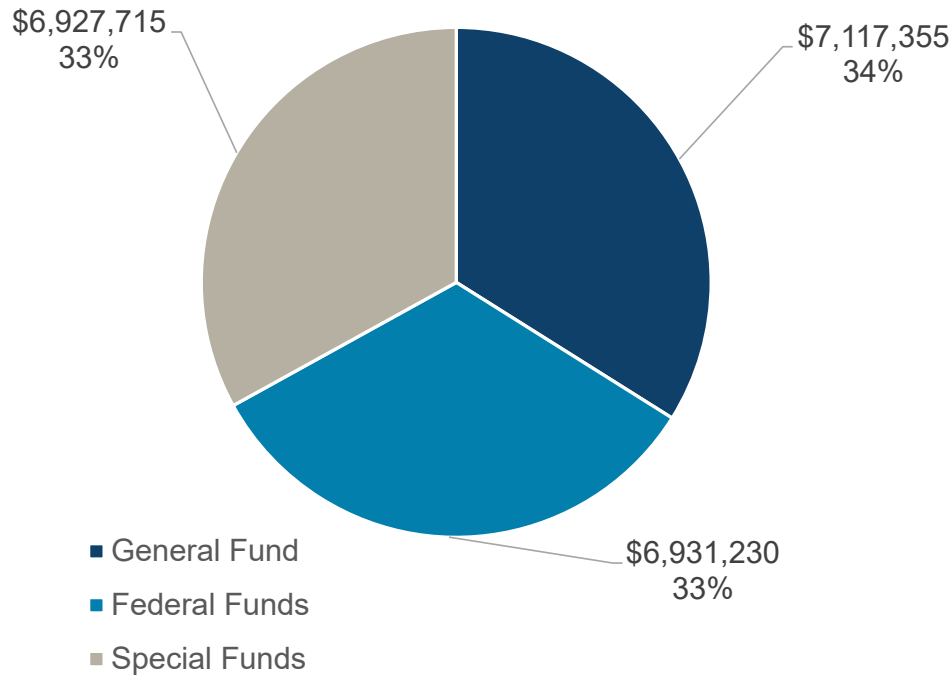
2023-25 Executive Recommendation

Core Budget By Line Item

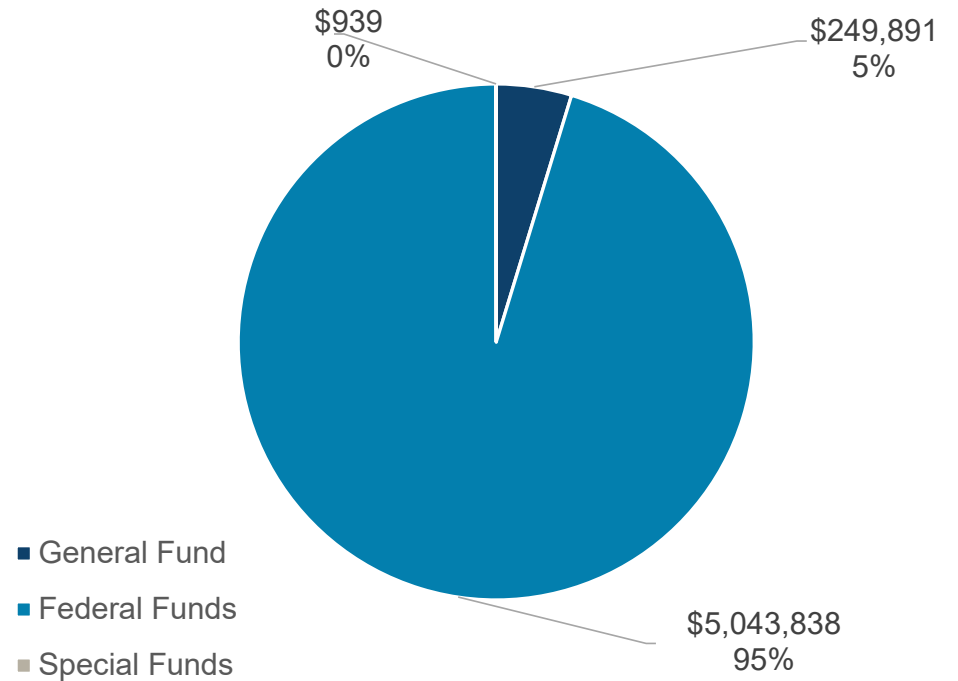


2023-25 Executive Recommendation By Funding Source

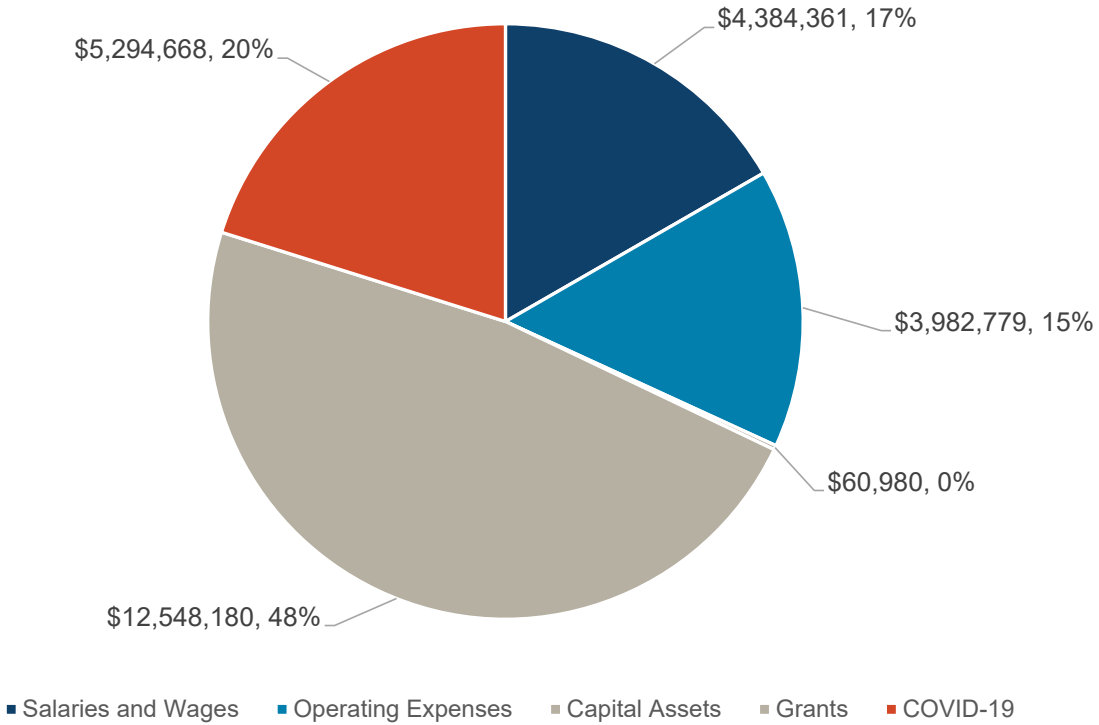
Core Budget - \$20,976,300



COVID-19 Budget - \$5,294,668



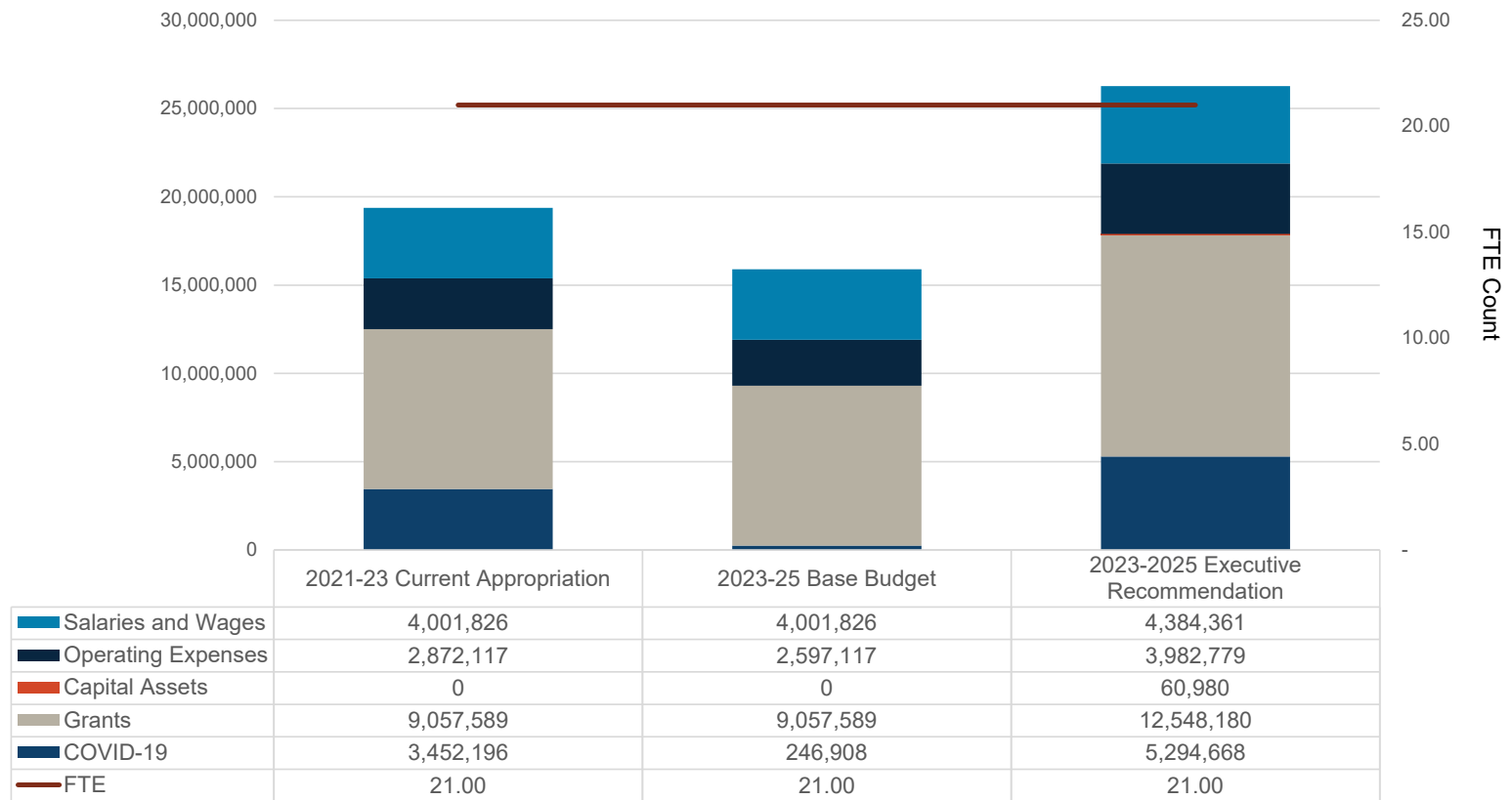
2023-25 Executive Recommendation By Line Item



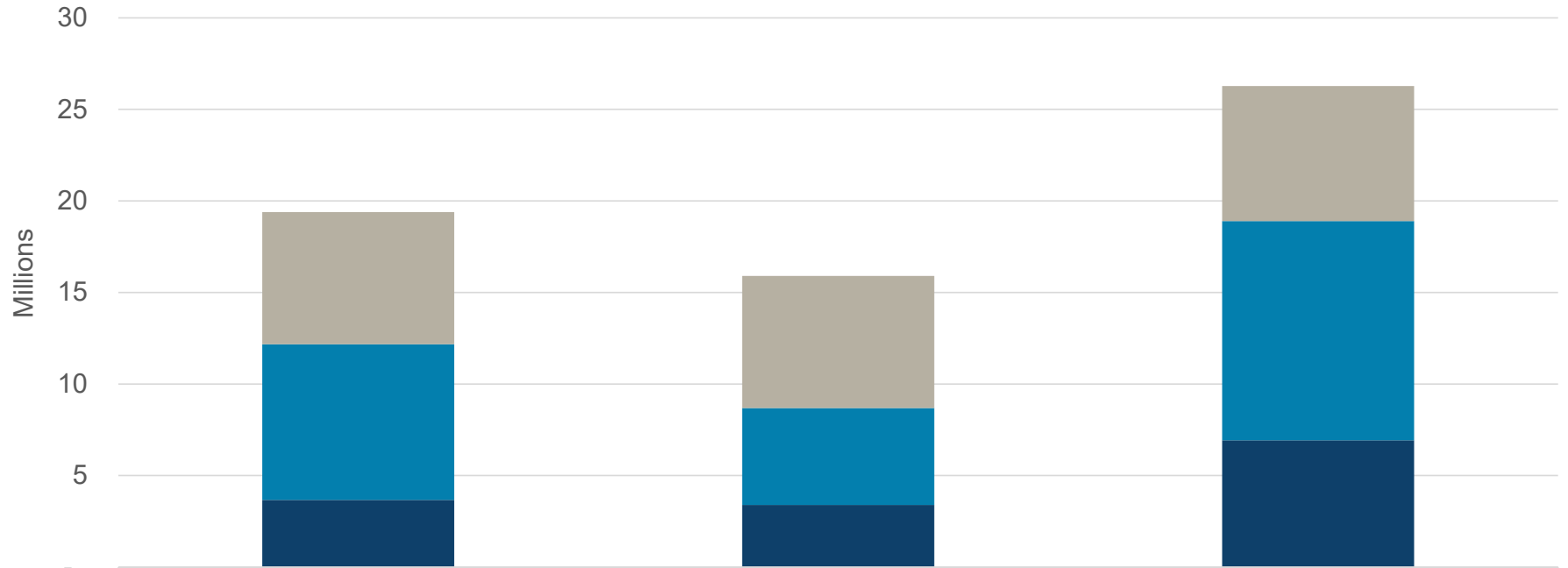
Comparison

Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Rec.
Salaries and Wages	4,001,826	4,001,826	382,535	4,384,361
Operating Expenses	2,872,117	2,597,117	1,385,662	3,982,779
Capital Assets	0	0	60,980	60,980
Grants	9,057,589	9,057,589	3,490,591	12,548,180
COVID-19	3,452,196	246,908	5,047,760	5,294,668
FTE	21.0	21.0		21.0

Overview of Budget Changes

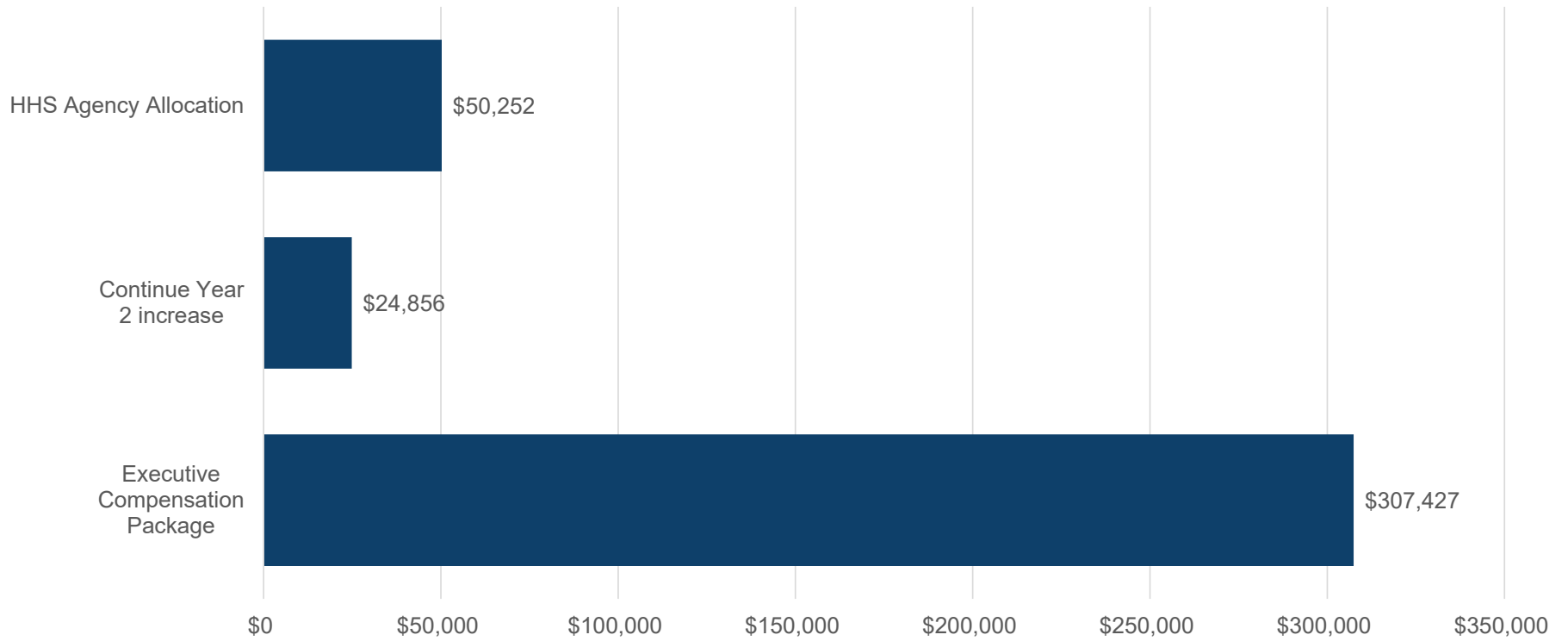


Overview of Funding Changes



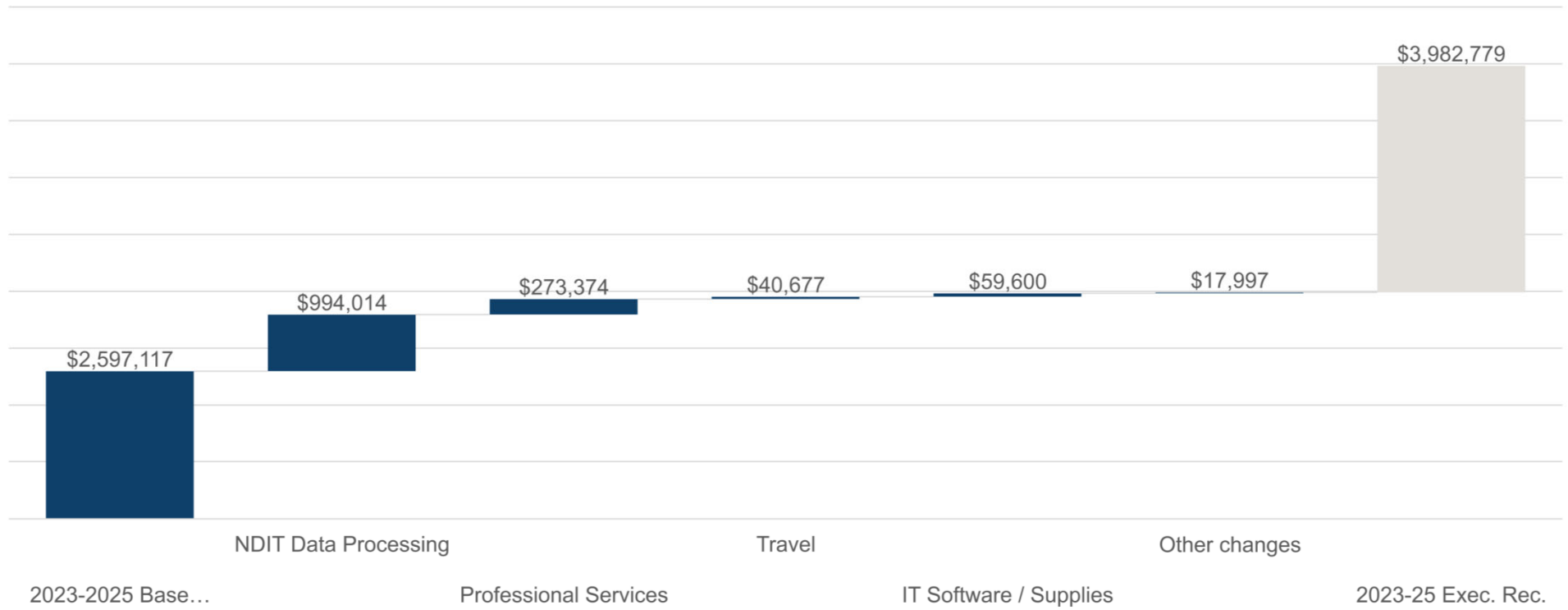
	2021-23 Current Appropriation	2023-25 Base Budget	2023-2025 Executive Recommendation
■ General Fund	7,211,194	7,211,194	7,367,246
■ Federal Funds	8,505,198	5,299,910	11,975,068
■ Special Funds	3,667,336	3,392,336	6,928,654

Major Salary & Wage Differences - \$382,535

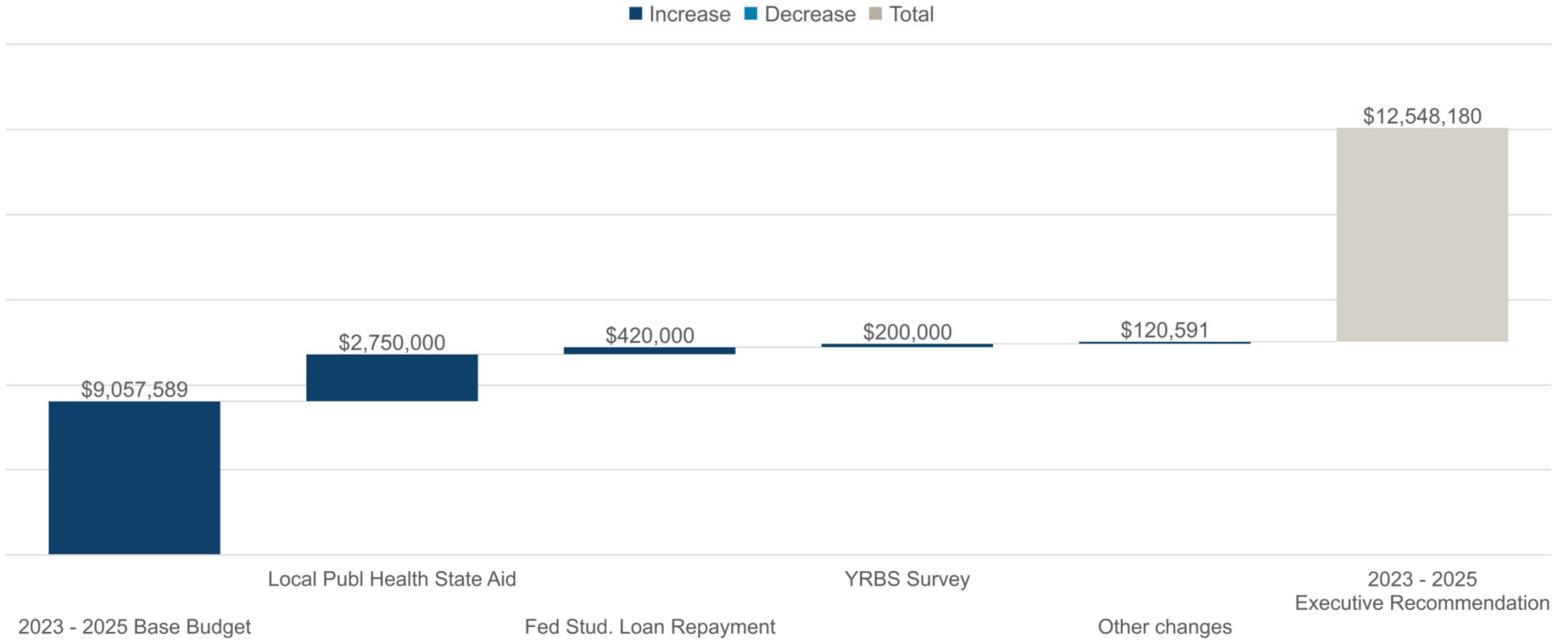


Major Operating Differences

■ Increase ■ Decrease ■ Total



Major Grant Differences



Summary And Key Takeaways

1

- Continued focus on providing high-quality data.
- Support for Data Modernization efforts.
 - Support needed for IT costs.

2

- Continued support needed for leveraging federal funding opportunities
- SUDORS, NIOSH, Lead, etc.

3

- Support is needed for the recruitment and retention of employees.

4

- Increased Collaboration with Internal and External Agencies
- Improve partnerships and funding opportunities.





THANK YOU

Tracy K. Miller, MPH, PHD | State Epidemiologist | tkmiller@nd.gov | 328-2387

The State of Tobacco Control in North Dakota: 2021 - 2023



Ingenuity. Enterprising. Community. Opportunity.

The State of Tobacco Control in North Dakota: 2021 – 2023

Successes, challenges and opportunities of the North Dakota Tobacco Prevention and Control Program (TPCP) during the 2021 – 2023 biennium.

This is a report to the North Dakota Legislature, tobacco control partners and the public on the state's tobacco prevention and control efforts during the 2021 – 2023 biennium (July 1, 2021 through June 30, 2023). The intended users of this report include legislators and other decision-makers; therefore, the report will be published in January 2023, and used during the legislative session.

Questions about the Tobacco Prevention and Control Program should be directed to Neil Charvat, Director, Tobacco Prevention and Control Program, njcharvat@nd.gov.

Questions about the comprehensive evaluation should be directed to Melissa Chapman Haynes, PhD, Director of Evaluation, Professional Data Analysts (PDA), mchapman@pdastats.com.



Orientation to TPCP's Effort, 2021 – 2023

The introductory section grounds this report on the importance of addressing the use and treatment of tobacco use, including successes and concerning changes in tobacco control. The following four sections organize the work and data from the 2021 – 2023 biennium by themes, which are defined at the beginning of each section.

INTRO

Pages 4–11

- *The brain on nicotine*
- *Tobacco prevention and control has work to do*
- *Defining tobacco control*
- *Tobacco is the leading cause of preventable death*
- *TPCP's approach*

1

Ingenuity

Pages 12–20

- *Expanding the work of a pharmacist provider*
- *Creation of Tobacco Data Dashboard*
- *Building Tribal Coalitions*
- *Tobacco Free North Dakota education webinar series*
- *North Dakota-specific Maternal Tobacco Program*
- *PDA assessment of smoke-free support*

2

Enterprising

Pages 21–31

- *NDQuits is effective and cost efficient*
- *The number of TTS increased during the pandemic*
- *Quit Week optimized social media messaging*
- *Youth Action Summits engaged youth across the state*
- *In-person and virtual education*
- *Long-standing partnerships*

3

Community

Pages 32–41

- *State and community collaboration*
- *TFND and vaping cessation support*
- *Vaping is a concern across the state*
- *Youth outreach and advocacy*
- *Community outreach and capacity building*

4

Opportunity

Pages 42–52

- *Agency integration to collaborate on retailer training, ND Medicaid, and expanded tobacco use disorder treatment*
- *HHS and Mayo Clinic virtual interactive educator training*
- *Lung cancer prescreening in tobacco use disorder treatment*
- *Vaping research*

Introduction

A black and white photograph of a bison standing on a grassy hill. The bison is in the center of the frame, facing right. The background consists of a cloudy sky and some trees on the left and right sides of the hill. The overall tone is somber and naturalistic.

- *The brain on nicotine*
- *Tobacco prevention and control has work to do*
- *Defining tobacco control*
- *Tobacco is the leading cause of preventable death*
- *TPCP's approach*

TOBACCO IMPACT: NICOTINE IS A HIGHLY ADDICTIVE DRUG

New products, same addiction.

“

I used nicotine as a stress reliever because I lost sight of working out and my health. Think long term, think about your body and your mind.

- Maya, a young adult who was vaping (from Truth Initiative)

”



THE BRAIN ON NICOTINE

Nicotine is a highly addictive drug that is hard to quit, even when faced with negative health consequences.

The National Institute of Health's Institute on Drug Abuse (NIDA) recently published a research article on tobacco, nicotine, and e-cigarettes. One purpose of this article is to highlight the disproportionate impact that tobacco has on some populations, including:

- People with mental health disorders, including substance use disorders,
- People living below the poverty line and those with low educational attainment, and
- Adolescents and young adults.

Nicotine is a highly addictive drug. "Addiction is characterized by compulsive drug seeking and use, even in the face of negative health consequences."¹

No matter how it's delivered, nicotine is addictive and harmful for youth and young adults.²

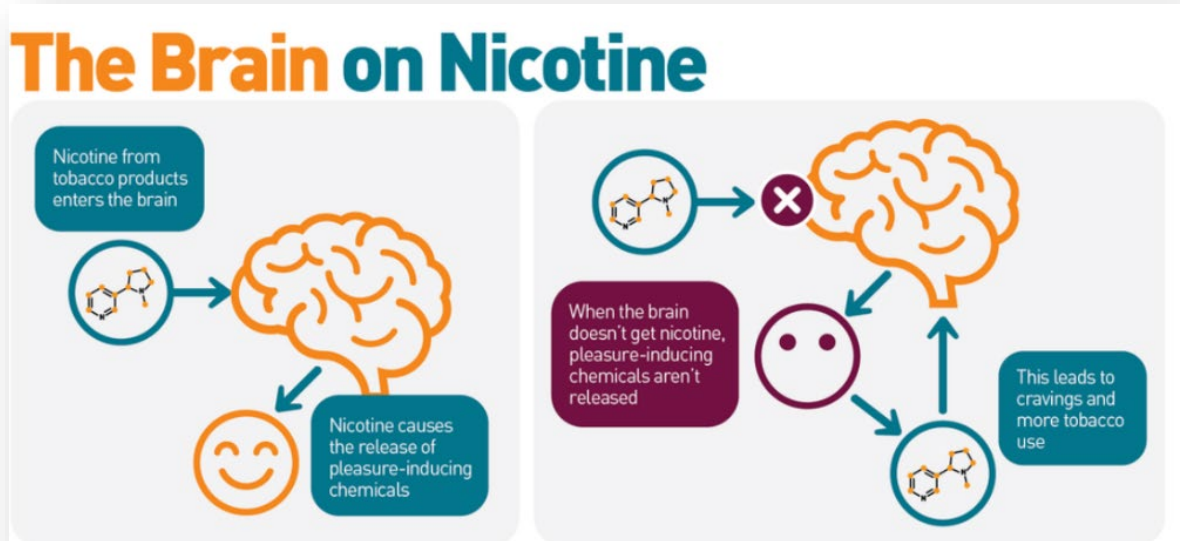


Figure from Truth Initiative³

TOBACCO PREVENTION AND CONTROL HAS WORK TO DO

Smoking damages nearly every organ in the body;⁴ and there is emerging evidence on the harmful effects of vaping, including the emissions from vaping products or electronic nicotine delivery systems (ENDS).

There is a profound and demonstrated negative health impact that commercial tobacco use has on the physical and mental health of those using tobacco products, as well as a large evidence base of the harms of secondhand smoke on non-smokers.

Tobacco or other nicotine use in youth wires the brain for a lifetime of continuous addiction.

7x

Youth and young adults who had ever used e-cigarettes have seven times higher odds of becoming smokers, as compared to youth who had never vaped.⁵

2.4x

Nicotine use impacts mental health. A cross-sectional study of 30,000 current e-cigarette users found that frequent vaping increases the odds 2.4 times of having diagnosed depression. Nicotine use is also related to increased stress levels and anxiety.⁵

3x

Smoking prevalence is three times higher for individuals without a high school degree, as compared to those with a college degree. Prevalence is twice as high for individuals below the poverty level (41%) as compared to those at or above the poverty level (21%).⁶

Using tobacco increase the risk of the following diseases:



Nearly 80% of COPD cases are caused by smoking.⁷



1 in 3 cancer deaths is linked to smoking; smoking contributes to at least 15 different cancers.⁸



1 in 4 deaths from cardiovascular disease are caused by smoking.⁷ Heart disease is the leading cause of death in North Dakota.⁹



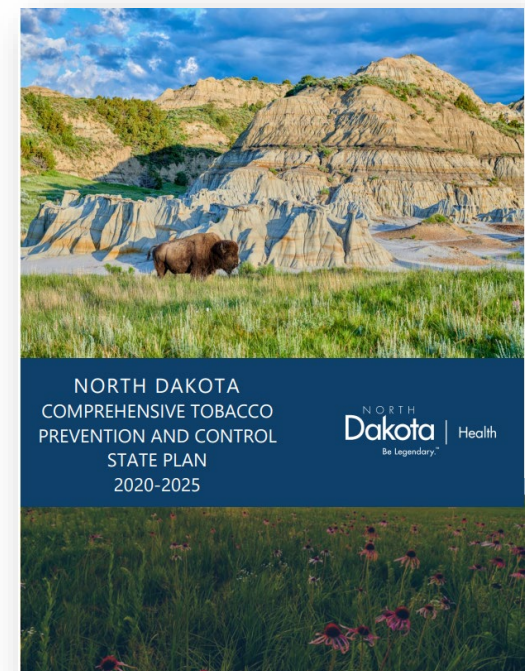
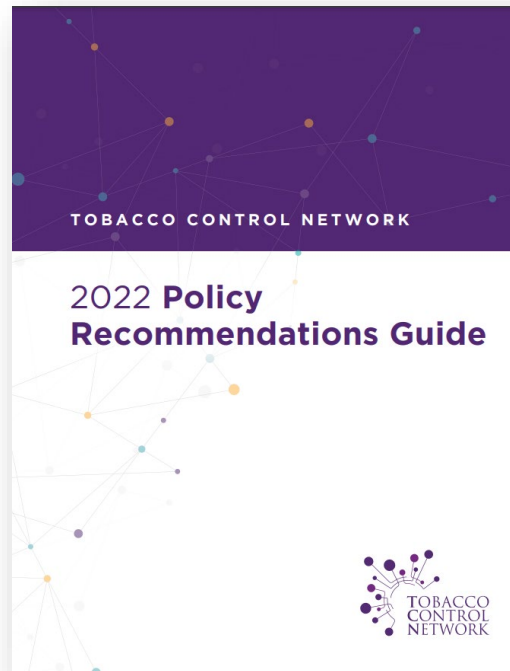
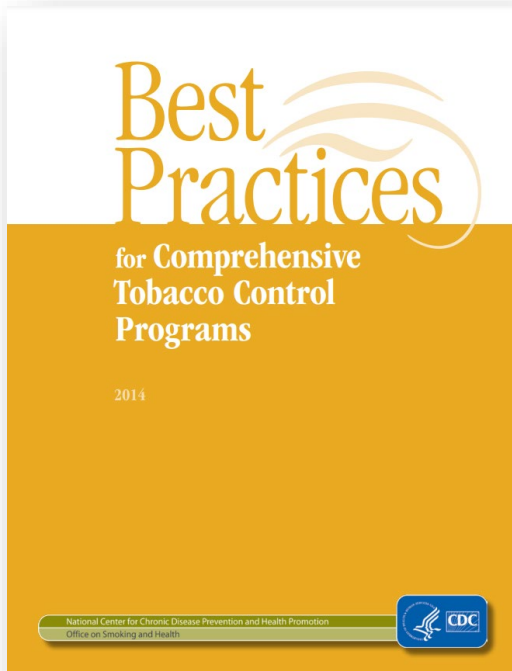
People who smoke are 30-40% more likely to develop type 2 diabetes than those who do not smoke;⁷ there are 58.3 thousand North Dakotans with this disease.¹⁰



Smoking has impacts before, during, and after pregnancy, and increases the likelihood of premature birth and low birth weight.⁷

DEFINING TOBACCO CONTROL: RESEARCH-BASED PLANS AND GUIDANCE

The TPCP follows Centers for Disease Control and Prevention (CDC) Best Practices and Tobacco Control Network Policy Recommendations to develop the State Plan and associated grant activities.



DEFINING TOBACCO CONTROL: COMMERCIAL TOBACCO PRODUCTS

The National Native Network states that "Traditional and commercial tobacco are different in the way that they are planted and grown, harvested, prepared, and used."

Commercial Tobacco

This is the primary type of tobacco that is discussed in this report. There are over 7,000 chemicals in combustible tobacco products¹¹ and emerging evidence about the chemicals and harm in vaping emissions.¹²

↑ Accelerates heart rate

↓ Reduces oxygen supply to body tissues

↔ Constricts blood vessels

↑ Raises blood pressure

Commercial tobacco is regulated by the Food and Drug Administration (FDA), though regulation of cigars, little cigars, hookah, and pipe tobacco. Regulation of electronic nicotine devices is in process.

Sacred Tobacco

In this report, we distinguish the use of tobacco by Indigenous people, including American Indians living in one of the four tribal nations in this geography or in any part of the state. Practices vary by tribe, though often, the inner bark of red willow is used and referred to as sacred tobacco.

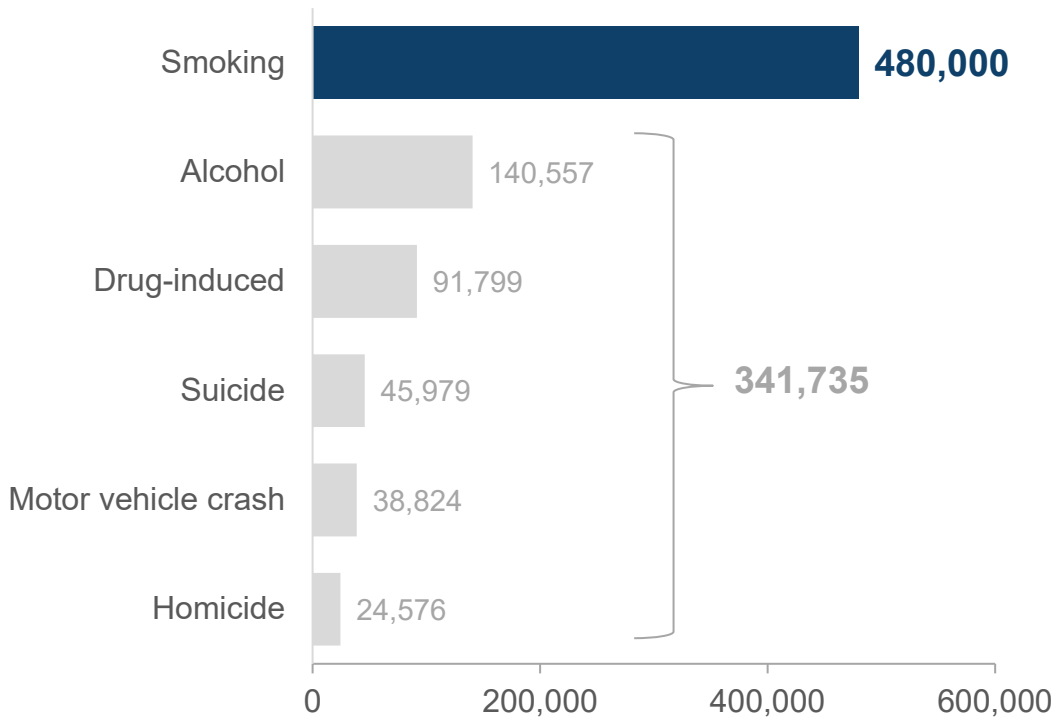
Sacred tobacco is either burned or sometimes burned in a pipe and held in the mouth during prayer. It may also be used for medicinal purposes, to smudge, or as a gift.¹³



TOBACCO IS THE LEADING CAUSE OF PREVENTABLE DEATH

Smoking cigarettes contributes to the most substance use and injury/violence-related causes of death in the United States.¹⁴

Leading substance use and injury/violence-related causes of death in the United States (2020)^{14,15,16,17,18,19}



Tobacco use remains the leading cause of preventable death in the United States.¹⁴ No type of tobacco is considered safe, and only nicotine replacement therapy approved by the FDA is considered safe, which does not include ENDS or synthetic nicotine.

While the number of deaths from COVID-19 are not included in this figure, the number of deaths from COVID in the US in 2020 was 350,854. This total is similar to the non-smoking related deaths in the gray bars – smoking caused more US deaths in 2020.²⁰

The 2020 number of COVID deaths in North Dakota was 1,159.²¹

NORTH DAKOTA TPCP'S COLLABORATIVE APPROACH

The vision of the TPCP is: All North Dakotans deserve the opportunity to reach their full health potential no matter where they are born or live.

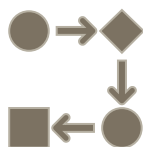
Mission

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.

Sustained Change



Policy and ordinance changes to protect North Dakotans from secondhand smoke and vapor.



Systems change through integration of nicotine dependence treatment in health systems and with payers.



Environmental changes are integrated into specific contexts (e.g., schools, worksites) to reduce tobacco use.

Funded partners

28 *Local Public Health Units (LPHU)*
Funded to provide tobacco prevention, cessation support, and support for local policy change, education and enforcement.

23 *Health care sites/clinics*
Funded to provide education on nicotine dependence and cessation support.

2 *Indigenous partners*
Funded local lead agencies: University of North Dakota to collect tribal-specific and tribal lead data collection on tobacco use and a contractor from Turtle Mountain leads the Smoke-Free Casino project and community efforts.

4 *Additional contractors*
Funded to provide media, NDQuits services, external evaluation and research.

Ingenuity of TPCP

During the 2021-2023 biennium, the TPCP has demonstrated considerable ingenuity, despite challenges presented by the COVID-19 pandemic. The examples provided in this section exhibit creative efforts to use data to inform tobacco control that is tailored to the North Dakota context and specific priorities.

- *Expanding the work of a pharmacist provider*
- *Creation of tobacco data dashboard*
- *Building tribal coalition*
- *TFND education webinar series*
- *North Dakota-specific Maternal Tobacco Program*
- *PDA assessment of smoke-free support*

1

TOBACCO IMPACT: NEW PROGRAMS SUPPORT CESSATION

Addressing cessation and nicotine dependence has a positive impact on families

“

I continue to not smoke for [my triplets] and keep them safe and keep them healthy, so they don't get secondhand smoke or anything like that and overall for my health.

”

- Amy Fossum, mom of triplets who quit tobacco after participating in the Maternal Tobacco Program at Sanford Health



EXPANDING THE WORK OF THE PHARMACIST PROVIDER

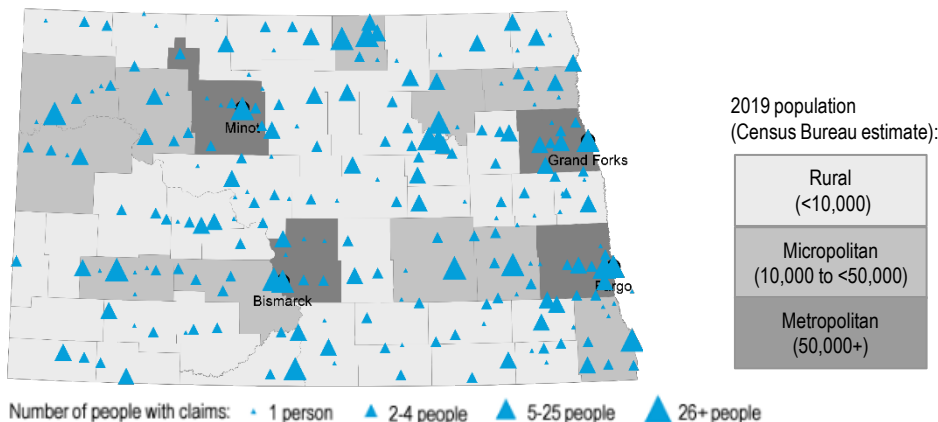
Senate Bill 2221 during the 67th legislative session (2021) allowed pharmacists independent authority to provide immunizations and tobacco cessation therapy.

North Dakota Health and Human Services (HHS), North Dakota State University (NDSU) College of Pharmacy, and the NDQuits contractor created an approved training to expand the pharmacist's role of prescriptive authority. This one-hour online, on-demand module is available for free.

HHS partnered with the Collaboration and Advancement in Pharmacy (CAP) Center at NDSU College of Pharmacy to support the Pharmacists Service Enhancement Project (PSEP). The PSEP is a collaboration with North Dakota pharmacies to expand tobacco/nicotine addiction treatment services to include counseling in rural and urban communities.

The importance of expanding pharmacist's ability to treat nicotine addiction is underscored by the following map. Medicaid claims come from North Dakotans across the state, as shown on the following map.

Number of people with ND Medicaid pharmacy claims for tobacco cessation 2020-2021²²



"Tobacco use continues to be a problem across North Dakota. With pharmacists being the most accessible health care providers, it is our hope that we can learn from and train pharmacists to become primary providers of tobacco cessation services. Leveraging the CAP Center Core Principles of Implementation, we will learn about barriers to implementing the services in pharmacies, and design solutions to overcome those barriers. Over time, we are hopeful that this program will grow and expand so that provision of comprehensive tobacco cessation services is the norm in North Dakota pharmacy practice."

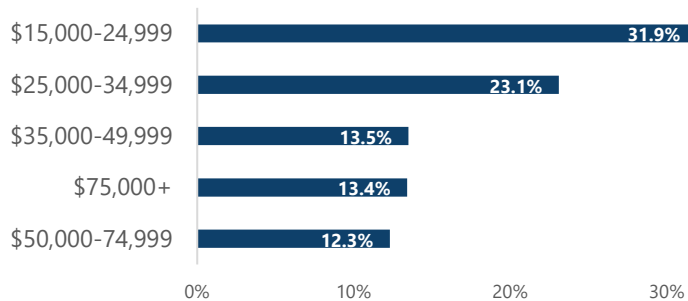
- Brody Maack, NDSU faculty and pharmacist

CREATION OF TOBACCO DATA DASHBOARD

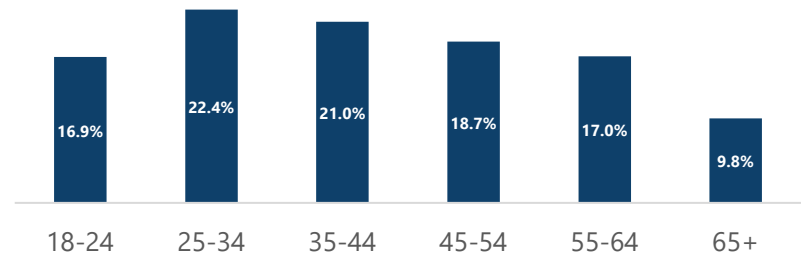
The TPCP worked with the Health Statistics and Performance Section to create an interactive dashboard for North Dakota tobacco-related data.

The dashboard provides a readily accessible source for most used tobacco-related data in North Dakota. This is particularly important to understand the varied tobacco use by factors such as income and age, as displayed below.²³

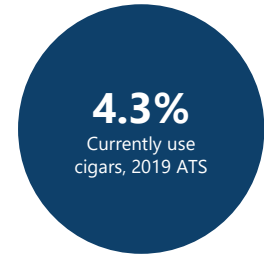
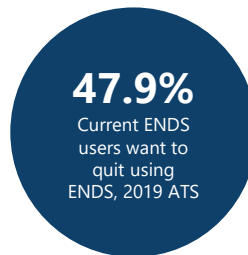
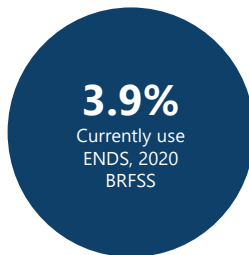
Adult Cigarette Smoking by Income & Year (BRFSS, 2020)



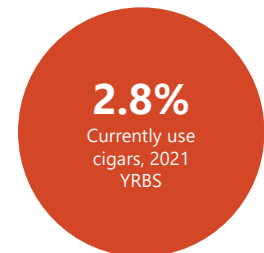
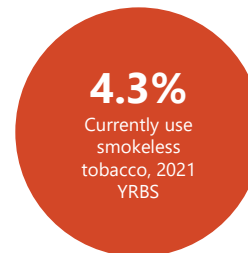
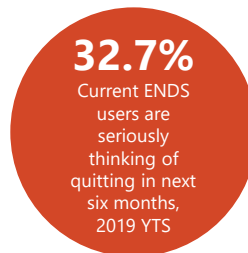
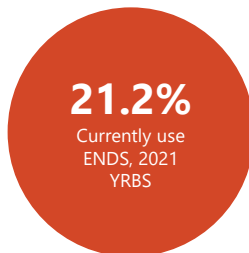
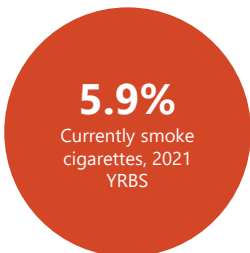
Adult Cigarette Smoking by Age Group & Year (BRFSS, 2020)



Adults
(age 18+)



High school
(grades 9-12)



TRIBAL COALITIONS

Coalition trainings are opportunities to build active support in communities.



Kara Hickel, Health Communications and Equity Specialist at HHS
Ray O'Leary, Cheyenne River, South Dakota
Stephanie Jay, Tribal Coalition Coordinator



Čanġi Coalition's Tribal Tobacco Toolkit,
<https://www.findyourpowersd.com/toolkit>

Missouri Breaks Industries Research Inc., TFND, Turtle Mountain Band of Chippewa Indians, and HHS are collaborating to conduct tribal coalition-building activities – with **specific materials customized for tribal needs**.

The first in-person training was in August 2021 with Rae O'Leary from Missouri Breaks. Efforts were expanded with a second training, held in Bismarck in September 2022. This partnership incorporated support from TFND and the North Dakota Smoke-free Casino and Tribal Coalition Coordinator. All four North Dakota Tribal Health Departments were represented at the 2022 training.

Efforts moving forward will continue to build upon these trainings, building active support in tribal communities across the state to prevent and reduce commercial tobacco use.



First TFND Coalition training in Bismarck, Fall 2022
All four reservations were represented, and future meetings will happen quarterly.

TOBACCO FREE NORTH DAKOTA (TFND) EDUCATION WEBINAR SERIES

Interactive virtual webinars held to educate tobacco prevention and control partners.

The TPCP has embraced the virtual environment to connect with grantees in a manner that is accessible across the state. The requested trainings on a variety of topics related to the TPCP state plan and guidance documents are listed on page 8. This medium has allowed an agile approach to gathering coordinators across the state for dialogue and sharing. Working with TFND, the TPCP has established a robust collection of educational options with plans to continue to provide these to grantees. The presentations are recorded and the information is helpful for new TPCP partners' staff as they are onboarded.

Within one year, eight trainings have been developed, and are available on TFND's YouTube page (hyperlinks below):

- [How to Present for Youth](#) (November 2021)
- [Media Training](#) (December 2021)
- [Creating Sound Tobacco Policies](#) (January 2022)
- [Cessation](#) (March 2022)
- [Coalition Building Part 1](#) (April 2022)
- [Coalition Building Part 2](#) (May 2022)
- [Connecting with Policymakers ft. ACS-CAN](#) (July 2022)
- [Quit Week Lessons Learned](#) (August 2022)

"The webinar series is a true collaboration with TFND and DHHS to help partners. It brings the information full circle."

– Heather Austin, TFND Executive Director



NORTH DAKOTA-SPECIFIC MATERNAL TOBACCO PROGRAM

The TPCP created the Maternal Tobacco Program (MTP) in 2021 to provide unique support to pregnant and postpartum women.

The MTP offers face-to-face quit coaching and support to pregnant women. MTP facilitators assist women to develop a quit plan, which is managing cravings and withdrawal symptoms as well as planning for and avoiding trigger situations. MTP participants meet with the facilitator five times when pregnant and monthly for six months after delivery. Facilitators test for abstinence at each session and provide financial incentives when quit during the last prenatal session and the six monthly postpartum sessions.

During COVID-19, in-person sessions became challenging and MTP sites began to offer telehealth sessions. Sharon Laxdal, a registered nurse at Walsh County Health District (WCHD), provides in-person and continues telehealth MTP sessions to serve MTP participants beyond Walsh County. For example, Ms. Laxdal conducts telehealth sessions with a mom from Cando. The mom tests at the Woman's Care Center in Devils Lake.



Sharon Laxdal, WCHD



“ I look back at all of the previous times I tried to quit, and I can see I would use every excuse I could to buy again or bum one. This time I asked myself why am I bringing these kids into this world then turning around and doing something that may take me away from so many of their special moments?

I didn't look at it like I was missing something. I looked at each routine habit as just one I had to break then I could do it every time. Thanks to everyone at Sanford for being there for me!

- Paige Tuhy, Fargo, Maternal Tobacco Program participant in 2022



ASSESSMENT OF COMMUNITY SMOKE-FREE SUPPORT

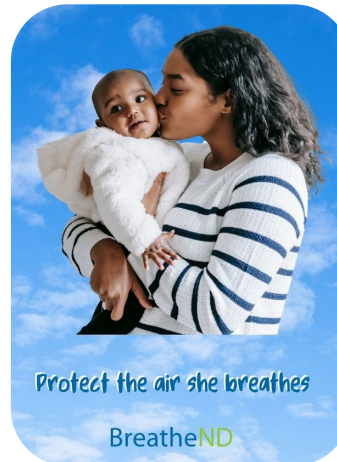
Every North Dakota county voted in favor of the smoke-free air law in 2012, and every state level survey conducted has found more than 75% of residents continue to favor the law. ²⁴

In 2022 the contracted external evaluator, Professional Data Analysts (PDA), developed a policy readiness tool based on the peer-reviewed literature and previous North Dakota-specific evaluation findings. The broad takeaway from the results of this assessment is that there remains strong support in favor of the law, as well as some gaps in understanding the current smoke-free air law. The law has been in place for over a decade statewide and even longer in some localities.

North Dakota's smoke-free law:

- Prohibits use of cigarettes and electronic cigarettes in all enclosed areas of public places and places of employment.
- Defines enclosed area as all space between a floor and ceiling that has 33% or more of the surface area of its perimeter bounded by opened or closed walls, windows, or doorways.
- Prohibits use of cigarettes, including electronic cigarettes, if within 20 feet of entrances, exits, operable windows, air intakes and ventilation systems of an establishment in which smoking is prohibited by the law.

The entire law is located [here](#), Century Code 23-12-09 through 23-12-11.



“

I think most people would be concerned about keeping it smoke free, once they hear about the potential to change. I hear people all the time saying they are happy they can go out places and not smell like smoke or breathe in smoke from others.

”

Community survey
respondent, Spring 2022

ASSESSMENT OF COMMUNITY SMOKE-FREE SUPPORT: THE FUTURE

*Only 22% of community respondents reported that most members in their community understood the health impact of potential exemptions.*²⁵

North Dakota's smoke-free law has been highly successful in changing social norms – there is a whole generation that does not know what it's like to have smoke-filled air in restaurants and public places. The social norms that other generations experienced prior to the passage of the smoke-free air law is not the experience of a growing number of North Dakotans. This is certainly a point of celebration as well as a challenge for the education of how important this law is to the wellbeing and health of residents.

TPCP partners have **strong commitment and determination** to protect the ND smoke-free air law from exemptions. Results from the organization section of the assessment found:²⁵

100% **want** to protect the law

97% **are determined** to protect the law

97% **are committed** to protecting the law

“

*There is smoking and **vaping happening in doorways of business and apartment buildings** on a regular basis. Also, as one who works in smoke-free housing and am a renter in ND, I see smoking happening in hallways all the time as well. **The average elected official has no idea what the tobacco laws are, so why should the general population?***

”

“

*Most people understand they cannot smoke indoors; however, I am not sure they understand this **extends to vaping.***

”

“

*... When I reviewed the law before completing this survey **there was information that I was not aware of**, for example, the responsibilities of proprietors to post signage, the penalties involved for various violations, and I hadn't given much thought to outdoor eating places - like sandwich stands. However, I am not a smoker and that may be why I have not familiarized myself with many of the finer details.*

”

TPCP is Enterprising

Challenges have been reframed as opportunities for the TPCP. In this section, work of the TPCP that has proven to be effective, contextually relevant, and resourceful are highlighted.

- *NDQuits is effective and cost efficient*
- *Number of Tobacco Treatment Specialists (TTS) increased during the pandemic*
- *Quit Week optimized social media messaging*
- *Youth Action Summits engaged youth across the state*
- *In-person and virtual education*
- *Long-standing partnerships*

2

TOBACCO IMPACT: IT'S NEVER TOO LATE TO QUIT

Quitting nicotine dependence is possible, especially with evidence-based support

“

[After smoking for over three decades...] I was a good smoker, I mean I looked good, I could play cigarette tricks, I blew the best smoke rings. I've lived, and smoked, long enough to have smoked on airplanes. I smoked in a grocery store. I smoked in a hospital waiting room!

As society progressed and moved on and smoking became a little more taboo, my smoking habit became more of a solitary thing, and I'm not a solitary type guy.

My older sister developed lung cancer, and I watched the courage and dignity with which she fought that disease. [Jay quit the day before Mother's Day in 2015]

With the right inspiration, the right motivation, maybe a nicotine lozenge or patches, it's not that hard to do. Life is so much better on the other side.

”


- Jay Davis, Minot radio and former smoker




NDQUITS HELPS NORTH DAKOTANS QUIT

Since 2004, the quitline has provided evidence-based tobacco counseling and nicotine replacement therapy to North Dakotans ready to make a quit attempt.

Nearly 2,000 unique North Dakotans utilized the state's quitline, NDQuits, annually during this biennium. Among the survey respondents who used tobacco when they enrolled in NDQuits and who received evidence-based service from the program (NRT or a counseling call):²⁶

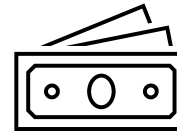
 **87%** Quit tobacco for at least a day during the 7 months since using NDQuits.

 **37%** Quit tobacco for at least 30 days during the 7 months since using NDQuits.

 **33%** Quit tobacco for at least 30 days during the 7 months since using NDQuits when ENDS use was included as tobacco use.

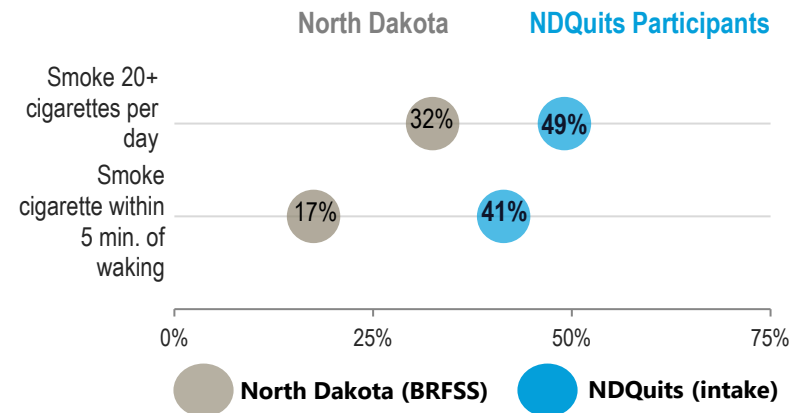
These quit rates meet the NDQuits goals (7-month and 30-day quit rate, North American Quitline Consortium (NAQC) benchmark) of 85% and 30%, respectively. A strength of NDQuits is **enrollees who get treatment go on to quit at standard rates**. Further, it appears **use of ENDS may make quitting tobacco more challenging**, given the lower quit rate.

NDQuits is consistently cost effective.



For every \$1 spent on NDQuits, North Dakota saves \$2.57 - \$2.89 under the current tax rate (\$0.44 per pack).²⁶

NDQuits reaches highly addicted tobacco users.



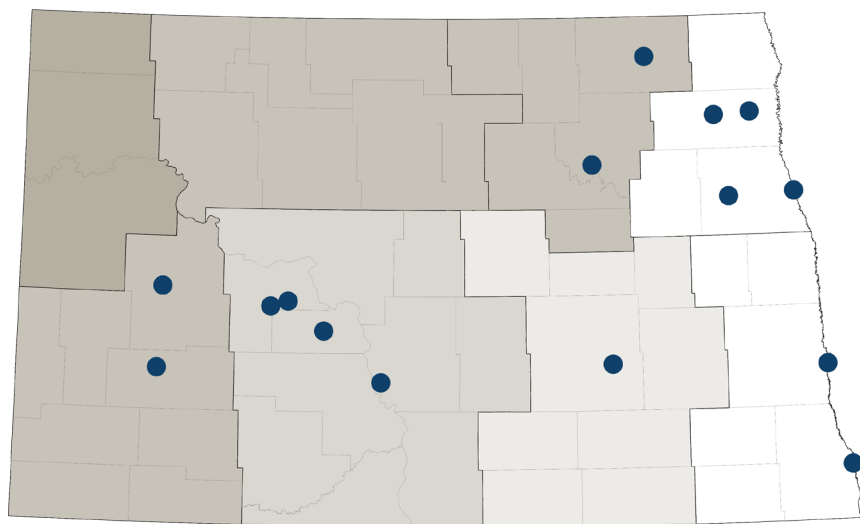
NDQUITS BUILDS ON CAPACITY WITHIN THE STATE

North Dakota-specific grantees and counselors provide evidence-based cessation support across the state.

NDQuits Cessation Program (NDQC) grantees and other TPCP-funded grantees effectively refer tobacco users to NDQuits. The prevalence of tobacco use varies across the state, with higher prevalence on the western side of the state.

97% of referrals to NDQuits come from TPCP grantees.²⁶

Prevalence of tobacco use (BRFSS, 2021) overlaid with NDQC grantee locations



Tobacco use by region:

○ <19% ○ 19% - 22% ○ 23% - 26% ○ 27% - 30% ○ 30% +

NDQuits is one of the only quitlines in the nation to use counselors for the general protocol that are located within the state; NDQuits counselors are at the University of North Dakota (UND). This is beneficial in reaching the varied needs of North Dakotans using NDQuits to support their cessation efforts.²⁶

50% reported at least one **behavioral health condition** (e.g., anxiety disorder, depression disorder, bipolar disorder, alcohol/drug abuse, schizophrenia).

57% of 18–24-year-old enrollees **reported vaping** at intake.

The NAQC conducts an annual survey of quitlines across the nation. North Dakota is consistently on par with the national standard on many data points and exceeds the average number of calls. The national average is 2.8 calls per enrollee.

3.9 calls is the average for NDQuits enrollees, about one more call per enrollee than the national average.

TREATMENT FOR TOBACCO AND NICOTINE MAINTAINED AND RECOVERED SINCE COVID

NDQuits well-serves highly addicted cigarette users but could better reach other groups

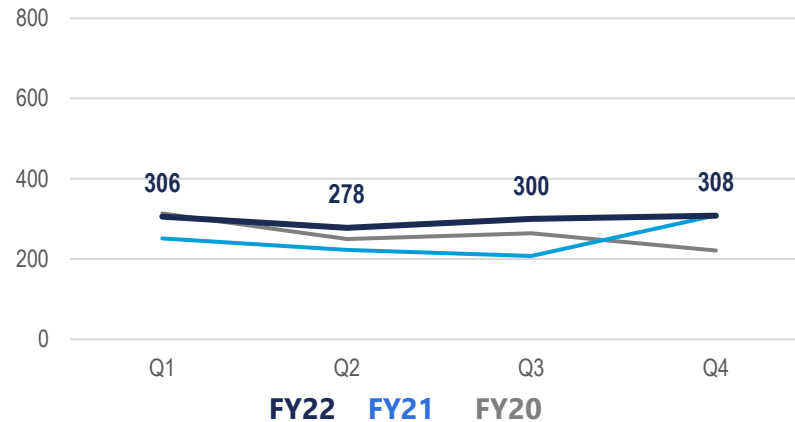
The figure on the right shows the total number of patients referred to NDQuits by NDQC Grant Program grantees per quarter. The NDQC Program has twenty current grantees across the state.

The total number of patients referred to NDQuits in the fiscal year 2022 (n=1,192) is higher than in the previous two fiscal years (992 patients in 2021 and 1,049 in 2020).²⁷

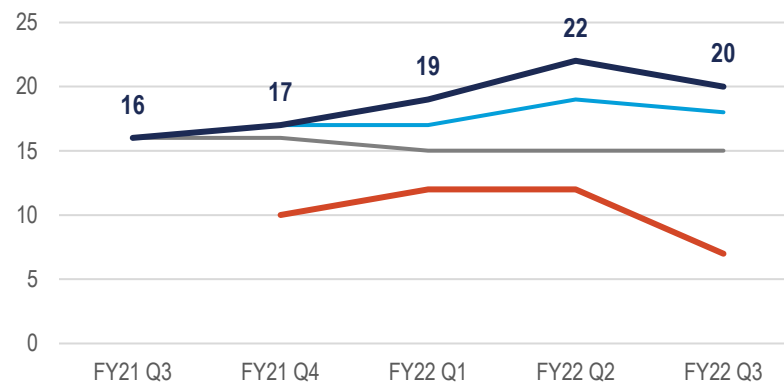
The NDQC grantees also address ENDS use and vaping. This includes:

- Asking patients if they vape.
- Providing tobacco treatment (counseling, NRT) to those who only vape.
- Treating patients who vape and use combustible tobacco products (dual use).

Number of patients referred to NDQuits across grantees



Number grantees addressing ENDS/vaping



Ask patients if they vape | Provide TTS to those who only vape | Provide NRT to those who only vape | Treatment for dual use

THE NUMBER OF TTS INCREASED DURING THE PANDEMIC

Despite a global pandemic, the number of TTS in North Dakota increased during the biennium.



May 2022 TTS Group Photo



October 2022 TTS Group Photo

During this biennium, the Mayo Nicotine Dependence Center conducted three TTS trainings – one virtual in November 2021 and two in-person trainings in May and October 2022. This **added nearly 100 TTS** at various health systems and organizations.

Attendees include respiratory therapists, nurses, addiction counselors, pharmacists, social workers, and providers. Common feedback includes that attendees have increased their competence and confidence in addressing tobacco use with clients and patients.

Increasing the TTS in the state provides increased opportunities for North Dakotans who use tobacco and nicotine products to receive counseling from a health care provider.

"This course was so beneficial, and the instructors were amazing!"

"[This training] greatly increased my knowledge and excitement about offering and talking about tobacco [treatment] with patients."

QUIT WEEK OPTIMIZED SOCIAL MEDIA MESSAGING

Since 2020, local public health units and other TPCP partners worked together to raise awareness about the harms of tobacco use and to promote quitting.

Quit Week is a coordinated media campaign that educates on cessation resources available to North Dakotans and encourages North Dakotans that use tobacco to make a quit attempt. Messages are coordinated and shared via social media (Instagram, Facebook, Snapchat, YouTube), broadcast TV, radio, digital media, billboards, newspapers, and earned media. From 2020 to 2022, the “It’s Quitting Time” brand was established, and engagement per post has improved.²⁸

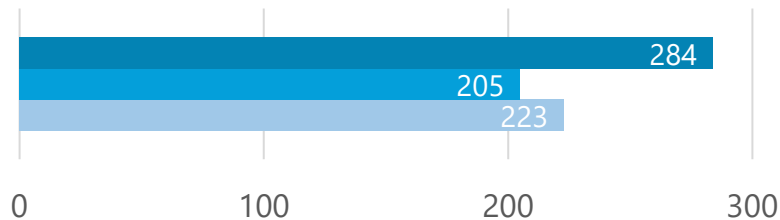


Family HealthCare staff wearing Quit Week shirts, May 2022

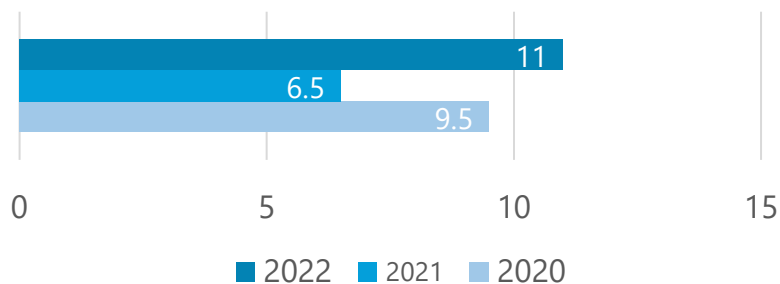


Layn Sabot from Heartview Foundation with a client, June 2022

People reached per post, by year



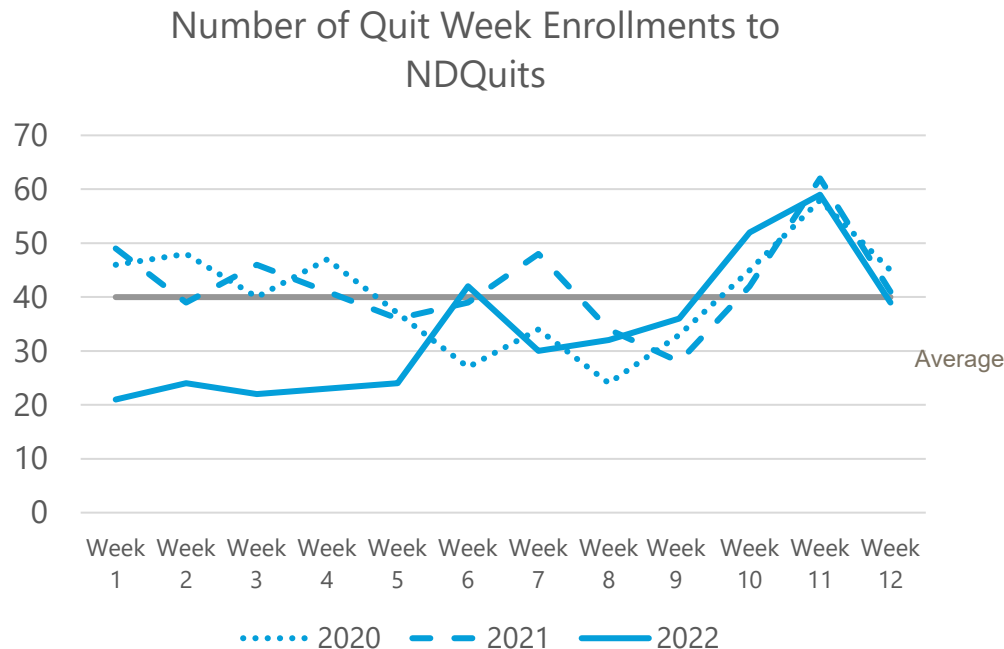
Average engagements per post, by year



QUIT WEEK EFFECTIVELY PROMOTES CESSATION

In 2022, there was a 64% increase in NDQuits enrollments during the last week of the campaign.

The number of enrollments to North Dakota's quitline, NDQuits, increased during the statewide Quit Week media campaigns. There were 18 more enrollments than the average over 12 weeks leading up to and during *Quit Week* in 2020 and 21 more enrollments over a similar period in 2021. For 2022, there was a 64% increase in NDQuits enrollments during the week.²⁹



Maximizing limited resources, the North Dakota TPCP partnered with 50+ state and local organizations to **coordinate** and **amplify** the *Quit Week* messaging to all parts of the state.

- The statewide tobacco coalition, **TFND**, provided partners with promotional and social media materials targeted to priority groups, such as American Indians, pregnant women, or youth.
- Use of a contracted **media vendor** allowed for consistent messaging statewide.
- All 28 **local public health units** (LPHUs) across the state promoted *Quit Week* in their communities and to the public through multiple promotional strategies, including social media, print media, broadcast, radio, TV, and billboards.
- **Local coalitions and community members** helped spread the message within their professional networks and through their personal relationships.

YOUTH ACTION SUMMITS

Two Break Free Youth Action Summits (YAS) took place during the biennium, with both happening during 2022 due to a COVID-19 delay. A total of 326 high school students from across the state participated in one of these Summits.



Fall 2022 Break Free YAS in Bismarck. Representatives Glenn Bosch and Lawrence Klemin and candidate (now elected Senator) Sean Clearly participated.



Fall 2022 Break Free YAS in Fargo, organized by Bismarck Burleigh Public Health, Fargo Cass Public Health, TFND, and the TPCP.

The Break Free YAS has been a statewide annual event for the past five years. In the fall of 2022, a speaker was brought in from a national organization, Truth Initiative, whose focus was on supporting peers with quitting.

“

The Youth Action Summit provides me with tangible information and opportunities to advocate a tobacco-free lifestyle within my community.

”

Erynn, High School Senior from Bismarck and 4x Summit Attendee

“

We are excited to host the third Fargo Youth Action Summit. Youth involvement in tobacco prevention is critical and the summit will give students tools they need to take action and make a positive change, both in their communities and throughout the state.

”

Annabel DeFault, Fargo Cass Public Health Tobacco Prevention Coordinator

IN-PERSON AND VIRTUAL EDUCATION

There are some key aspects of partnerships that are important in TPCP work, such as partnering across sectors and engaging health care professionals to maintain and increase tobacco and nicotine dependence treatment education. NDQC grantees plan education events.

Virtual options sustained trainings

7th Annual Nicotine Dependence Conference/Webinar Series

by CHI St. Alexius Health & Sanford Health – Bismarck

January 10 and 17, 2022

Flyer for the 7th Annual Nicotine Dependence Conference/webinar series, a collaborative effort of CHI St. Alexius Health & Sanford Health – Bismarck.

Webinar series – CEUs provided for RN, RT, Dentist, Dental Hygienist, and MD

Tobacco Treatment and Prevention Conference

Evolving Nicotine and Tobacco Products: The Emerging Challenges and How to Move Forward

May 10, 2022

REGISTER AT
CTIMaine.org/Conference

This year the Fargo Nicotine Dependence Conference collaborated with MaineHealth. North Dakota healthcare staff may attend for free on **May 10** only.

Flyer for the Fargo Nicotine Dependence Conference, which happened virtually in May 2022.

Virtual conference with national partners

In-person trainings resume



Brody Maack, PharmD, BCACP, CTTS, presenting at the August 2022 Badlands Symposium in Dickinson.

The pharmacist as a provider for tobacco treatment



Ed Larson, MA, CTTS, from the Southeast HSC presenting at the August 2022 Badlands Symposium in Dickinson.

The role of Human Service Centers (HSC) in nicotine dependence treatment

LONG-STANDING PARTNERSHIPS DEVELOP INTO MULTI-YEAR, MULTI-LEVEL PROJECTS

CHI St. Alexis Health has generated ripple effects that expand beyond the scope of singular projects

CHI St. Alexis Health started the NDQC Grant in 2012 and built their Tobacco Treatment Program (TTP) from the ground up with the support of the HHS. Their history with the NDQC Grant is full of successes and challenges. Each time a barrier was encountered, the TTP team persisted in maintaining exceptional patient care, building rapport with clinicians, expanding the program when they could, and providing education opportunities. A full case study is [available online](#).

When assessing factors contributing to CHI St. Alexis Health's TTP success, **four key components emerge:**³⁰



Tobacco use is considered and treated as a chronic disease.



A passionate team of dedicated TTS with a strong champion push the program forward.



Strong collaborations with HHS, other NDQC grantees, and their communities.



Persistence in achieving a successful program and adapting to changing contexts for their work.

QUIT SUCCESS STORIES

A patient that was counseled mostly via e-mail recently contacted her TTS for an update on her quit journey. This patient has been quit for seven years in May 2022.

A 79-year-old male was hospitalized for a stroke. He was a daily pipe smoker and quit smoking during that admission with assistance from one of the TTS. Almost a year later, this same gentleman was in the hospital again and remains tobacco free.

A 69-year-old female was admitted to the hospital for surgery. She was a current 3/4 pack per day smoker and has been counseled multiple times (dating back to 2018). The patient has tried many different combinations of pharmacotherapy for smoking cessation. She was enrolled in NDQuits when discharged. At the 2-week follow-up phone call, the patient continues to remain tobacco free. She has COPD as well, and her primary care provider states that her breath sounds have improved significantly since she quit.

TPCP Community Building

The effects of the pandemic and the changing world of tobacco and nicotine products have necessitated a recommitment to the partnership component of the TPCP. Coalition trainings, education around tobacco prevention and control, and data collection efforts to inform future work has been a primary focus during this biennium.

- *State and community collaboration*
- *TFND and vaping cessation support*
- *Vaping is a concern across the state*
- *Youth outreach and advocacy*
- *Community outreach and capacity building*

3

TOBACCO IMPACT: TPCP PARTNER

Tobacco effects all North Dakotans, including those that do not use tobacco or nicotine.

“ I have been impacted by commercial tobacco use since I was a young child. Although I have never used tobacco in any form, I grew up with parents who smoked, although never in our home. My mom quit smoking shortly after the ashes she flicked from her cigarette landed on my hand and burned my skin. I was eight years old at that time, and she didn't do it purposely. The wind was blowing hard that day, at the outdoor event we were attending.

My father continued to smoke until 6 years ago when he was rushed to the ER with a TIA. He quit "cold turkey" and remains tobacco free to this day; however, he was diagnosed with lung cancer in August 2021 and since his diagnosis, has been receiving chemotherapy and radiation.

In my professional life many of the consumers I work with use some form of tobacco or vaping device. We refer many of our consumers to the Southwestern District Health Unit for assistance with tobacco cessation and witness a growing number of consumers who develop chronic health issues such as: cancers, COPD, emphysema, increased blood pressure, diabetes, etc.

”

- Chantel Zeller, Region 8 Branch Office Coordinator, Dakota Center for Independent Living



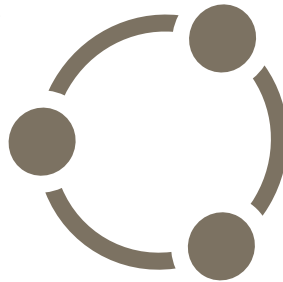
TPCP'S APPROACH RELIES ON STRONG STATE AND LOCAL COLLABORATION

TPCP is implemented by a cross-sector collaboration of individuals and organizations at the state and local levels. Each group plays a critical role in supporting and implementing TPCP activities, building on the strengths of one another's level of influence.

State program staff



Provide infrastructure to support collective TPCP activities (e.g., technical assistance, monthly calls, specific trainings, in-person meetings, site visits, and program administration).



Local TPCP grantees



Lead and engage a cross-sector coalition of local-level partners to implement TPCP strategies (e.g., manage mutually beneficial partnerships, and implement sustainable policies, systems, and environmental change).

TFND and other contractors provide support and content area expertise (e.g., evaluation, media, quitline, and policy).



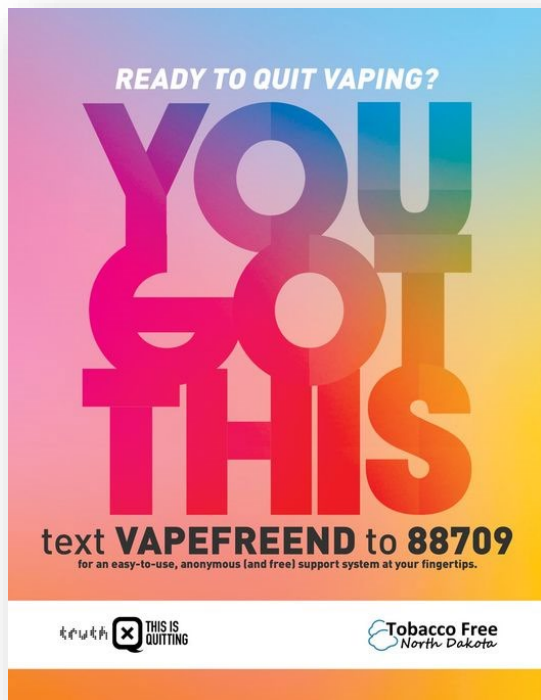
Local community partners

Collaborate with TPCP grantees to implement TPCP strategies (e.g., implement projects, participate in coalitions, and spread the word).

TFND OFFERS STATE-SPECIFIC QUITTING NICOTINE PROGRAM FOR YOUTH AND YOUNG ADULTS

On April 1, 2022, North Dakota began using and promoting an anonymous, free resource – This Is Quitting – for North Dakota youth and young adults aged 13-24.

This is Quitting sends users daily, age-appropriate messages tailored to their enrollment date or quit date, which can be set and reset via text message. The first messages they receive will ask for their age and product usage; messages are tailored based on that information.



Enroll by texting VAPEFREEND to 88709.

Those who are not ready to quit receive at least four weeks of messages focused on building skills and confidence. Users with a quit date receive one week of messages prior to that date and at least eight weeks of messages after their quit date. Users can text COPE, STRESS, SLIP or MORE throughout the program to receive instant support. Upon completion of the program, users receive periodic text messages from truth® and may continue to use supportive keywords.

Here's what some young people have to say:

"They make it seem like there is a way out of addiction." – Chase, teen

They encourage me not to JUUL, they offer alternatives when I get a craving. I started going to the gym and working out instead of JUULing. – Scarlett, young adult

They remind me there's no room to turn back to something harmful. – Meredith, young adult

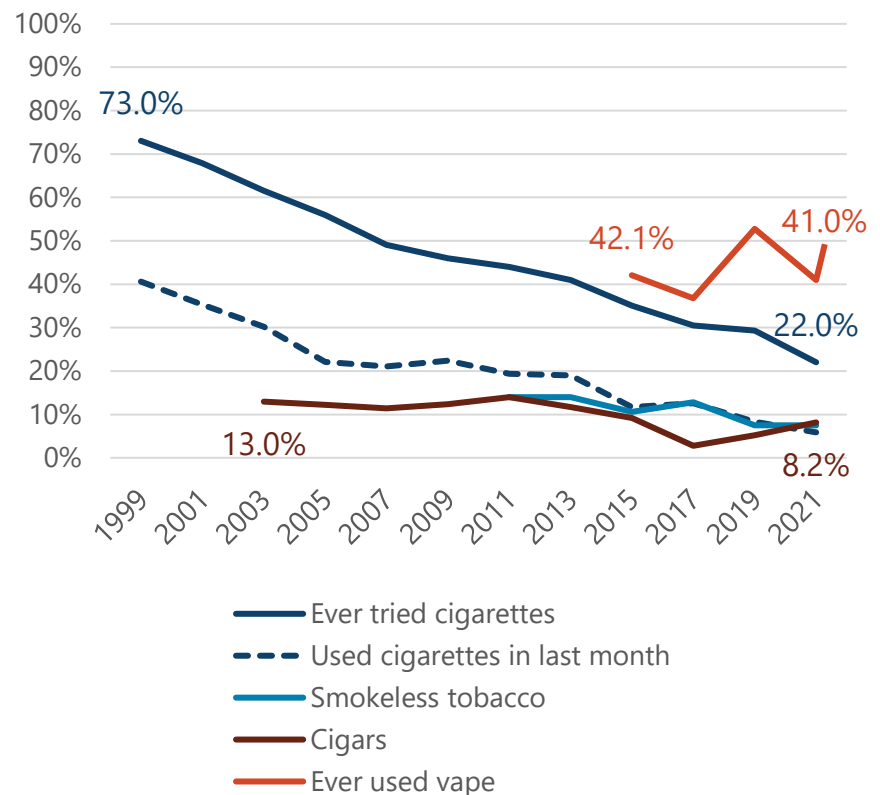
VAPING IS OF CONCERN TO MANY IN THE STATE

According to the 2021 Youth Risk Behavior Survey, 38.6% of North Dakota high school students have tried electronic vapor products. Education and quitting resources are vital to reverse this trend.

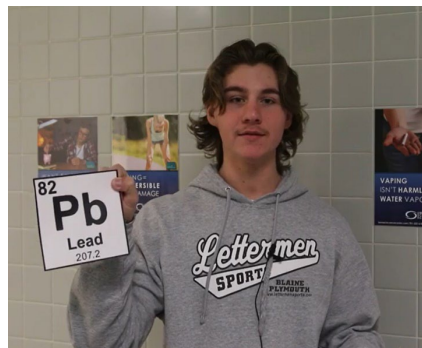
Cigarette use is down among high school students in North Dakota, though vaping rates are high.

Tobacco prevention and control has a strong evidence base and **demonstrated history of addressing nicotine addiction** through the prevention and cessation of combustible tobacco. This needs urgent attention and resources to address vaping while keeping the combustible product initiation on a downward trend.

North Dakota high school tobacco and vaping use (YRBS, 1999-2021)



NDQC grantee University of Mary promotes quitting and quit resources on campus on its Facebook for Respiratory Care Week in October 2022.



Ben Foster, TFND Video Essay Scholarship Contest Honorable Mention, "Do you think it's cool inhaling metals such as chromium, manganese, nickel, lead, and cadmium?"

YOUTH OUTREACH AND ADVOCACY

Big Tobacco Exposed is a College Graphic Design Contest by Bismarck-Burleigh Public Health (BBPH) and sponsored by TFND.



Emily Salvey, Bismarck State College



Jakki Honeyman, United Tribes Technical College



Teigen O'Rourke, United Tribes Technical College

Emily Salvey from Bismarck State College won this year's contest with this submission. TPCP partners provided the 2nd and 3rd place winners with their award, both were from United Tribes Technical College. (below)



Heather Austin, TFND, Emily Salvey, Jordyn Schaeftbauer, BBPH



Big Tobacco Exposed finalists and TFND and BBPH staff.

YOUTH OUTREACH AND ADVOCACY: NATIONAL YOUTH ADVOCATE OF THE YEAR

Madeline Erickson from Bismarck was selected as a national Youth Advocate of the Year by Campaign for Tobacco Free Kids.

A member of the Bismarck Break Free Youth Board, and a recent graduate of Saint Mary's Central High School, she was recognized by the Campaign for Tobacco Free Kids as a National Youth Advocate of the Year in 2021. Madeline held events at her high school, such as "Donut Day," which was a creative way to "Donut Smoke" and "Donut Vape." She also elevated the dangers of vaping and allowing cigars to be smoked in public settings currently protected by North Dakota's comprehensive smoke-free law.

“

I became an advocate because I believe everyone deserves the right to be educated about the dangers of tobacco and vaping.

In my testimony I advocated for the youth and how they would not be able to make this decision. And how they would be stuck with cigar bars, a place which would harm their health.

”

Madeline Erickson, Bismarck and CFTFK Youth Advocate of the Year, 2021



On September 29, 2021, Madeline Erickson from Bismarck was one of four youth to receive a Youth Advocate of the Year Award.



Madeline Erickson providing testimony to a legislative committee during the 2019 – 2021 biennial legislative session.

COMMUNITY OUTREACH

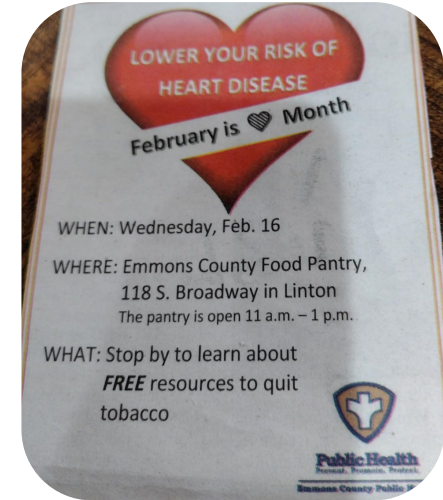
Grantees lead the way in educating their communities and providing local resources for prevention and cessation.



Sanford Medical Center Fargo campuses celebrate World COPD day and the Great American Smoke Out in November 2021. They provided gift bags, quit kits, and information for visitors and staff.



CHI St. Alexius Health COVID vaccination health fair in January 2022.



Emmons County Public Health offered free resources to Food Pantry consumers to quit tobacco for Heart Disease Awareness in February 2022.



Anabel DuFault, Fargo Cass Public Health and Officer Nielsen, School Resource Officer (SRO) presenting information on vaping to health care professionals in May 2022.



Chelsea Ridge, Upper Missouri Health District Health Unit discussing the Great American Smoke Out for local newscast in November 2022.

COMMUNITY OUTREACH: BUILDING CAPACITY

TPCP maintained the convening of partners, virtually and in person, throughout the biennium.

The TPCP is unique in that partners were convened, usually virtually, throughout the pandemic to ensure work on addressing tobacco use and nicotine addiction continued.

Throughout the biennium, despite many resources being diverted to address the global pandemic, the TPCP continued to convene and facilitate events, including strategically developed Quarterly Partners meetings. These convenings allowed work to continue in urgent areas, such as ENDS/vaping and the changing tobacco control landscape.

“

It takes a lot to maintain the relationships...lots of communication and talking with groups. Know what your ask is and what's in it for them. Meeting with a purpose. Allowing people to be as involved as they can.

Tom Volk, Drug Prevention Specialist at HHS

”

“

It is really about the relationships you have with people in your community.

Sue Kahler, Bismarck Burleigh Public Health

”

Addressing Electronic Nicotine Delivery Systems and Vaping in North Dakota

February 9 and 10, 2022, from 1:00-3:00pm CT

To register for one or both days of this free virtual summit, please visit <https://bit.ly/endsummit2022>

2.0 Contact Hours available in each session for TTS and ND RTs. This activity has been submitted to the Ohio Nurses Association for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. ©2019-001-971

DATE	TIME	TITLE	SPEAKER
FEBRUARY 9, 2022	1:00-1:30	Heated Tobacco Products (IQOS)	Jon Ebbert, MD Mayo Clinic
	1:30-2:00	ENDS and "harm reduction" pros and cons	J. Taylor Hays, MD Mayo Clinic
	2:00-3:00	Enhancing Mental Health Outcomes and Recovery from Substance Use Disorders by Addressing Smoking	Brian Hurley, MD, MBA, DFASAM President-Elect, American Society of Addiction Medicine
FEBRUARY 10, 2022	1:00-1:45	Say what?! THAT'S in my e-cig?	Kolby Schaeffer Fraese, DNP, RN-BC North Dakota State University Kelly Buettner-Schmidt, PhD, RN FAAN North Dakota State University
	1:45-2:30	FDA's Premarket Review Process: What's the Latest?	Natalie Hemmerich, JD, MPH Public Health Law Center
	2:30-3:00	A brief overview of recent and upcoming Legislative efforts	Heather Austin, Executive Director Tobacco Free North Dakota

Tobacco Free North Dakota

NORTH Dakota Health
Be Legendary.

Education about vaping continued throughout the biennium. The ENDS Summit continued during the pandemic; this Summit was started in 2019, and the past two have been held virtually. This event is free to attendees and the virtual format made it accessible to partners across the state.

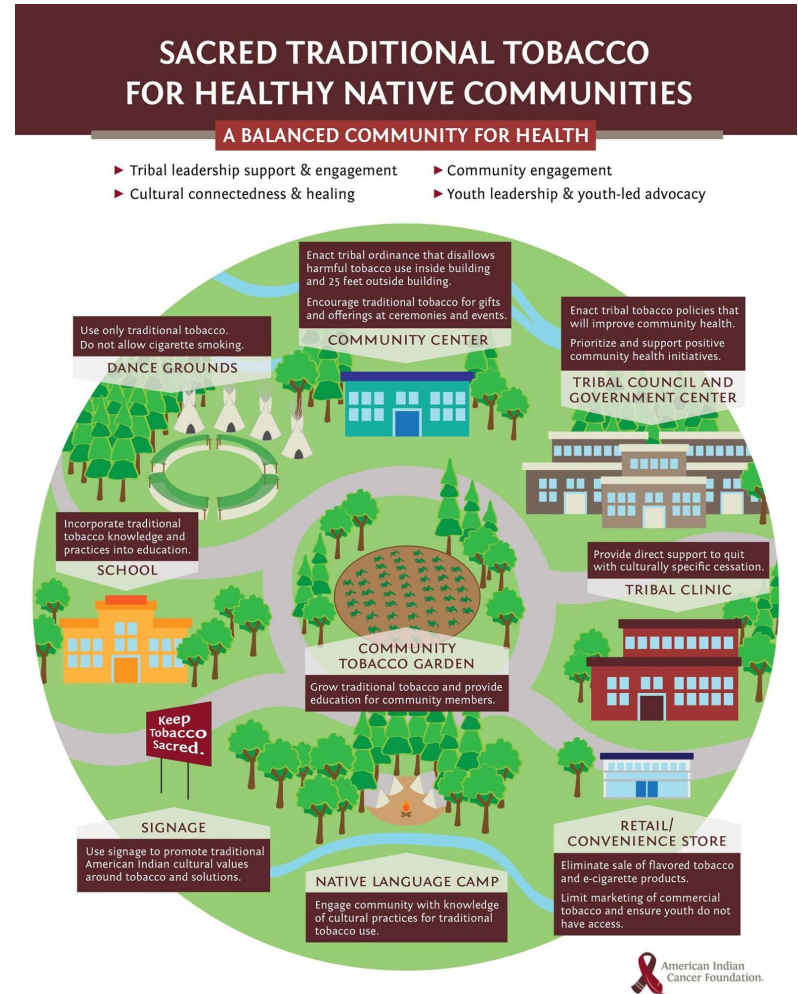
SACRED TOBACCO EDUCATION AND DATA COLLECTION

Supporting Tribal Sovereignty within the context of Tribal Health

The American Indian Adult Tobacco Survey, in partnership with University of North Dakota, will provide accurate data on tobacco use in North Dakota's tribal nations. This data will inform future work, led by each sovereign nation and supported by the TPCP.



- 2019.** Initial project development strategy, expectations between the TPCP and UND.
- 2020.** Project coordinator training with the American Indian Cancer Foundation.
- 2021.** Tribal Council approval and IRB for MHA Nation, hiring and training Indigenous staff.
- 2022.** Completed data collection in MHA Nation. Standing Rock IRB obtained and data collecting in process.
- 2023.** Partner with the other two tribal nationals to complete survey, plus one urban area.



From <https://keepitsacred.itcmi.org/tobacco-and-tradition/traditional-tobacco-use/>



Opportunity sparked by TPCP

There are several opportunities that are in progress and that will continue to facilitate work conducted during the next biennium. These are highlighted in the following pages.

- *Agency integration to collaborate on retailer training, ND Medicaid, and expanded tobacco use treatment*
- *HHS and Mayo Clinic virtual interactive educator training*
- *Lung cancer prescreening in tobacco use treatment*
- *Vaping research*

4

TOBACCO IMPACT: FORMER TOBACCO USER

Quitting tobacco can take many attempts. It is never too late to quit tobacco to see positive impacts on quality of life, and overall mental and physical health.

“

We recently had a patient who was seen in our outpatient tobacco program after a recent hospital stay. He had been smoking 3 packs of cigarettes per day for more than 35 years. He was recently able to cut back to 4 cigarettes per day and a month after than on September 15th he became tobacco free after countless attempts at trying to quit on his own.

As healthcare professionals we know that quitting tobacco is one of the most important things a patient can do to improve their health regardless of their age, or how long they have been smoking. Helping our communities quit using tobacco products makes a direct impact of state and our local economy.

- Michelle Earl, Altru Health System

”



NORTH DAKOTA HHS AGENCY INTEGRATION SUPPORTS EXPANSION OF COLLABORATION AND PARTNERSHIPS

The North Dakota Department of Health and the North Dakota Department of Human Services were integrated on September 1, 2022, allowing for expanded collaborations.

Retailer training and support

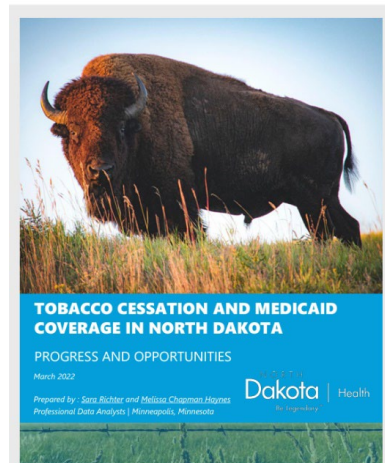
Retailers across the state remain critical partners in tobacco prevention and control efforts. Since 2017, the TPCP has partnered with Substance Abuse staff at the state to implement retailer education, compliance, and support and technical assistance with signage.

The federal (2019) and North Dakota (2021) passage of Tobacco 21 laws, combined with COVID 19–related staffing challenges in retail environments, may have contributed to increased failure rates of retail sales of tobacco products to underage purchasers during law-enforcement compliance checks. These failures may be an opportunity for HHS to expand collaborative efforts to work with communities and retailers to address these threats to North Dakota youth effectively.

North Dakota Medicaid and TPCP

In 2022, these two offices collaborated to share data and conduct analysis into the use of tobacco cessation benefits by North Dakotans using Medicaid.

Some results are shared in this report; the full report is available [here](#).



Expanded tobacco use treatment

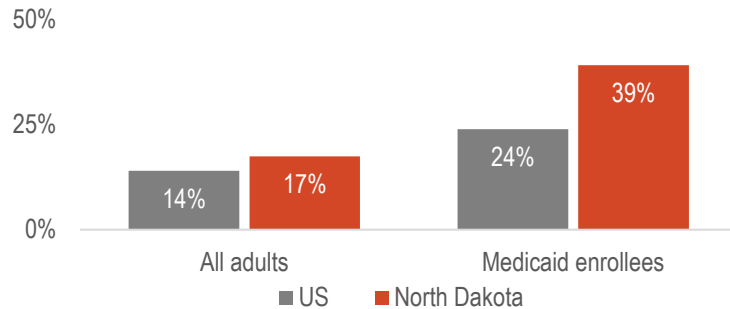
The infrastructure built over the past decade through the NDQC has laid the groundwork for expanded tobacco use treatment, including through partnerships with pharmacists (discussed in the “Ingenuity” section of this report).

Expanded work has also included tobacco use treatment as part of lung cancer screening efforts. Work conducted at one of the NDQC grantee sites, Altru, is continuing through TPCP support.

COLLABORATION AND DATA SHARING BETWEEN TPCP AND NORTH DAKOTA MEDICAID

Data monitoring informs discussions and future programmatic decisions by both programs.

Cigarette smoking rates are higher in **North Dakota** than in the **U.S. overall**, even more so among **Medicaid enrollees in North Dakota** than in the **U.S. overall**.²²



North Dakotans are utilizing cessation coverage across the state, though the western part of the state has fewer claims. According to the 2020 Annual Technical Report of the North Dakota Medicaid Expansion Program, patients using tobacco are being advised to quit and discussing cessation medications at lower rates than the national benchmarks.³¹

CAPHS Metric (rolling 2-year averages)*	2019 Rate	2020 Rate	Compared to Benchmark
Advising smokers to quit	76.9%	75.2%	◆
Discussing cessation medications	52.1%	51.8%	◆
Discussing cessation strategies	48.1%	50.0%	◆◆

* Table taken from 2020 annual technical evaluation report

◆ MCO rate is equal to or exceeds the national average, but does not meet the 75th percentile

◆◆ MCO rate is below the national average

Major milestones in Medicaid coverage

- 2010 ● The Affordable Care Act required Medicaid programs to cover tobacco cessation counseling and medications for pregnant women.
- 2014 ● North Dakota Medicaid adopted the Medicaid eligibility expansion criteria. The Affordable Care Act prohibits state Medicaid programs from excluding any of the seven FDA-approved tobacco cessation medications (Chantix, bupropion, nicotine patches, nicotine gum, nicotine lozenges, nicotine nasal spray, and nicotine inhaler) from traditional Medicaid coverage.
- 2020 ● North Dakota Medicaid removed the requirement for prior authorization from a physician, making cessation medications more widely available.
- 2022 ● North Dakota Medicaid expanded tobacco cessation counseling coverage to include all enrollees.

BEHAVIORAL HEALTH AND HUMAN SERVICE CENTERS (HSC)

Behavioral Health Treatment facilities at HSCs

Behavioral health services in North Dakota are provided through eight HSCs, the North Dakota State Hospital, and through contracts. There are a total of 106 North Dakota behavioral health facilities included in the 2020 National Survey of Substance Abuse Treatment Services (N-SSATS); 98 were eligible and 87 were included in the 2020 report. In late 2020, all eight Regional HSC finished a rigorous accreditation from the Council on Accreditation for outpatient behavioral health services. This infrastructure is important in providing high-quality outpatient services for North Dakotans across the state.

A Tribal Community Public Health Survey 2020 identified a specific need to develop additional capacity for behavioral health and for substance abuse programs for tribal populations in the state.³²

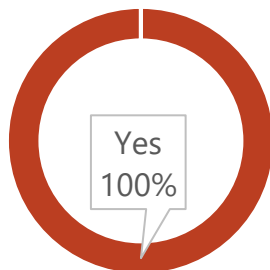
75% of the state's Federally Qualified Health Centers are funded by the NDQuits Cessation Grant Program.

17 TTS are at the Southeast HSC and eight are Certified TTS. There is one TTS on each behavioral health team.

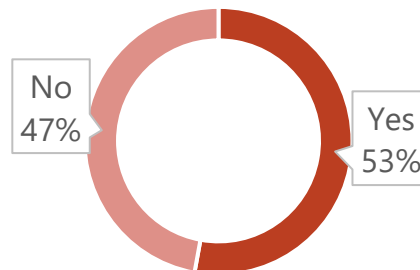
30% of Southeast HSC consumers are being reached by TTS, or about 810 of their 2,700 consumers.³⁴

Of the 87 behavioral health facilities included in the N-SSATS:³³

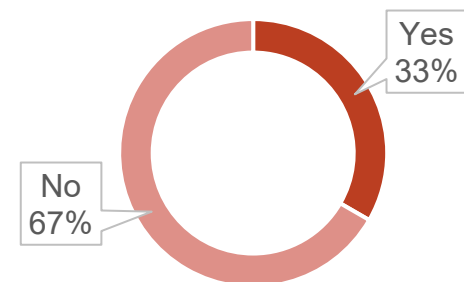
Smoke-free policy is in place at all HSC



Health system changes that support cessation



Offers medication for tobacco treatment




HEALTH AND HUMAN SERVICES AND MAYO CLINIC VIRTUAL INTERACTIVE EDUCATOR TRAINING

Educators working with youth and young adults desire more information on vaping and nicotine addiction.

The TPCP and Mayo Clinic Educator Training will address:

- Different ENDS/vape devices
- How nicotine affects the adolescent brain
- Neurobiology of addiction and its effects on mental health and other drugs
- Withdrawal symptoms

Further, educators will learn about motivational interviewing, referring to outside evidence-based resources, and preparing for real life student scenarios.



Addressing Youth and Young Adult Nicotine Dependence in North Dakota

NDQuits and Mayo Clinic present a free, virtual, and interactive training for school and university staff.

You will learn how to:

- Recognize electronic nicotine (vape) devices
- Understand brain development and the impact of nicotine on mental health, cognition, other drug use, and addiction
- Identify strategies for intervention and engaging adolescents and young adults with a restorative approach

LUNG CANCER IS THE #1 CAUSE OF CANCER DEATHS FOR NORTH DAKOTA MEN AND WOMEN ³⁵

Tobacco use is the leading risk factor for lung cancer. Risk increases by smoking and being exposed to secondhand smoke.



The U.S. Preventive Services Task Force recommends annual screening for lung cancer in adults aged 50-80 years old who have a 20 pack per year smoking history and currently smoke or have quit in the past 15 years.

State of Lung Cancer in North Dakota, 2022 Infographic – North Dakota’s ranking as compared to other states in the U.S. ³⁶



Altru Health System in Grand Forks, which has been working on tobacco cessation systems change and education with the TPCP since 2014, has established processes to provide counseling, bridge NRT, and referrals to the quitline (including to quitlines in neighboring states, as appropriate). The champions for this work were well positioned to receive funding from the North Dakota Comprehensive Cancer Control Program (NDCCCCP) in 2019 to start integrating tobacco treatment into lung cancer screening efforts.

During this biennium, when the NDCCCCP funding was no longer available, the **TPCP started to provide Altru funding to continue integrated tobacco treatment and lung cancer screening.** This cross-cutting work will serve as a model for other grantees moving forward.

INTEGRATION OF TOBACCO CESSATION INTO LUNG CANCER SCREENING PARTNERSHIPS

Two of the NDQC grantees were able to continue or deepen work in integrating tobacco and nicotine dependence treatment into lung cancer screening due to TPCP support.

Altru Health System in Grand Forks integrates its tobacco treatment and lung cancer screening efforts. Following the USPSTF Guidelines, Altru assesses lung cancer risk using low dose lung CT, provides smoking cessation by a TTS for all current smokers, and offers continuity of care and ongoing monitoring. Altru reported a **207% increase of the low-dose CT scan** after starting this initiative.³⁷

CHI St. Alexius Health opened a Hematology and Oncology Clinic in 2021. One of the goals of CHI St. Alexius Health TTS is to make it a standard protocol to counsel all new patients that are seen at the Hematology and Oncology Clinic who indicate they are tobacco users.

There is a lot of unmet opportunity – fewer than 6% of people who are eligible for early screening take advantage of it, though results from a recent study indicated patients diagnosed with lung cancer at an early-stage CT screening have a 20-year survival rate of 80%.³⁸

“

As Tobacco Cessation Specialists we see our Altru Cancer Center as a tremendous missed opportunity to address tobacco cessation. Documented risks associated with continued smoking following cancer diagnosis include decreased survival time; increased complications from surgery, radiation, and chemotherapy; and increased risk of second primary tumors. In recognition of this treatment gap, we hope to integrate an opt out approach into our cancer center in 2023-2024 for all our patients that utilize tobacco products at our Altru Cancer Center. Working toward this goal is something we are very excited to provide for our patients here at Altru.

”

Michelle Earl, Altru Health System

THE CHANGING LANDSCAPE OF TOBACCO CONTROL

Flavors that entice youth to try nicotine products, synthetic nicotine, and ENDS/vape products contribute to a changing product and substance landscape.

Addictive regardless of product type

Due to evidence that pointed to marketing to young individuals through free samples, use of social influencers, and misleading the public on nicotine content, JUUL is required to pay millions of dollars to 34 states and territories, including over \$6 million to North Dakota over the next decade.³⁹



Photos from Kelly Buettner-Schmidt, PhD, North Dakota State University

Delayed Policy Actions related to youth use

Gaps in federal policy have allowed for an explosion of products, including flavored products. Despite the federal rulings against closed pod e-cigarettes (e.g., JUUL), exemptions for open-system, disposable, and refillable devices remain.

The National Youth Tobacco Survey, 2022, indicated that more than 2.5 million high school and middle school students currently use e-cigarettes.⁴⁰ Among these youth:

85% use flavored e-cigarettes

55% use disposable e-cigarettes

28% use an e-cigarette product every day

Synthetic nicotine obscures regulation

Synthetic nicotine is created in a laboratory and brought to the market in an attempt to get around regulatory guidance from the FDA. Numerous e-cigarette makers switched to synthetic nicotine while the FDA determined how to regulate synthetic nicotine.

In March 2022, Congress closed the synthetic nicotine loophole. However, the federal deadlines have not been followed, and **these products are still on the market.**

Often, these products are marketed as “tobacco-free” and “healthy,” which is misleading because the nicotine in these products is still addictive.

NORTH DAKOTA-SPECIFIC E-LIQUID STUDIES

Research conducted at North Dakota State University examines labeling discrepancies, chemical components, and the abundance of flavors in e-cigarette products sold in the state.

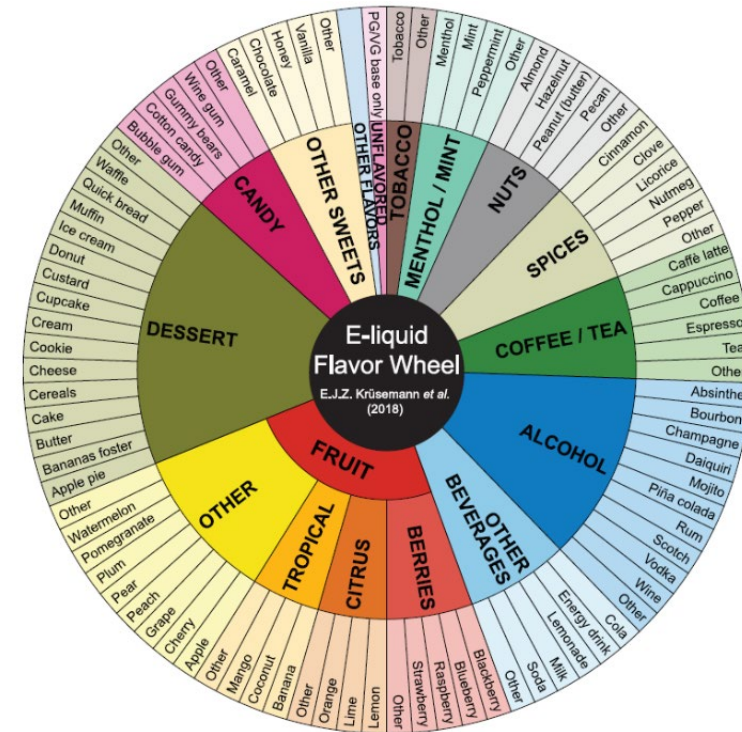
Study Highlights

- Quality Control Concerns
- Inaccurate nicotine content
- E-Liquids Compounded in Shop Lack Quality Control
- Concerns Related to Using E-Liquids and ENDS for Quitting Tobacco Use
- Clinician Perspective and Clinical Guidelines

"...research has shown that ENDS (electronic nicotine delivery systems) use does not lead to quitting tobacco or other nicotine products; more than half of those who started using ENDS for tobacco cessation simply transferred their nicotine dependence to ENDS..." ⁴¹

- Kelly Buettner-Schmidt, PhD, NDSU

Flavor wheel of e-liquid labels (from Krüsemann et al, 2019)⁴²



The flavor wheel is based upon information gathered from the e-liquid labels; NDSU's Kelly Buettner-Schmidt, PhD, and colleagues are analyzing e-liquid labels for flavor and other information of e-liquids purchased in North Dakota. A future publication will report on a chemical analysis of ingredients found in e-liquids in North Dakota.

SMOKE-FREE AND TOBACCO-FREE COMMUNITIES

Smoke-free laws protect North Dakotans from the 7,000 chemicals in combustible tobacco products.

North Dakota's comprehensive smoke-free laws, and local tobacco-free policies, serve to protect all North Dakotans from the well-documented harms of secondhand smoke exposure. Further, third hand smoke found in carpet and other materials where there has been smoking also pose health risks to non-smokers, particularly children. North Dakota TPCP, partners, and communities continue to educate on the health and cost benefits of smoke-free and tobacco-free environments.



“
We currently have only one tobacco free park in the county. There is massive room for improvement with several additional parks not currently smoke or tobacco free in our county. Additional information and examples on a national and a state level would be very helpful to achieving additional tobacco free parks locally.
”
- Local tobacco coordinator, spring 2022

SUMMARY

Tobacco affects all North Dakotans, including those that do not use tobacco or nicotine. TPCP has a **history of successfully addressing nicotine addiction**. This needs urgent attention and resources to address vaping while keeping the combustible product initiation on a downward trend.

TPCP exhibits **ingenuity** through promising work with pharmacists, tribal coalition, and helping pregnant North Dakotans quit tobacco.

TPCP implements data-informed strategies through a relationship-first approach to fit **community** needs and priorities.

Tobacco impacts all North Dakota communities and contributes to the leading cause of death in the state, heart disease.

TPCP has a demonstrated, **enterprising** history of effective, contextually relevant programs – NDQuits, TTS, Quit Week, YAS.

HHS agency integration sparks **opportunity** to build and expand existing work with retailer partnership, ND Medicaid, and expanded tobacco use treatment.

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Appendix

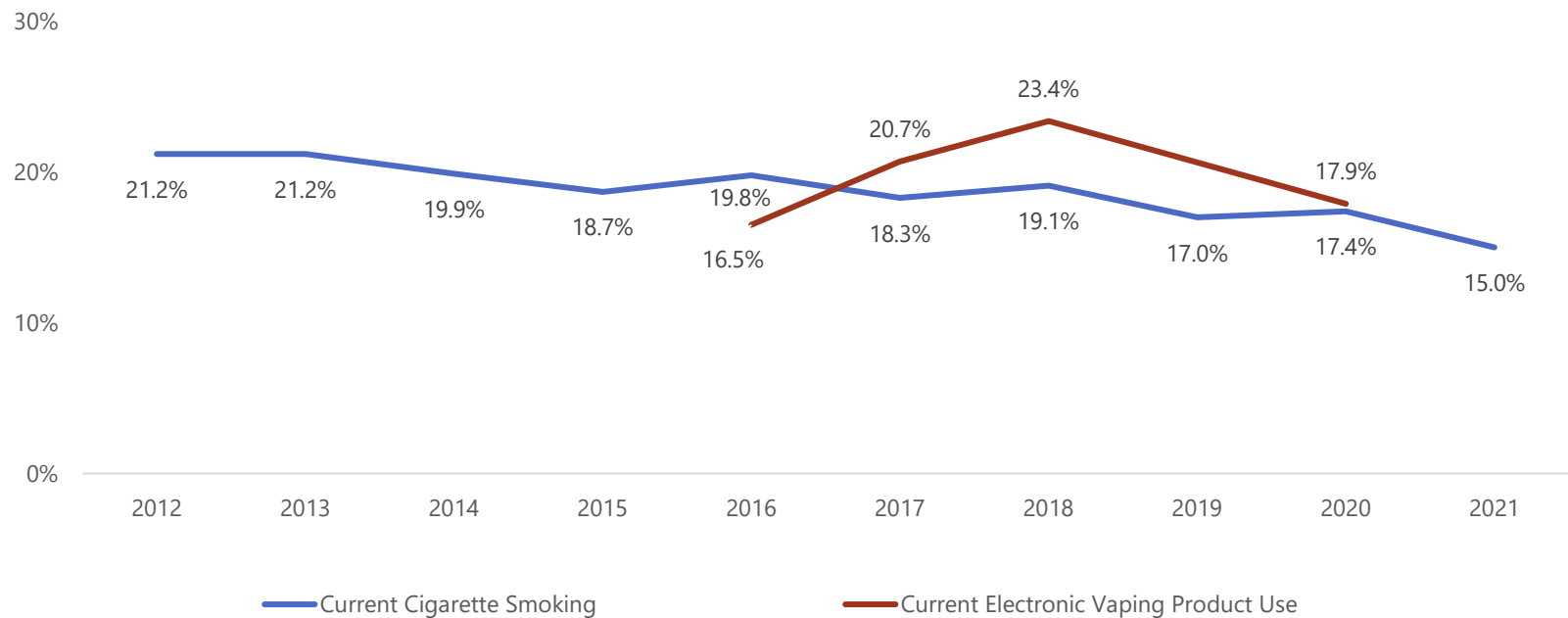
Ten-year surveillance data for cigarette prevalence provides evidence that tobacco prevention and control is effective. Trends for use of electronic vaping devices among both adults and youth are concerning, and trends show need for urgent attention.

- *Adult current cigarette smoking and adult current electronic vaping*
- *Youth current cigarette smoking and youth current electronic vaping*
- *Current cigarette smoking among pregnant women*
- *Current cigarette smoking among American Indian adults*
- *Tobacco surveillance data*

ADULT CURRENT CIGARETTE SMOKING AND ADULT CURRENT ELECTRONIC VAPING PRODUCT USE

Over the past decade there has been a statistically significant reduction in adult cigarette smoking; current adult use of electronic vaping products is of concern.

Adult Current Cigarette Smoking and Adult Current Electronic Vaping Product Use

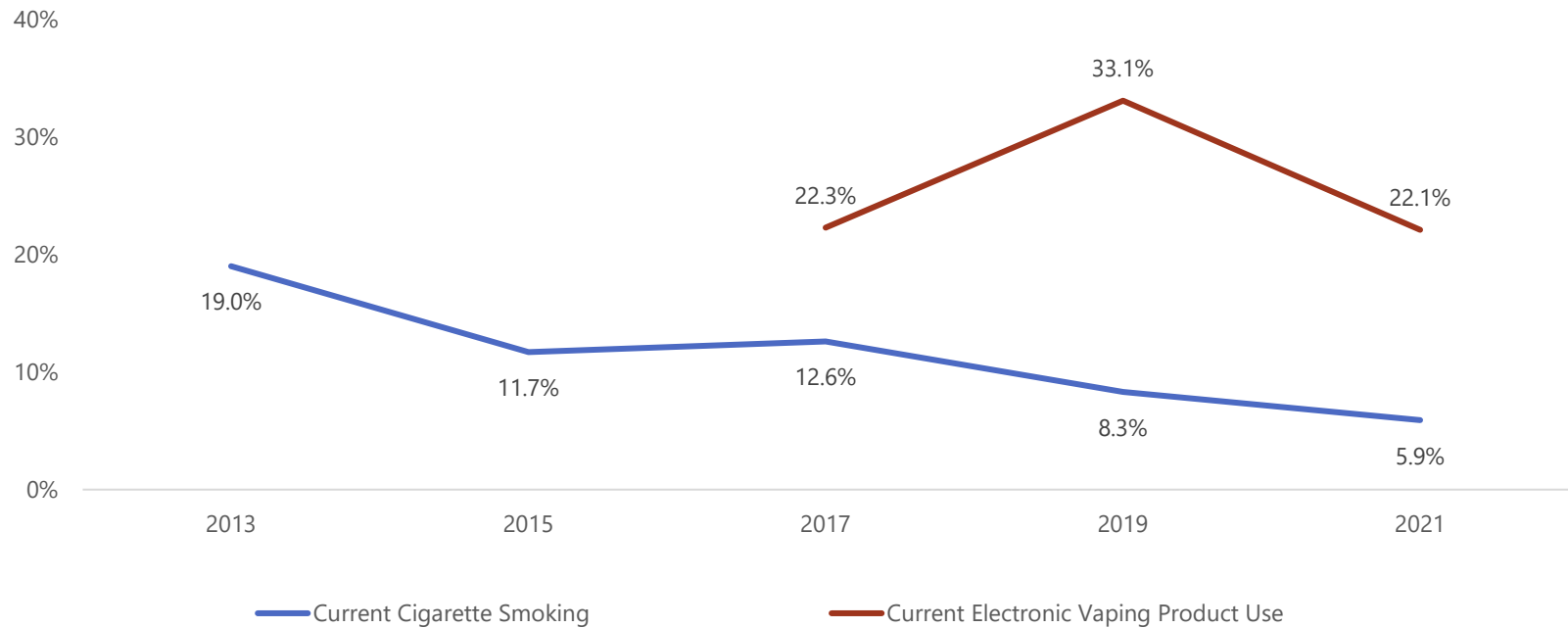


Source: North Dakota Behavior Risk Factor Surveillance System (BRFSS)

YOUTH CURRENT CIGARETTE SMOKING AND CURRENT ELECTRONIC VAPING PRODUCT USE

The high school cigarette smoking rate is currently 5.9%; however, the 2017-2021 rates of electronic use are higher than cigarette use was in 2013.

Youth Current Cigarette Smoking and Current Electronic Vaping Product Use

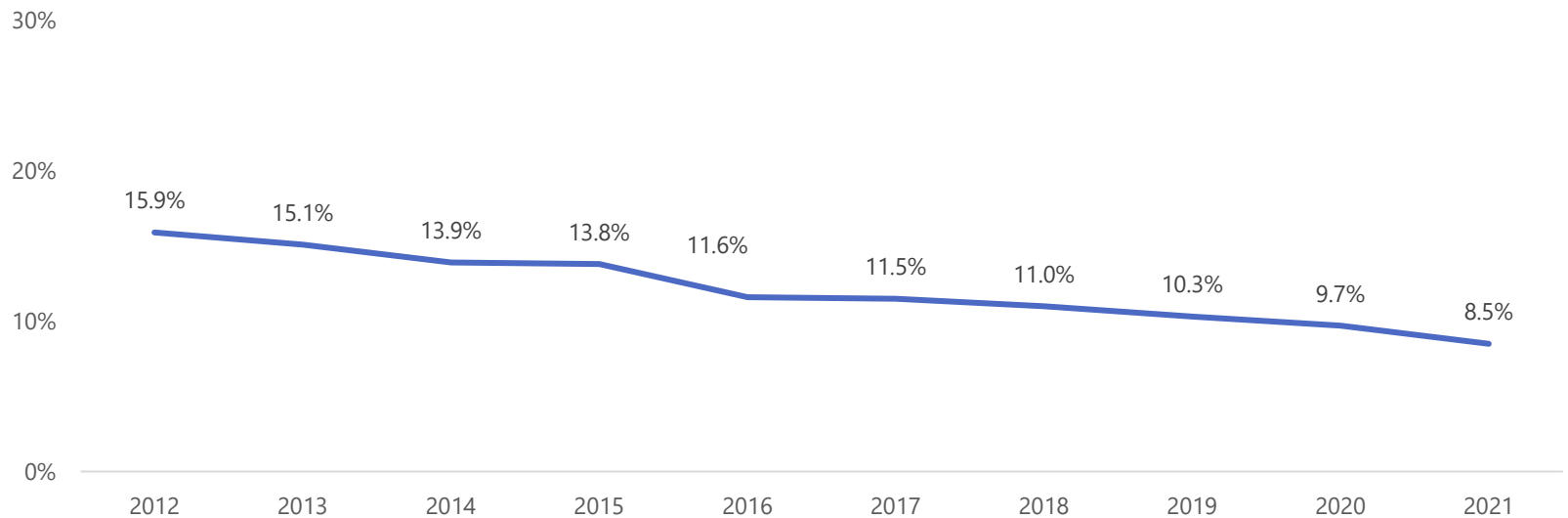


Source: North Dakota Youth Risk Behavior Survey (YRBS, Grades 9-12)

CURRENT CIGARETTE SMOKING AMONG PREGNANT WOMEN IN NORTH DAKOTA

There has been a continued reduction in cigarette smoking among pregnant women in North Dakota.

Current Cigarette Smoking Among Pregnant Women

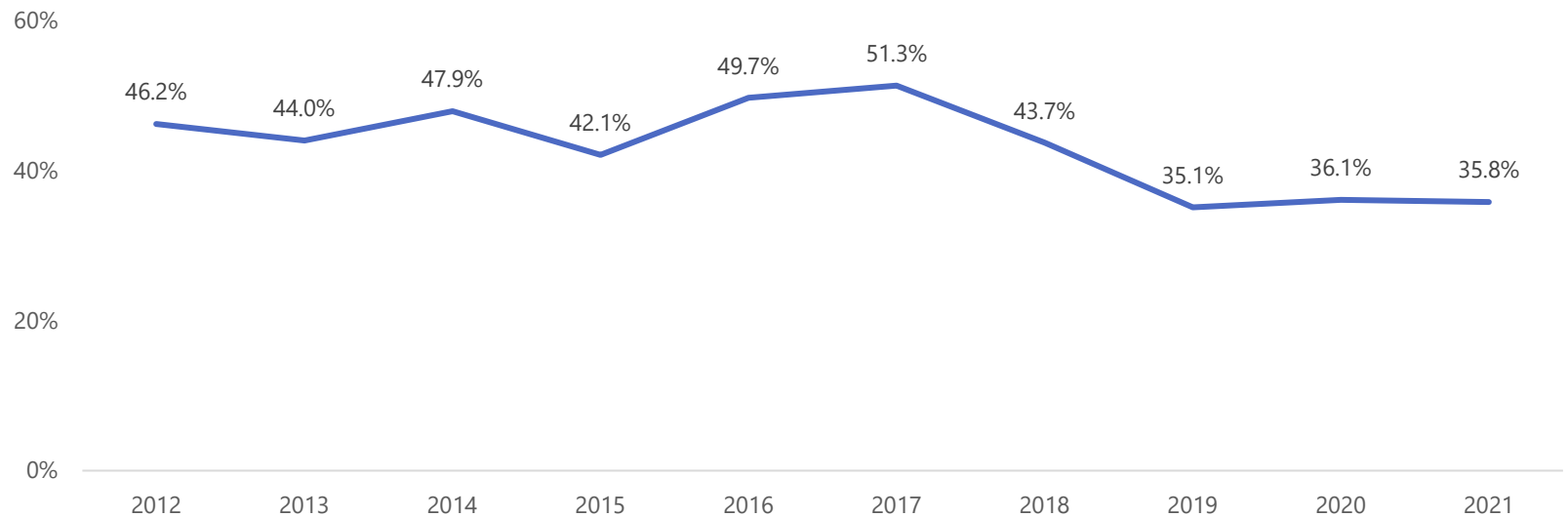


Source: North Dakota Vital Statistics

CURRENT CIGARETTE SMOKING AMONG AMERICAN INDIAN ADULTS

Current cigarette smoking among American Indian adults in North Dakota is more than double the general population, though there has been a trending decrease over the past decade.

Current Cigarette Smoking Among American Indian Adults



Source: North Dakota Behavior Risk Factor Surveillance System (BRFSS)

TOBACCO SURVEILLANCE DATA

Indicator	2017	2018	2019	2020	2021
Tobacco Use (Used at least once in past 30 days)					
Cigarette Smoking					
Adult (BRFSS) ¹	18.3	19.1	17.0	17.4	15.0
High School (YRBS) ¹	12.6		8.3		5.9
American Indian ²	51.3	43.7	35.1	36.1	35.8
Pregnant Women ³	11.5	11.0	10.3	9.7	8.5
Low Income ⁴	33.4	34.7	30.6	31.2	29.7
Low Education ⁵	31.0	33.5	27.7	39.2	36.0
Smokeless Tobacco⁶					
Adult Males (BRFSS*)	11.6	12.0	11.8	11.1	10.9
High School Males (YRBS)	12.8		7.5		7.5
Cigars⁷					
Adult (ATS)	5.3		4.3		
High School (YRBS)	8.2		5.2		2.8
E-Cigarettes⁸					
Adult (ATS)	19.6		22.1		
Adult (BRFSS*)	20.7	23.3		17.9	
High School (YTS)	19.1		29.4		
High School (YRBS)	20.6		33.1		21.2
Any Tobacco Product⁹					
Adult (BRFSS*)	23.4	25.5		22.9	
High School (YRBS)	27.0		34.7		23.0
Tobacco Use Initiation					
Adult - Ever tried electronic cigarettes ¹⁰	20.6	27.2		25.1	
High School - Ever tried electronic cigarettes ¹⁰	41.0		52.8		38.6
High School cigarette use before age 13 ¹¹	35.5		40.7		
High School smokeless tobacco use before age 13 ¹²	26.1		27.1		
Tobacco Consumption					
Cigarettes Sold - in millions (ND Tax Commission)	966	936	890	885	
Annual Cigarette Tax Revenue - in millions	21.2	20.6	19.6	19.5	
Annual Other Tobacco Tax Revenue - in millions	7.0	7.1	7.1	6.9	
Cessation					
Cigarette Smoking Quit Attempts					
Adult (BRFSS*)	54.6	54.0	55.1	50.0	
High School (YRBS)	50.3		54.0		30.9
NDQuits - Total Enrolled ¹³	3,266	3,401	3,029	2,533	1,976
NDQuits - Quit Rate ¹⁴				28.7†	32.8†
Tobacco-related Policy					
Support increasing cigarette tax to \$2.00 ¹⁵	57.8		56.7		
Health and Economic Consequences					
Deaths Attributed to Tobacco Use ¹⁶					1,000
Deaths Attributed to Secondhand Smoke ¹⁷					80 - 140
Smoking Attributable Medical Expenditures - in millions ¹⁸					\$326
Smoking Attributable Productivity Loss - in millions ¹⁹					\$232.6

*Note: In 2011, the Behavior Risk Factor Surveillance System (BRFSS) began including cell phone-only users in sampling and the method of weighting the results was changed. This makes BRFSS results from 2010 and prior no longer comparable to 2011 and beyond.

¹ Adult current cigarette smoking defined as, of those who have smoked 100+ cigarettes in their life, those who used every day or some days of the past 30 days. Youth current cigarette smoking defined as the proportion of 9-12 grade students who have smoked cigarettes on at least one of the past 30 days.

² American Indian current smoking prevalence obtained from the North Dakota Behavior Risk Factor Surveillance System (BRFSS) Calculated Variables Report. Data currently unavailable for smokeless tobacco use.

³ The percent of women reporting smoking during the 1st trimester (North Dakota Vital Statistics). Beginning in 2020, percent of pregnant women reporting smoking anytime during pregnancy.

⁴ Current smoking rate among low income adults (Earning less than \$15,000 per year). From the North Dakota BRFSS.

⁵ Current smoking rate among adults having low education (defined as having less than a high school diploma or GED) from the North Dakota BRFSS.

⁶ Adult chewing tobacco use defined as using chewing tobacco, snuff, or snus every day or some days of the 30 days before the survey. High School (grades 9-12) current smokeless tobacco use defined as using chewing tobacco, snuff, dip, snus, or dissolvable tobacco products on one or more of the 30 days before the survey.

⁷ Adult and High School current cigar use defined as smoking cigars, cigarillos, or little cigars on one or more of the 30 days before the survey. Adult current cigar use from the North Dakota Adult Tobacco Survey (ATS) and High School (grades 9-12) current cigar use from the North Dakota Youth Risk Behavior Survey (YRBS).

⁸ Adult current use of electronic cigarettes (among those who have ever tried, also used every day or some days of past 30 days) from the North Dakota BRFSS. Youth (youth in grades 9-12 who used at least one day of past 30 days) from North Dakota Youth Tobacco Survey (YTS) and North Dakota Youth Risk Behavior Survey (YRBS).

⁹ For adults, any current tobacco use (used at least one day of the past 30 days) includes cigarettes, smokeless tobacco, or electronic cigarettes while for youth (grades 9-12), any current tobacco use includes cigarettes, cigars, smokeless tobacco, or electronic cigarettes.

¹⁰ Ever tried electronic cigarettes for total adult population from the North Dakota ATS and for the total High School (grades 9-12) population from the North Dakota YRBS.

¹¹ Of current cigarette smokers in grades 9-12, the proportion who report first cigarette use before age 13 (YTS).

¹² Of current smokeless tobacco users in grades 9-12, proportion who reporting smokeless tobacco use before age 13 (YTS).

¹³ Total number people enrolled in NDQuits is for state fiscal year (July-June) comes from NDQuits State Summary Reports.

¹⁴ NDQuits quit rate is obtained from annual NDQuits Evaluation Reports and calculated using North American Quitline Consortium (NAQC) guidelines. They are for state fiscal year (July-June) and participants are considered to have quit if, 7 months after program registration, they report not using cigarettes or other forms of tobacco, including electronic nicotine delivery systems (ENDS), in the past 30 days (i.e. Thirty-day Point Prevalence Abstinence).

¹⁵ The source for this tobacco tax-related policy question is the North Dakota Adult Tobacco Survey (ATS).

¹⁶ North Dakota estimate of smoking-attributable deaths: CDC, Best Practices for Comprehensive Tobacco Control Programs—2014. This estimate is the annual average from 2005-2009, is among adults aged 35 years and older, and does not include burn or secondhand smoke deaths.

¹⁷ Estimated range of deaths due to secondhand smoke exposure reported by the Campaign for Tobacco Free Kids (CTFK).

¹⁸ Smoking attributable medical expenditures reported by the Campaign for Tobacco-Free Kids and are among adults aged 18 years and over.

¹⁹ Smoking attributable productivity costs reported by the Campaign for Tobacco-Free Kids (CTFK). They are the annual average productivity costs from 2000-2004 reported by they CDC's SAMMEC (Smoking-Attributable Morbidity, Mortality, and Economic Costs) website updated to 2009 dollars.

† Respondents to the NDQuits 7-Month Follow-Up Survey were more likely to exhibit characteristics that are associated with higher levels of quitting (i.e. be older at intake, have a higher education level, be insured, and to use their first cigarette later after waking). This means the quit rate could be biased upward since a greater proportion of these groups of tobacco users were among survey responders compared to all program participants.

Department of Health and Human Services - Public Health - Budget No. 325
House Bill No. 1004
Base Level Funding Changes

	Executive Budget Recommendation				House Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	210.50	\$38,575,155	\$129,409,112	\$167,984,267	210.50	\$38,575,155	\$129,409,112	\$167,984,267
2023-25 Ongoing Funding Changes								
Base payroll changes		\$103,733	\$216,068	\$319,801				\$0
Base budget changes, including federal funds and adjustments to transfer funding between the former State Department of Health and former Department of Human Services budgets		1,692,991	106,147,341	107,840,332				0
Salary increase		656,026	2,019,554	2,675,580				0
Health insurance increase		260,470	846,616	1,107,086				0
Adds funding to convert 1 temporary position to 1 FTE autopsy technician IV position	1.00	65,094		65,094				0
Adds funding to convert 4 temporary positions to 4 FTE program management III positions	4.00		50,008	50,008				0
Adds funding for ITD rate increases		191,302	1,050,392	1,241,694				0
Adds funding from the community health trust fund for tobacco treatment and cessation grants			500,000	500,000				0
Adds funding from the community health trust fund for youth vaping prevention grants			300,000	300,000				0
Increases funding for operating expenses in injury prevention		31,000		31,000				0
Adds funding from the community health trust fund to increase local public health state aid to provide a total of \$8,000,000, of which \$4,725,000 is from the general fund and \$3,275,000 is from the community health trust fund			2,750,000	2,750,000				0

Increases funding for domestic violence prevention to provide a total of \$4,596,285 from the general fund		2,686,285		2,686,285					0
Increases funding from the community health trust fund for domestic violence offender treatment to provide a total of \$1 million from the community health trust fund			700,000	700,000					0
Increases funding to maintain public health registries		701,553		701,553					0
Adds funding to expand the biomedical cache		20,000		20,000					0
Adds funding for emergency response and preparedness training and exercise		385,000		385,000					0
Total ongoing funding changes	5.00	\$6,793,454	\$114,579,979	\$121,373,433	0.00	\$0	\$0	\$0	\$0
One-Time Funding Items									
Adds one-time funding for public health registries		\$69,558		\$69,558					0
Adds one-time funding from federal State Fiscal Recovery Fund for a new laboratory building shared with the Department of Environmental Quality			\$55,120,000	55,120,000					0
Total one-time funding changes	0.00	\$69,558	\$55,120,000	\$55,189,558	0.00	\$0	\$0	\$0	\$0
Total Changes to Base Level Funding	5.00	\$6,863,012	\$169,699,979	\$176,562,991	0.00	\$0	\$0	\$0	\$0
2023-25 Total Funding	215.50	\$45,438,167	\$299,109,091	\$344,547,258	210.50	\$38,575,155	\$129,409,112	\$167,984,267	
<i>Federal funds included in other funds</i>			<i>\$270,392,653</i>				<i>\$105,837,535</i>		
<i>Total ongoing changes as a percentage of base level</i>	<i>2.4%</i>	<i>17.6%</i>	<i>88.5%</i>	<i>72.3%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>
<i>Total changes as a percentage of base level</i>	<i>2.4%</i>	<i>17.8%</i>	<i>131.1%</i>	<i>105.1%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>

Other Sections in Department of Health and Human Services - Public Health - Budget No. 325

Executive Budget Recommendation

House Version

Funding transfer authorization - Line items
of House Bill No. 1004 and Senate Bill No. 2012

Section 3 would provide an exemption to allow the Department of Health and Human Services to transfer funding between line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the Department of Health and Human Services approved by the 68th Legislative Assembly. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.

Funding transfer authorization - Line items
of House Bill No. 1004 and select subdivisions
of Senate Bill No. 2012 to county social services
in Senate Bill No. 2012

Section 4 would provide an exemption to allow the Department of Health and Human Services to transfer funding from the line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the Department of Health and Human Services approved by the 68th Legislative Assembly to subdivision 4 of Section 1 of Senate Bill No. 2012. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.

Transfer of appropriation authority

Section 5 would require the Office of Management and Budget to combine the appropriation authority contained in Section 1 of House Bill No. 1004, Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the Department of Health and Human Services in other bills approved by the 68th Legislative Assembly, into one budget for the Department of Health and Human Services on July 1, 2023. The section would also require the Department of Health and Human Services to submit one budget for the 2025-27 biennium.

Other Sections in Department of Health and Human Services - Public Health - Budget No. 325

Executive Budget Recommendation

House Version

Insurance tax distribution fund

Section 6 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services (EMS) grants during the 2023-25 biennium.

Community health trust fund

Section 7 would identify \$19,072,324 from the community health trust fund for various programs and grants during the 2023-25 biennium.

Statewide health strategies initiative exemption - 2021-23 carryover

Section 8 would provide an exemption to allow the department to continue \$3 million of one-time funding, of which \$1.5 million is from the community health trust fund and \$1.5 million is from other funds secured as matching funds, provided for a statewide health strategies initiative during the 2021-23 biennium to the 2023-25 biennium. The amount appropriated from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds.

Public health laboratory capital project exemption - 2021-23 carryover

Section 9 would provide an exemption to allow the department to continue any unexpended funding provided from the federal State Fiscal Recovery Fund during the 2021 Special Legislative Session for the public health laboratory capital project. The section provides any unexpended funds remaining of the \$15 million one-time funding appropriation are available for the public health laboratory capital project during the 2023-25 biennium.



House Bill 1004

Tobacco Program, Healthy & Safe Communities Section

Neil Charvat

Department of Health and Human Services

Public Health Division | January 16, 2023



Health & Human Services

Tobacco Prevention and Control Program Synthesis Report 2021-2023



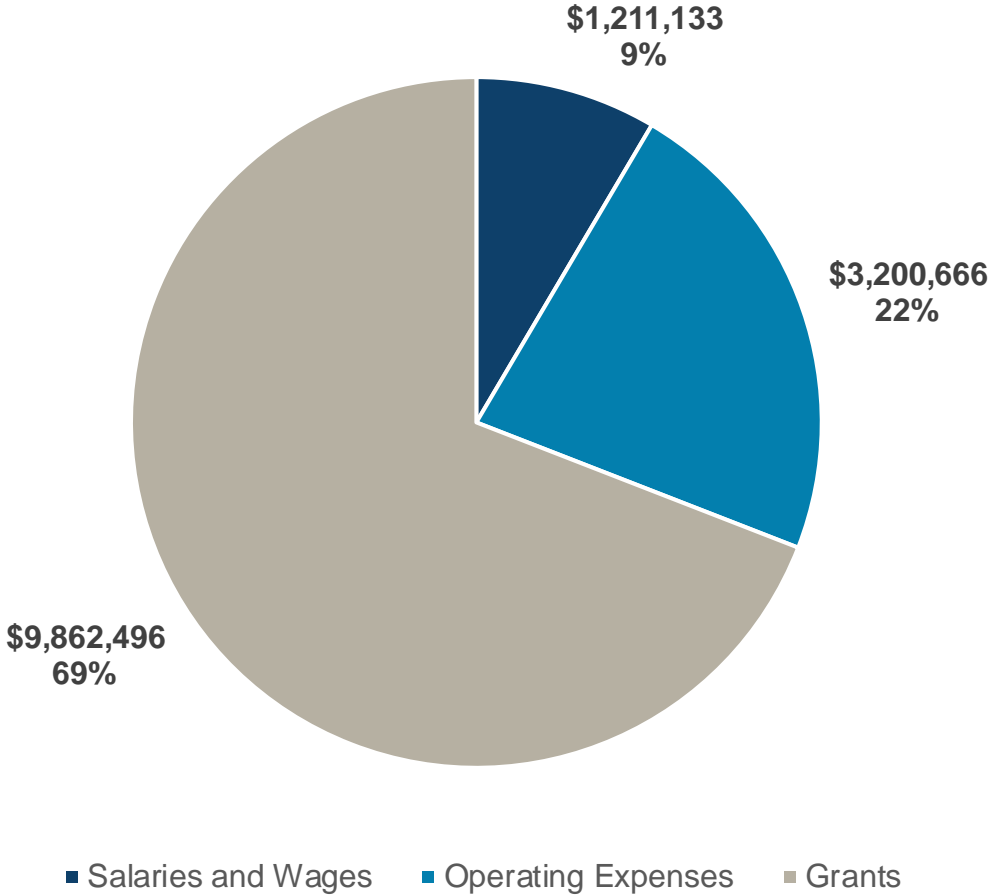


2023-2025 Budget request

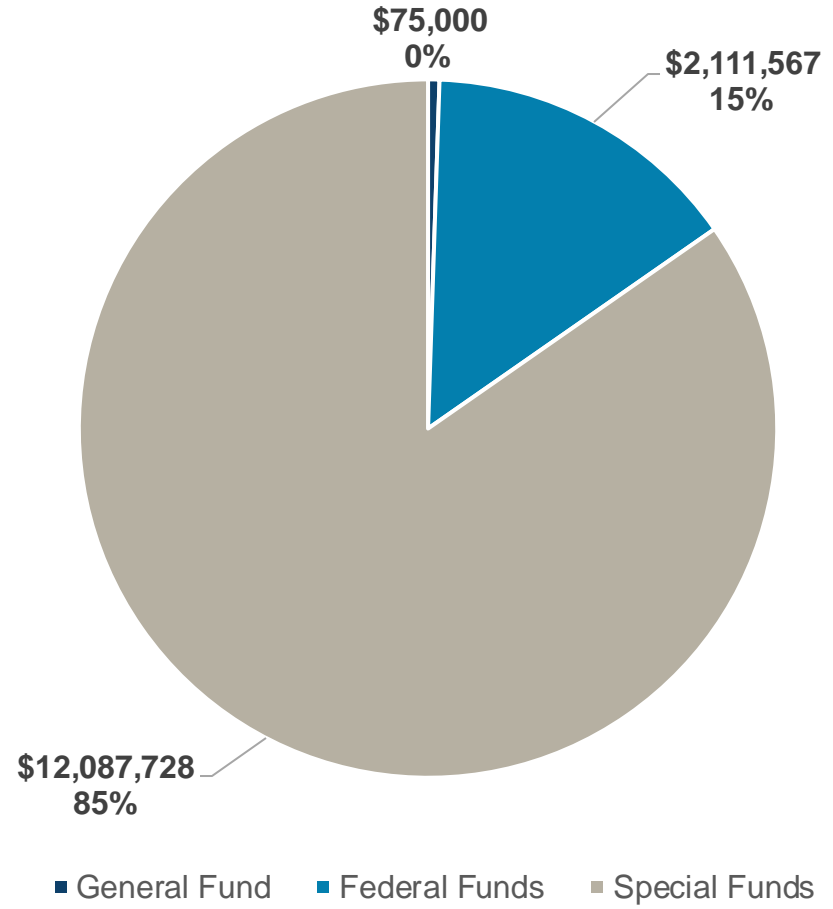
The program, systems and
workforce support
necessary to continue to
serve North Dakotans

2023-25 Executive Recommendation

By Line Item



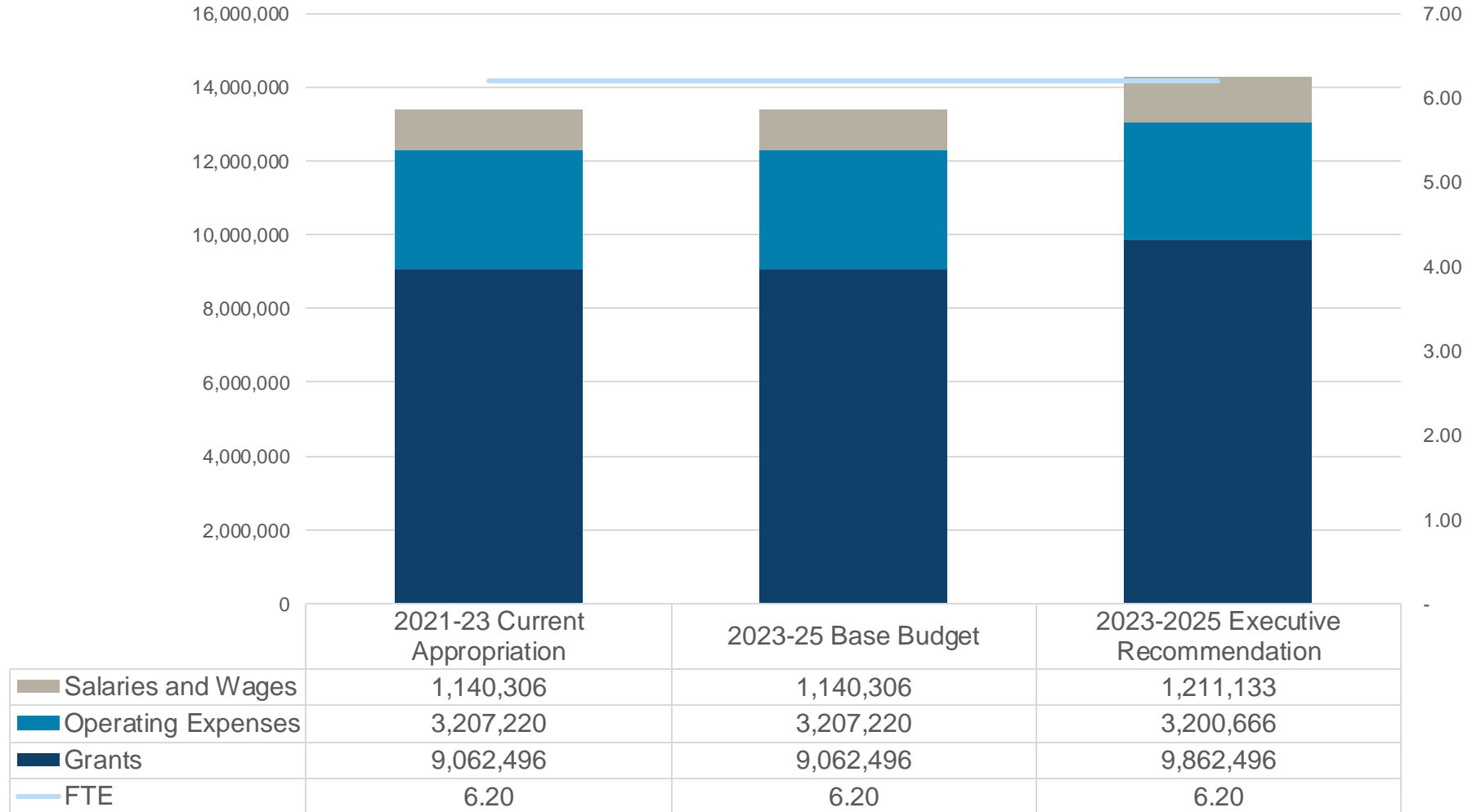
2023-25 Executive Recommendation By Funding Source



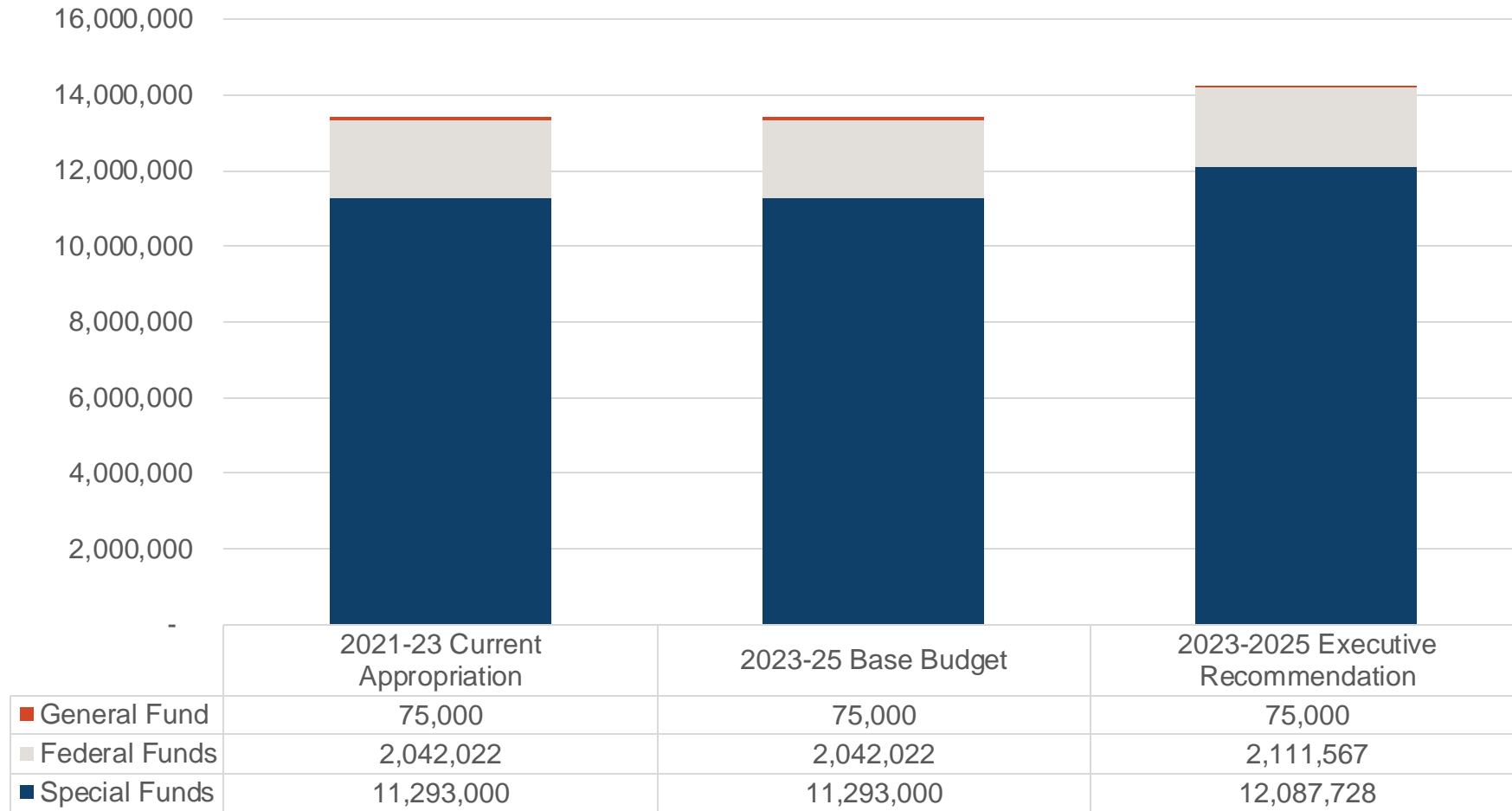
Comparison

Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Rec.
Salaries and Wages	1,140,306	1,140,306	70,827	1,211,133
Operating Expenses	3,207,220	3,207,220	(6,554)	3,200,666
Grants	9,062,496	9,062,496	800,000	9,862,496
FTE	6.2	6.2		6.2

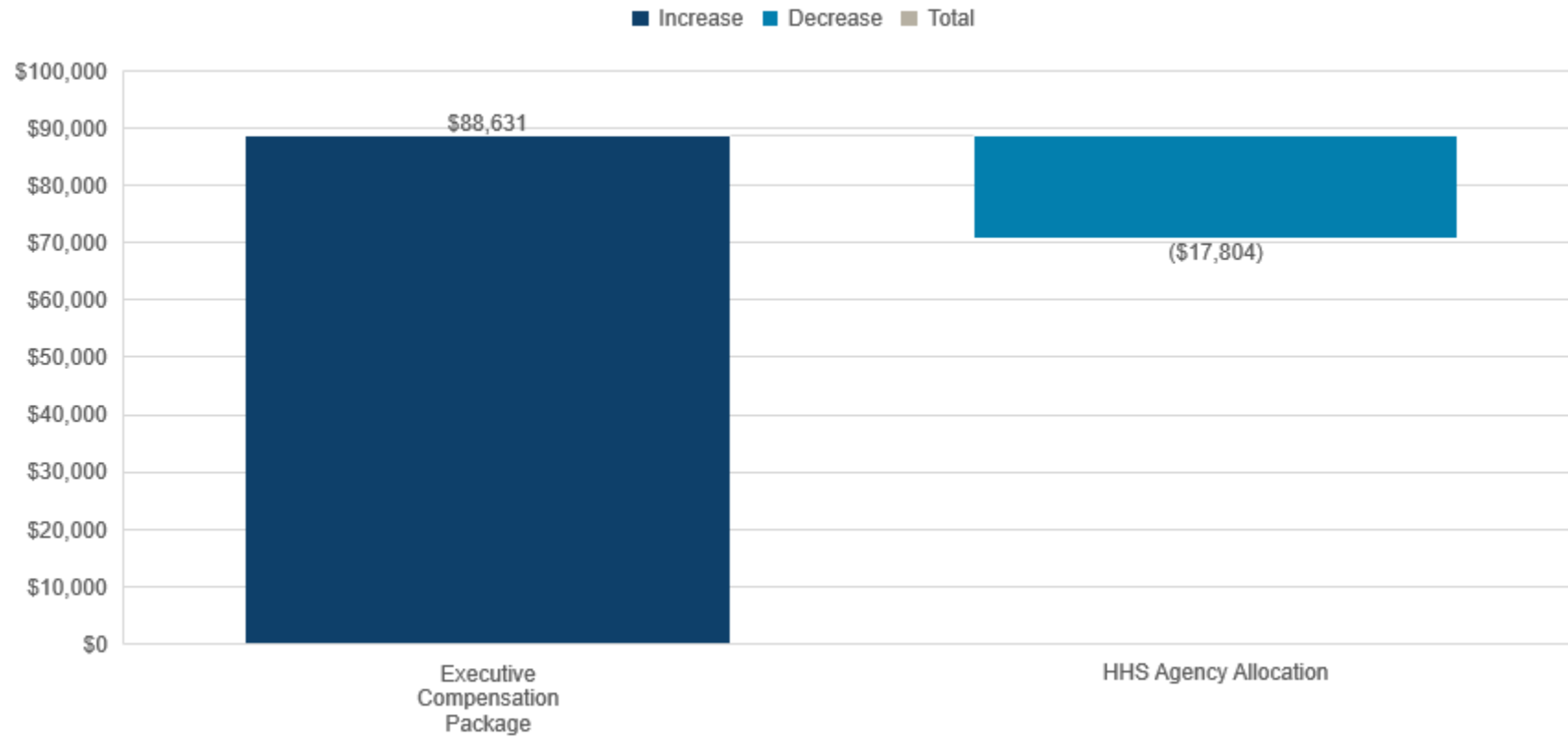
Overview of Budget Changes



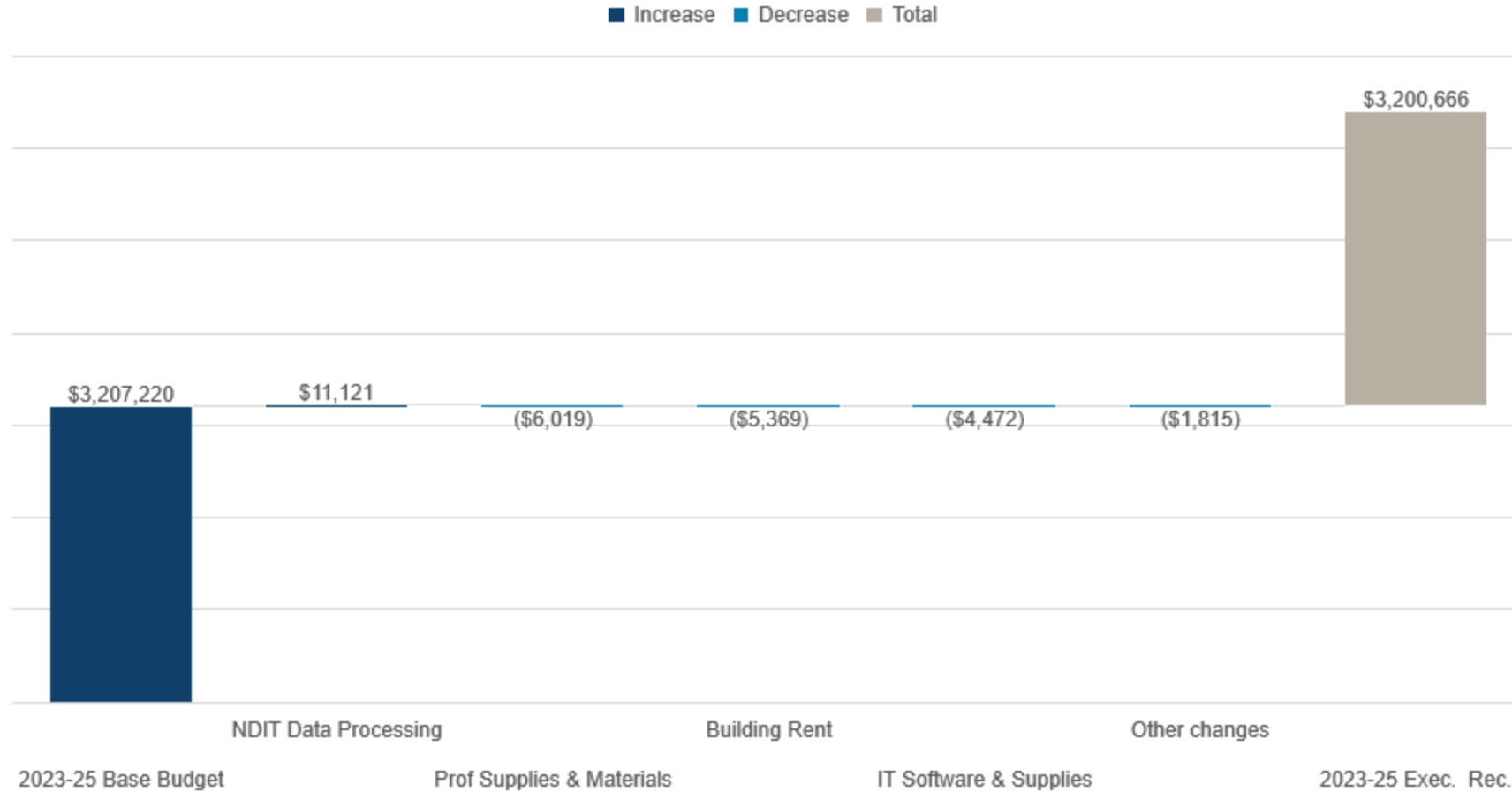
Overview of Funding Changes



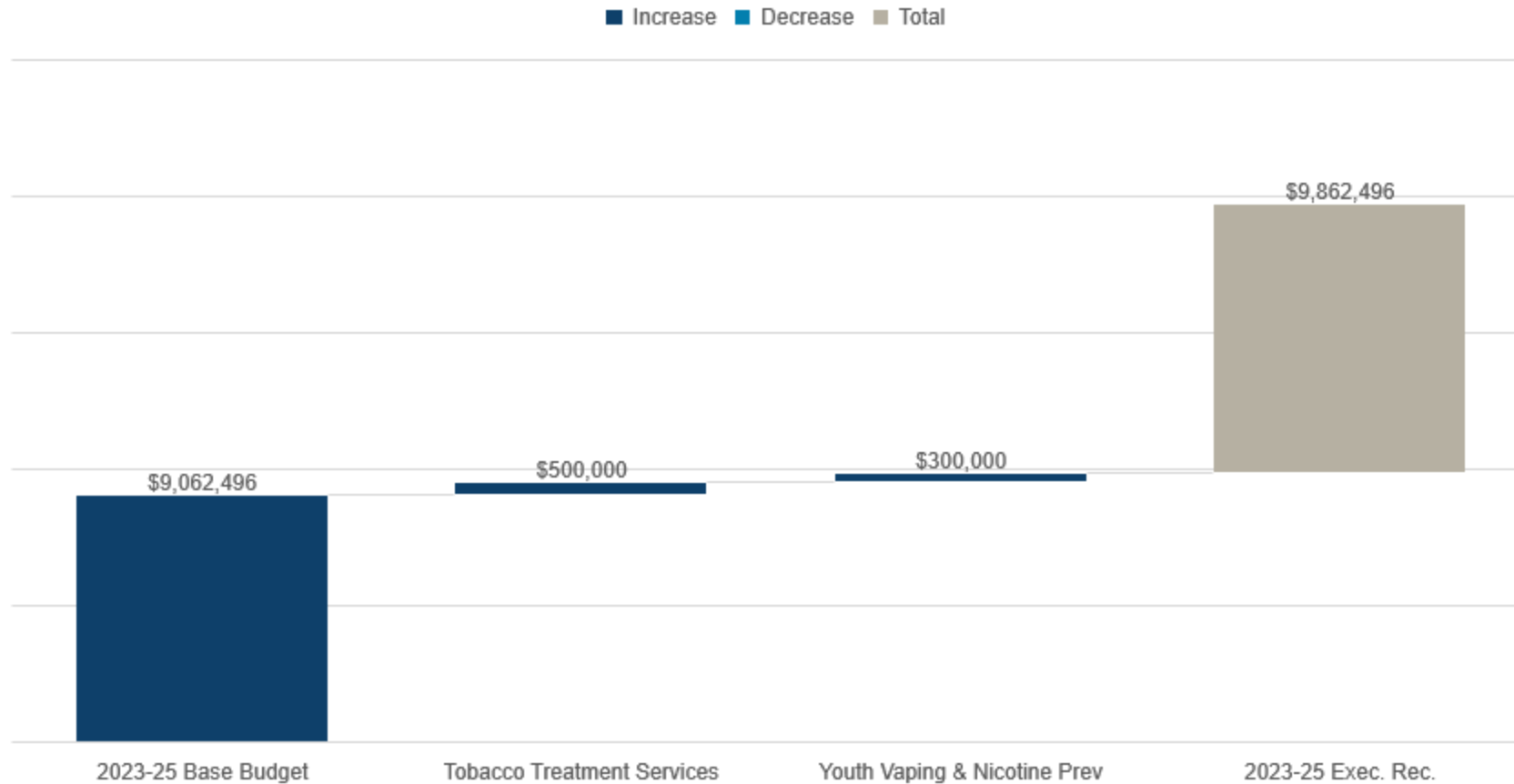
Major Salary & Wage Differences



Major Operating Differences



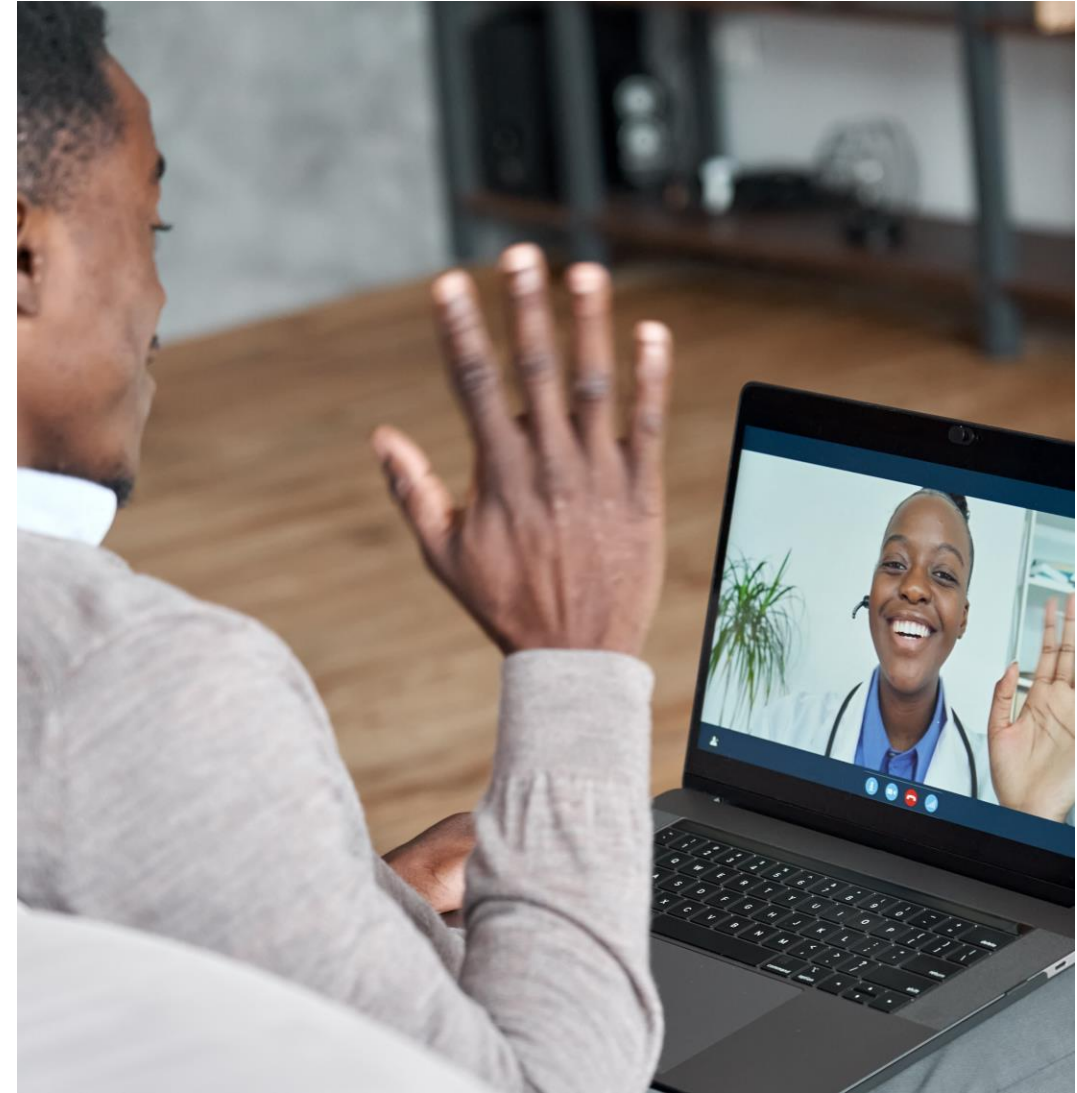
Major Grant Differences



Summary And Key Takeaways

Tobacco Prevention and Control:

- **Ingenuity** - Expanding Pharmacy Provider Support
- **Enterprising** - Effective, contextually relevant
- **Community** - Increasing youth involvement to address vaping issues
- **Opportunity** - Continue to expand on what works in tobacco prevention and control





THANK YOU

Neil Charvat | Program Director, Tobacco Prevention and Control | njcharvat@nd.gov | (701) 328-3344

Abbreviations and acronyms used in the Disease Control and Forensic Pathology Presentation

MS – Masters of Science Degree
MD – Doctor of Medicine
MPH – Masters of Public Health Degree
NHSN – National Healthcare Safety Network
NDIIS – North Dakota Immunization Information System
QI – Quality Improvement
HIV- Human Immunodeficiency Virus
STI – Sexually Transmitted Infections
TB – Tuberculosis
IT -- Information Technology
NDIT – North Dakota Information Technology Department
CDC- Centers for Disease Control and Prevention
VFC – Vaccines For Children Program
HAI – Healthcare Associated Infections
CAP – Center for Collaboration and Advancement In Pharmacy (NDSU)
AIRA – American Immunization Registry Association
NDMA – North Dakota Medical Association
AIM – Association of Immunization Managers
Mpox – the infectious disease formally known as monkeypox
DTaP – Diphtheria Tetanus and acellular Pertussis vaccine
MMR – Measles Mumps Rubella vaccine
Hep B – Hepatitis B or Hepatitis B vaccine
LTC – Long Term Care



House Bill 1004

Healthy and Safe Communities Section

Kim Mertz, Section Director

Department of Health and Human Services

Public Health Division | January 17, 2023



Health & Human Services

Healthy & Safe Communities Section

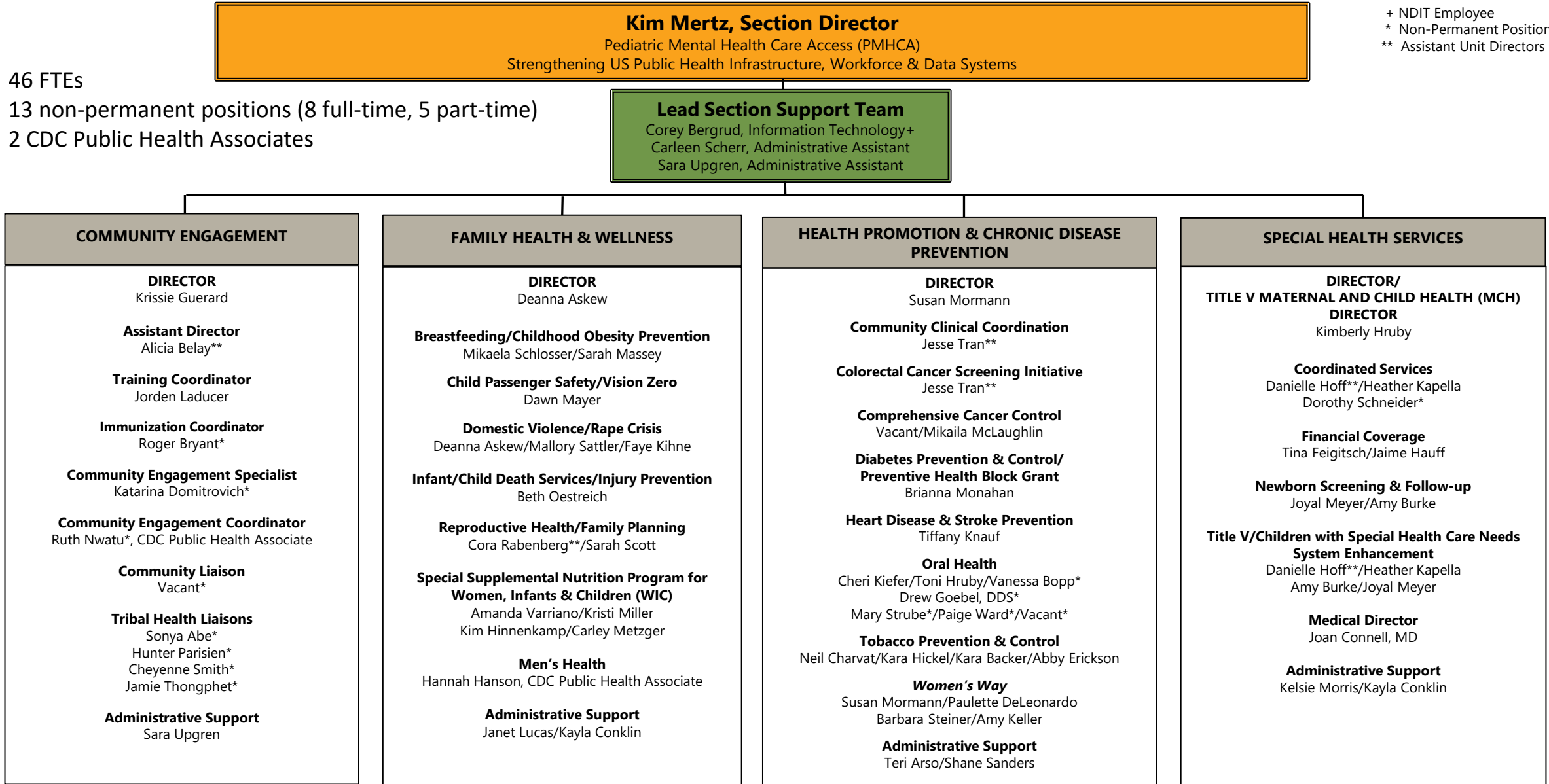
Mission: The purpose of the Healthy & Safe Communities Section is to support individuals, families and communities by providing quality preventive programs and services that equitably protect and enhance the health and safety of all North Dakotans.

Organizational Chart

January 2023

46 FTEs
13 non-permanent positions (8 full-time, 5 part-time)
2 CDC Public Health Associates

+ NDIT Employee
* Non-Permanent Positions
** Assistant Unit Directors



Healthy and Safe Communities Section

Support individuals, families and communities by providing quality preventive programs and services that equitably protect and enhance the health and safety of all North Dakotans.

COMMUNITY ENGAGEMENT

Krissie Guerard

- Works alongside North Dakota communities in addressing health-related needs to reduce disease rates by providing opportunities for interventions and improving access to health care; thereby, ensuring all North Dakotans have the ability to reach their optimal health.

FAMILY HEALTH & WELLNESS

Deanna Askew

- Works collaboratively on evidence-based initiatives that promote healthy, safe and active North Dakotans at every stage of life and the environments that support them.

HEALTH PROMOTION & CHRONIC DISEASE PREVENTION

Susan Mormann

- Promotes and improves health at every stage of life through evidence-based and culturally reflective strategies that prevent and manage chronic disease.

SPECIAL HEALTH SERVICES

Kimberly Hruby

- Promotes a system of care and services that improves the health and well-being of individuals with special health care needs and their families.

Improving the lives of North Dakotans

How legislative support and appropriations made an impact in the **2021-2023 biennium.**





“

“Not all individuals have a car or money to go to a blood donation site. It was great to host an event that benefited the community (with the huge blood shortage) and individuals on campus to have an easy and convenient opportunity to donate blood if they so wished.”

- Shaena Richard, Health Equity Ambassador

Community Engagement

- Tribal Health Liaisons ↔ Trusted Relationships
- Quarterly Tribal Health Director’s Meetings
- Contracts with Tribal Nations/urban American Indian community-based organizations totaling over \$550,000 to assist with COVID-19 mitigation efforts, development of culturally relevant health information, etc.
- Over 160 Collaborative Partnerships
- Advisory Boards
- Presentations/Trainings
- Health Equity Ambassador Program

Family Health and Wellness



Breastfeeding/Obesity Prevention

158 businesses are Infant Friendly Workplaces; impacting over 43,000 employees.



Child Passenger Safety

Distributed 347 car seats to low-income families and inspected 555 child restraints.



Injury Prevention/Child Passenger Safety

- Almost 2,000 cribs were distributed to families to provide a safe sleep environment for infants.
- 5,728 calls to the Poison Hotline in 2021.



Reproductive Health

Provided services to 3,777 women and 973 men in 2021.



Men's Health

New program: collaborations, webinar series, PRAMS for Dads.



WIC

Served 16,016 participants including 5,016 infants in 2021.

NORTH
DAKOTA

DOMESTIC VIOLENCE FACTS 2021

5,417 ^{*New}
Victims

were served by
18 CRISIS INTERVENTION
CENTERS
throughout North Dakota.

OF
THOSE
CASES:

- 87% of the victims were women.
- 94 women were pregnant at the time they were assaulted.
- 18% of new victims were people with disabilities.
- At least 3,895 children were directly impacted by these incidents.

A CLOSER LOOK

At least **66%** of victims served were physically abused.

Weapons were used in at least **13%** of the cases identified. Guns were used in **18%** of the cases and knives were used in **16%** of the cases involving weapons.

In at least **39%** of cases, the abuser had a history of abusive behavior with other adults including prior partners.

Alcohol use by abuser only was indicated in **28%** of the new cases. Alcohol use by both victim and offender was indicated in **5%** of the cases.

NORTH
DAKOTA

SEXUAL ASSAULT FACTS 2021

1,139 Primary
Victims
+292 Secondary
Victims

were served by
18 SEXUAL ASSAULT
CRISIS CENTERS
throughout North Dakota.

OF
THOSE
CASES:

- At least 933 victims were female.
- 59% of cases were male assailants (752), a female victim.
- 174 assailants were female.
- 4% of cases were male assailants, a male victim.

A CLOSER LOOK

At least **298** of primary victims were under the age of 18 years old at the time of the assault(s).

In adult cases, **9%** of the assailants were strangers. In child cases, **3%** of the assailants were strangers.

In at least **29%** of all cases, the assailant was a friend/acquaintance/date of the victim.

At least **32%** of the assaults occurred in the victim's or assailant's home.

28% of new victims were people with disabilities. Of those, **18%** were people with developmental disabilities. **23%** had physical disabilities and **59%** were people with mental health disabilities.

**new - unduplicated for calendar year*

Health Promotion and Chronic Disease Prevention



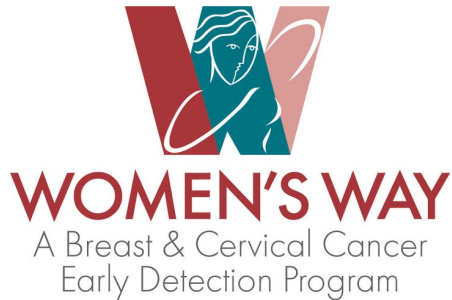
Comprehensive Cancer/Colorectal Cancer Prevention

- 19 facilities are included in the Colorectal Cancer Screening Initiative provider network.



Diabetes and Heart Disease/Stroke Prevention Pharmacy Services Pilot

- 658 patients screened for hypertension
- 578 patients screened for prediabetes
- 1,144 patients screened for immunizations
- 382 medication therapy management consultations were held with patients, and 587 drug therapy problems were identified.



Women's Way

- From July 1, 2021 - November 30, 2022, assisted nearly 1,250 women complete breast and/or cervical cancer screenings.

Oral Health

Medical-Dental Integration

- Completed 1,385 dental screenings at the UND CFM
- Of those screenings, 22% had NEVER visited a dental office



Tobacco Prevention and Control

- More on this later

Special Health Services

Coordinated Services

- Served 1,939 children with special health care needs and their families.

Financial Coverage

- Helped families pay for medical services for 521 eligible children, including health care visits and tests to diagnose chronic health conditions early and specialty care needed for treatment.

Newborn Screening and Follow-up

- Screened 11,709 infants.
- Started long-term follow-up.

System Enhancement

- Multidisciplinary clinics served over 1,200 children and families.

Note: All data is from 2021



53 disorders are included in North Dakota's newborn screening panel

Healthy and Safe Communities Programs - Making a Difference in North Dakotan's Lives!



WIC

Helps eligible pregnant women, new mothers, babies and young children eat well, learn about nutrition and stay healthy.

"I couldn't believe the amount of help and support I received from WIC in being to continue breastfeeding..... They frequently checked in on me..... and were very nonjudgmental....."



Women's Way

Provides a way to pay for breast and cervical cancer screenings for eligible North Dakota women.

"I noticed dimpling.....and, because of Women's Way, I knew that was a bad sign..... They were able to find cancer at stage zero..."



Multidisciplinary Clinics

Provides access to pediatric specialty care and enables families to see different health care professionals in one place at one time.

"This is one of the best experiences I've had at a doctor's appointment with my son. The staff is amazing."

ND Medicaid offers 12 months of coverage for moms.

Act before your baby is born.

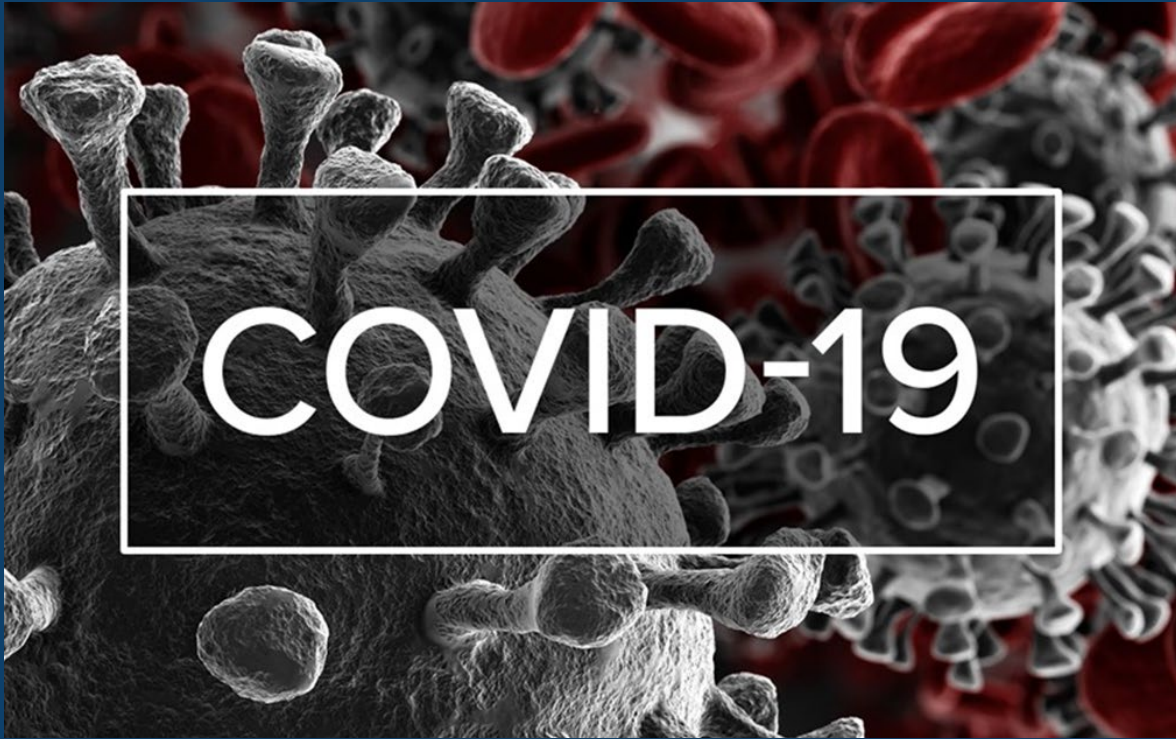
Tell your human service zone right away when you become pregnant so you can receive this coverage.



Public Health Infrastructure is made up of the **people, services, and systems** needed to promote and protect health in every U.S. community



And so much more!



COVID-19 Hotline | 131,941 calls

March 12, 2020 – December 30, 2022

Additional Work Efforts:

- Case Work
- Data Entry
- Email Response
- Grant Writing
- Homeless Committee
- ND Smart Restart
- School Response
- Unified Command

Strategies Driving Budget



Data and Evidence-based Decision Making

Core Public Health Functions

10 Essential Public Health Services



Community Engagement

Social Determinates of Health



Policy, Systems and Environmental Changes

Designed to Promote Healthy Behaviors by Making Healthy Choices Readily Available and Easily Accessible.

Key Strategies to Achieve the Goal of Making North Dakota the Healthiest State in the Nation!

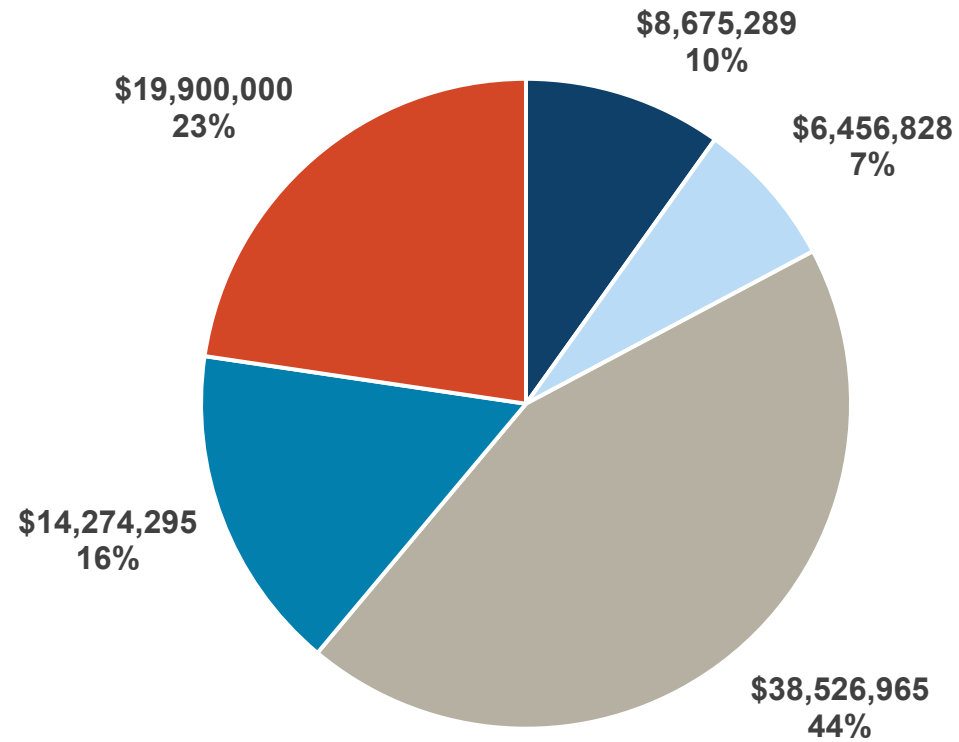


2023-2025 Budget request

The program, systems and workforce support necessary to continue to serve North Dakotans

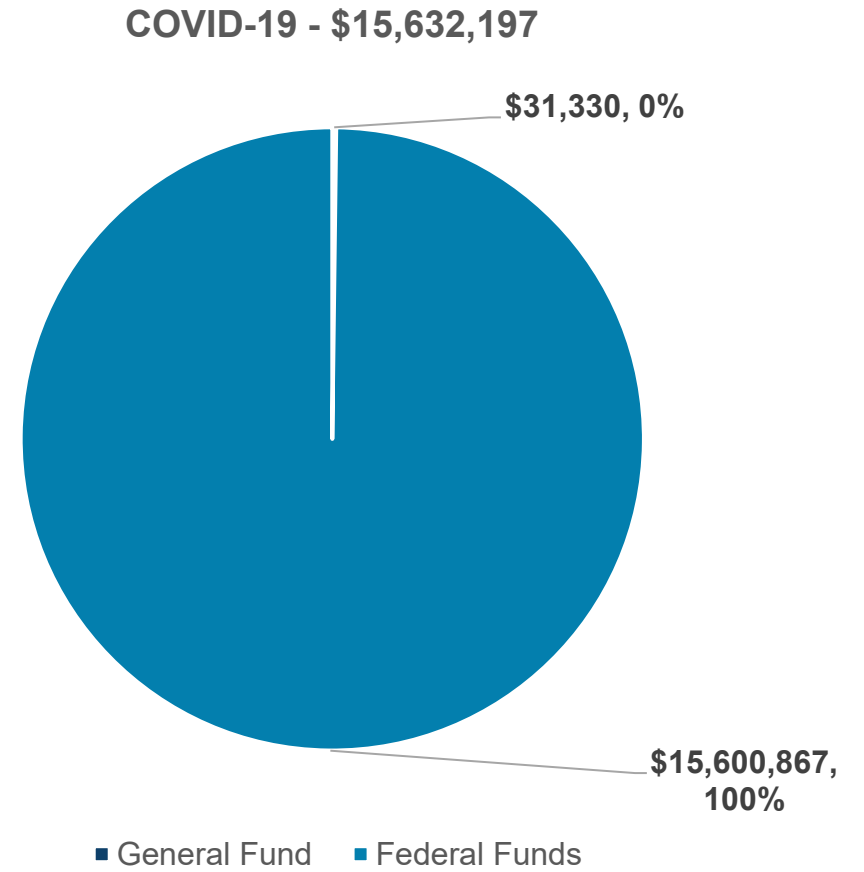
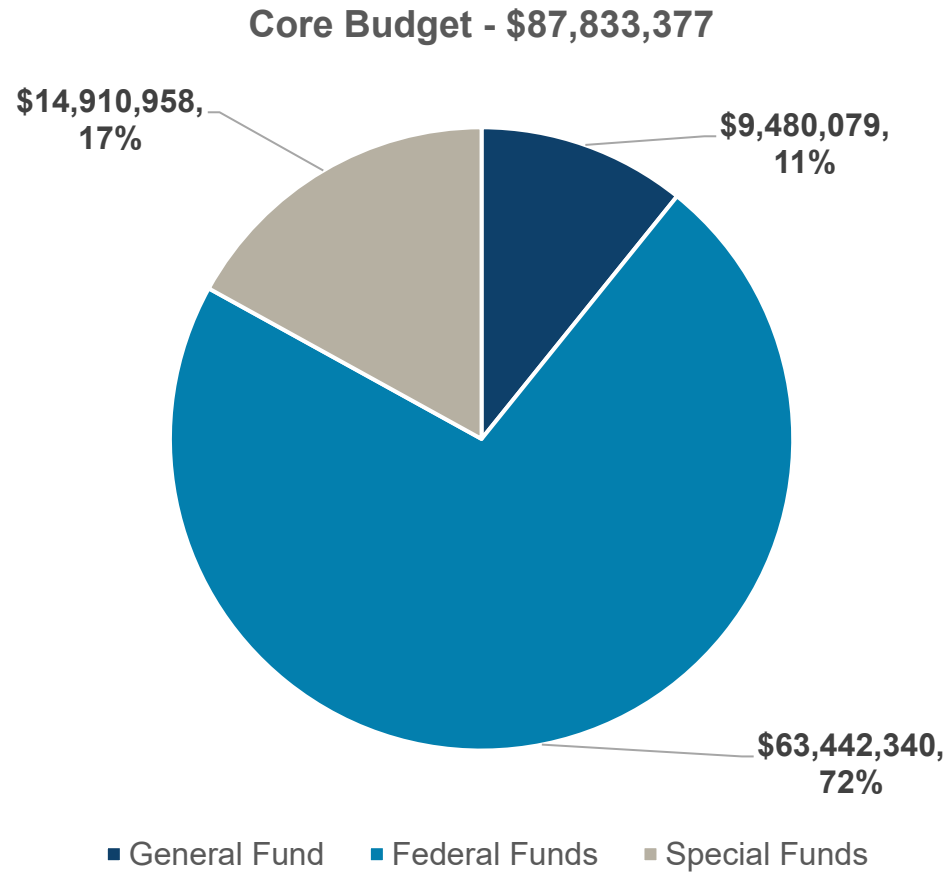
2023-25 Executive Recommendation

Core Budget By Line Item



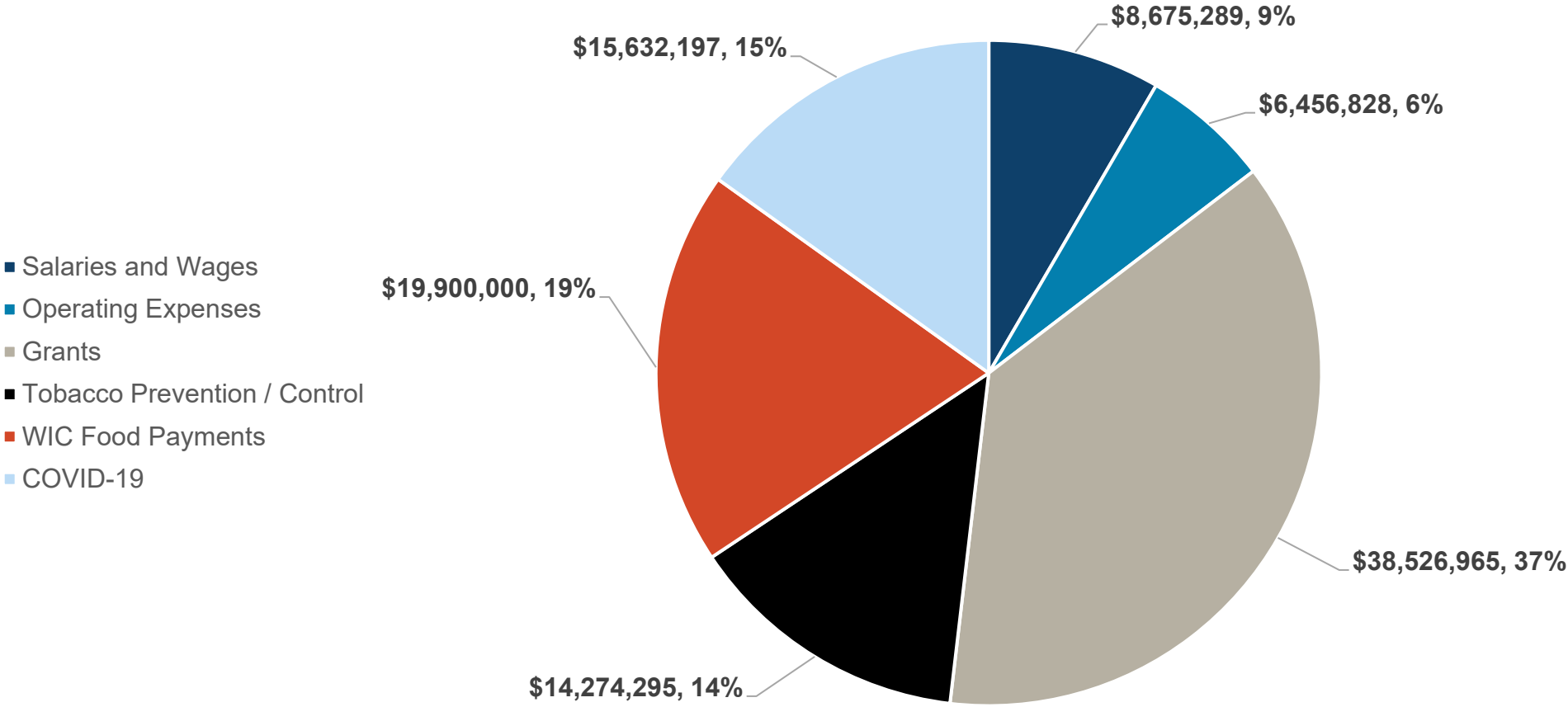
■ Salaries and Wages ■ Operating Expenses ■ Grants ■ Tobacco Prevention / Control ■ WIC Food Payments

2023-25 Executive Recommendation By Funding Source



2023-25 Executive Recommendation

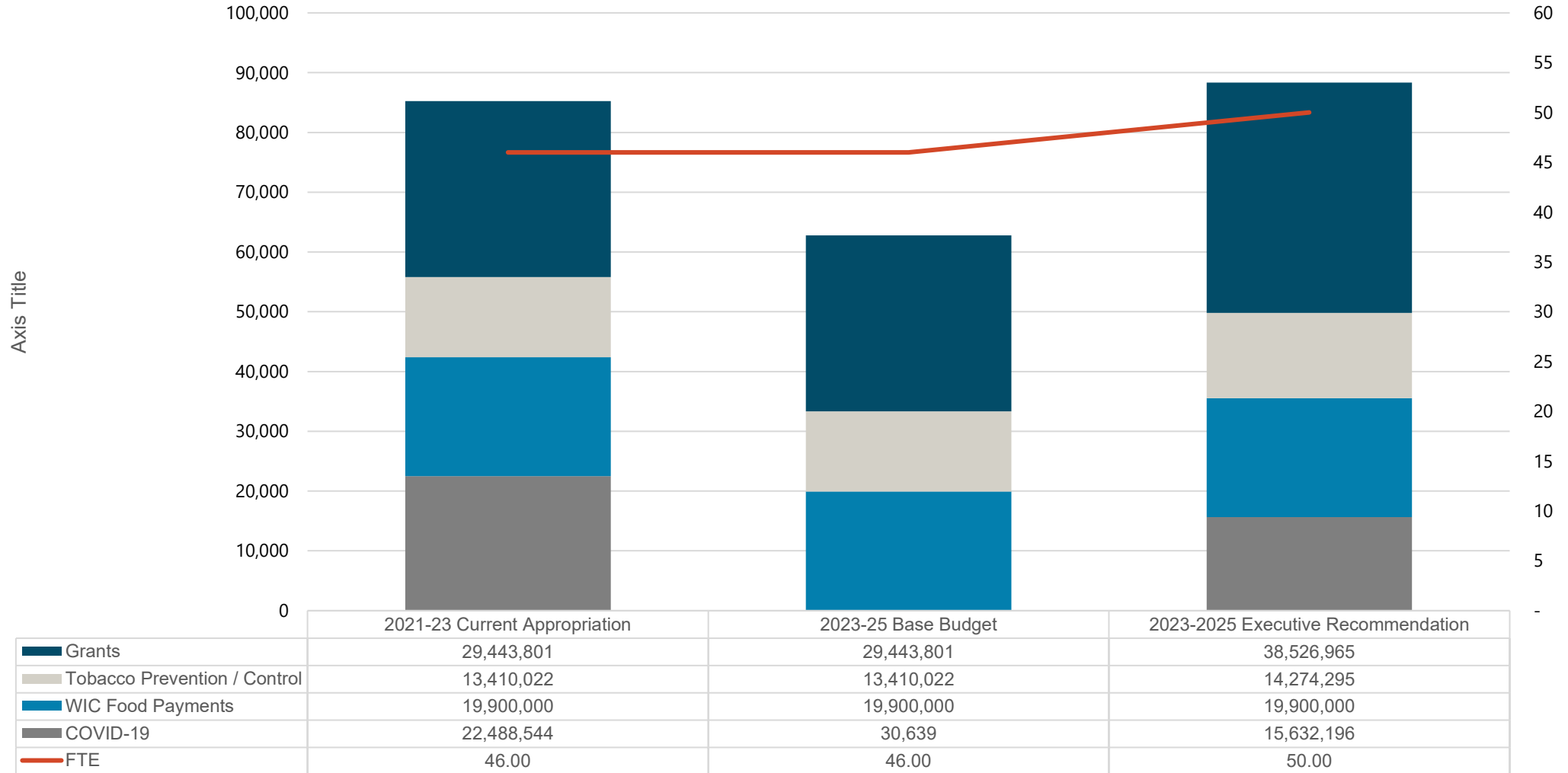
By Line Item



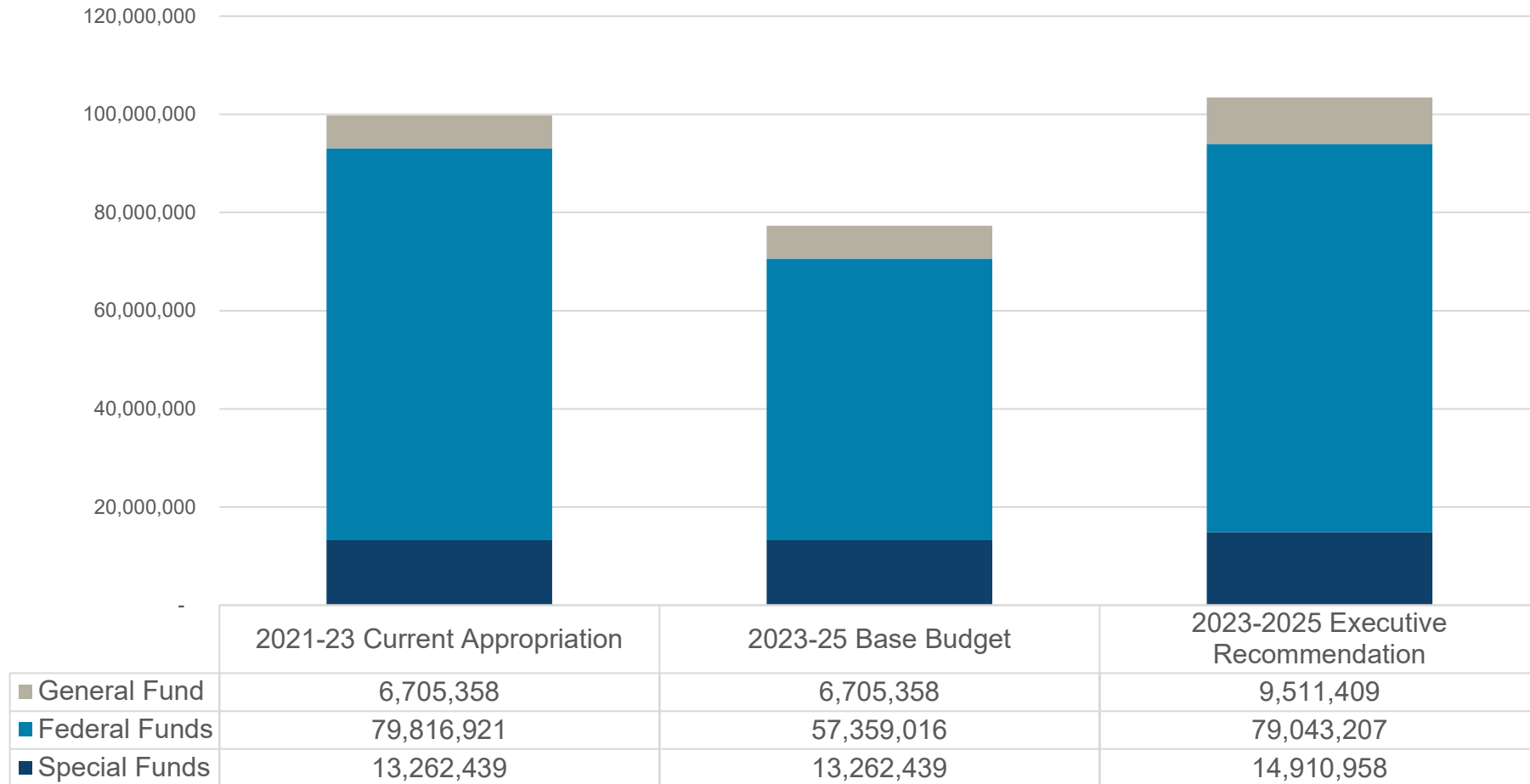
Comparison

Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Rec.
Salaries and Wages	7,672,364	7,672,364	1,002,926	8,675,290
Operating Expenses	6,869,987	6,869,987	(413,159)	6,456,828
Grants	29,443,801	29,443,801	9,083,164	38,526,965
Tobacco Prevention/Control	13,410,022	13,410,022	864,273	14,274,295
WIC Food Payments	19,900,000	19,900,000	0	19,900,000
COVID-19	22,488,544	30,639	15,601,557	15,632,196
FTE	46.0	46.0	4.0	50.0

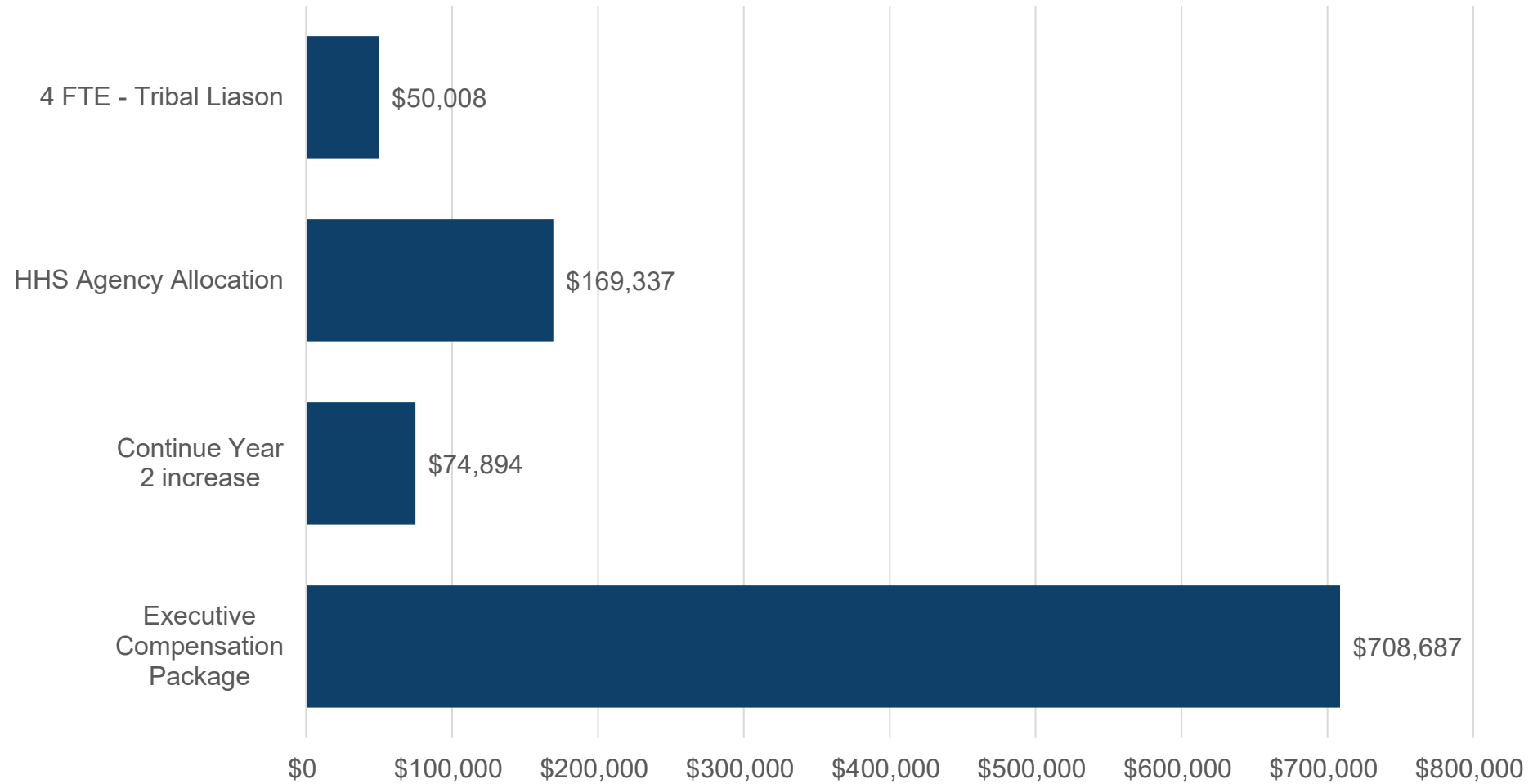
Overview of Budget Changes



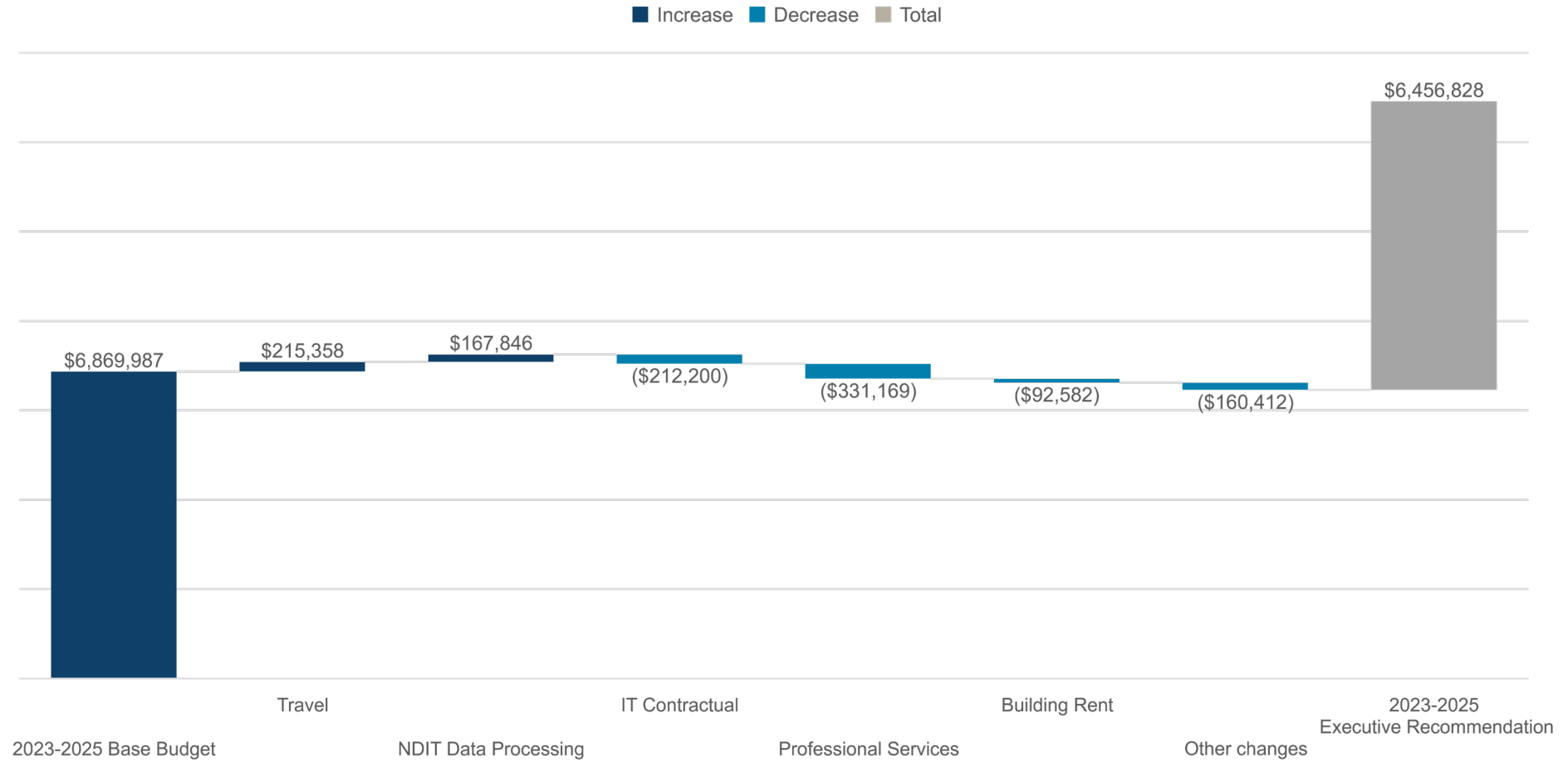
Overview of Funding Changes



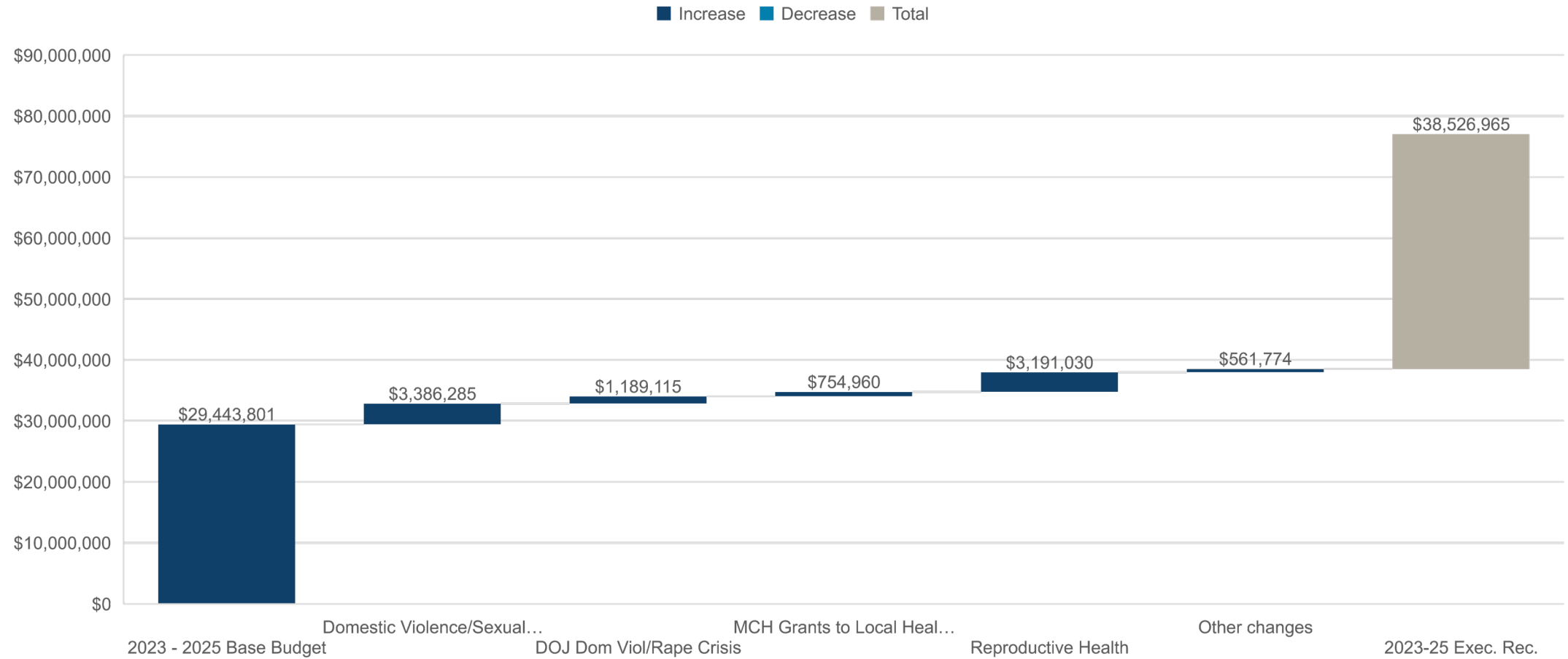
Major Salary & Wage Differences



Major Operating Differences



Major Grant Differences





Summary and Key Takeaways

Strategies driving budget:

- Data and Evidence-based decision making
 - Community Engagement
 - Social Determinants of Health
 - Policy, Systems and Environmental changes (PSE)
 - Infrastructure, Workforce and Data Systems
- Utilizing these strategies is critical so every person has the opportunity to attain their highest level of health
 - To succeed, support is needed for key positions and expanded services
 - Tribal Health Liaisons
 - Domestic Violence/Rape Crisis
 - Tobacco Prevention and Control
 - Poison Hotline



THANK YOU

Kim Mertz | Section Director | kmertz@nd.gov | 328-4528



House Bill 1004

Health Response and Licensure Section

Tim Wiedrich

Department of Health and Human Services

Public Health Division | January 18, 2023



Health & Human Services

Health Response and Licensure Section



Tim Wiedrich

- Create and Maintain Public Health and Medical Emergency Response Systems
- Administer and Distribute Grant Funds
- Train, Certify and License Certain Medical and Other Providers
- Regulate and Designate Medical Systems of Care
- Regulate Food and Lodging Establishments

Emergency Medical Systems



Christopher Price

Emergency Preparedness and Response



Juli Sickler

Food and Lodging



Julie Wagendorf

Life Safety & Construction



Karla Aldinger

Health Facilities



Bridget Weidner

Health Response and Licensure Section

Staff	Licenses, Certifications & Designations	Grants Issued	Emergency Response
61.5 FTE-One Vacancy 18 Long-Term Temp 49 FT Covid Temp 51 PRN Covid Temp	5,459 Organizations 7,859 Site Survey 516 Plans Reviewed 31,256 People 356 Complaints	\$13,731,941	12,542 Medical Missions 5,961 Cache Orders 12,074 Vaccine Orders 5,389 Courier Missions 2,270 HAN Messages

Emergency Medical Systems



Emergency Medical Services

EMS Personnel and Agency Licensure, Prehospital Care Education



Trauma System of Care

Trauma Center Designation, Trauma System Performance Improvement



Cardiac System of Care

STEMI Referring/Receiving Center Designation, Cardiac System Performance Improvement



EMS for Children

Improve Access and Quality of Emergency Care for Children



Stroke System of Care

Stroke Center Designation, Acute Stroke Treatment Guidelines



Special Projects

Law Enforcement AED Project, Cardiac Ready Communities

Emergency Preparedness and Response



Public Health Emergency Preparedness & Response
LPH Statewide Response Team
All Hazards Response System
Incident Command Structure



Medical Volunteer Coordination
Medical Reserve Corp
CISM
EMAC



Hospital Preparedness Program
One Statewide Coalition
Partners: NDHA & NDLTCA



Health Alert Network
Emergency Medical Information Distribution

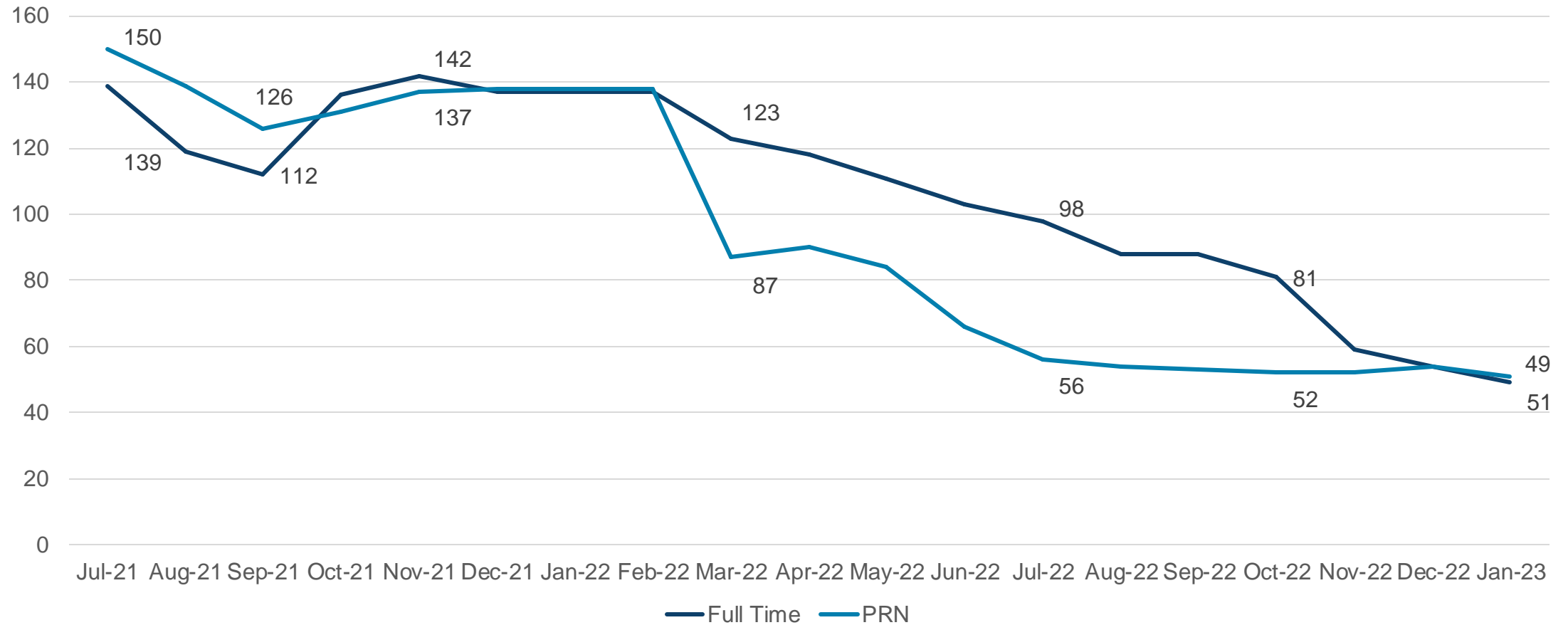


State Medical Cache
Distribution of Medical Supplies
Patient Evacuation Transport
Tactical Communications
Strategic National Stockpile



Department Operations Center
Coordination of Health and Medical Emergency Events

Covid Response Team - Temporary Staff Levels July 2021 - January 13, 2023



Covid Response Team -Temporary Staff Positions

January 16, 2023



Position	Full Time	PRN	Total
RN	10	31	41
LPN	3	2	5
EMS	8	7	15
CNA	2	6	6
Courier	14	4	20
DOC Support	12	1	13
Total	49	51	100

Covid Response Team - Staff Assignments

August 28, 2022 - December 31, 2023



Assignment	Percent of Time
Testing	48%
Gap Staffing	9%
Local Public Health Unit Assist	5%
Fit Testing	1%
Vaccination	1%
Medical Supply Distribution	36%

Food and Lodging Provides



Food and Beverage Establishments

License application, Plan Review, and Inspections



Food Processing Plants

License application, Plan Review, and Inspections



Assisted Living Facilities

License application, Plan Review, and Inspections of Foodservice and General Facility Sanitation



Lodging Establishments

License application, Plan Review, and Inspections of Hotels/Motels and Bed and Breakfasts



Tattoo, Body Art, Electrology, and Tanning Facilities

License application, Plan Review, and Inspections



Mobile Home Parks/ Recreational Vehicle Parks/Campgrounds

License application, Plan Review, and Inspections

Life Safety and Construction



Life Safety Code Surveys

Survey inpatient & outpatient healthcare facilities



Plan Reviews for Healthcare Facilities

Review construction plans & specifications



Construction Inspections for Healthcare Facilities

Site inspections for new construction

Health Facilities



Licenses and Certifies Health Care Facilities



Surveys Inpatient and Outpatient Health Care Facilities



Maintains the Nurse Aide Registry

Improving the lives of North Dakotans

How legislative support and
appropriations made an impact in
the **2021-2023 biennium**



Continued Progress Includes An Enhanced Focus On Resources Across North Dakota



Strengthening Emergent Systems of Care via Collaboration with LE, FDs, EMS, CAHs and Tertiary Care Centers



Availability of an online, streamlined registry and licensure system



Coordination and maintenance of State Medical Cache



Enhanced training and educational opportunities for emergency response teams

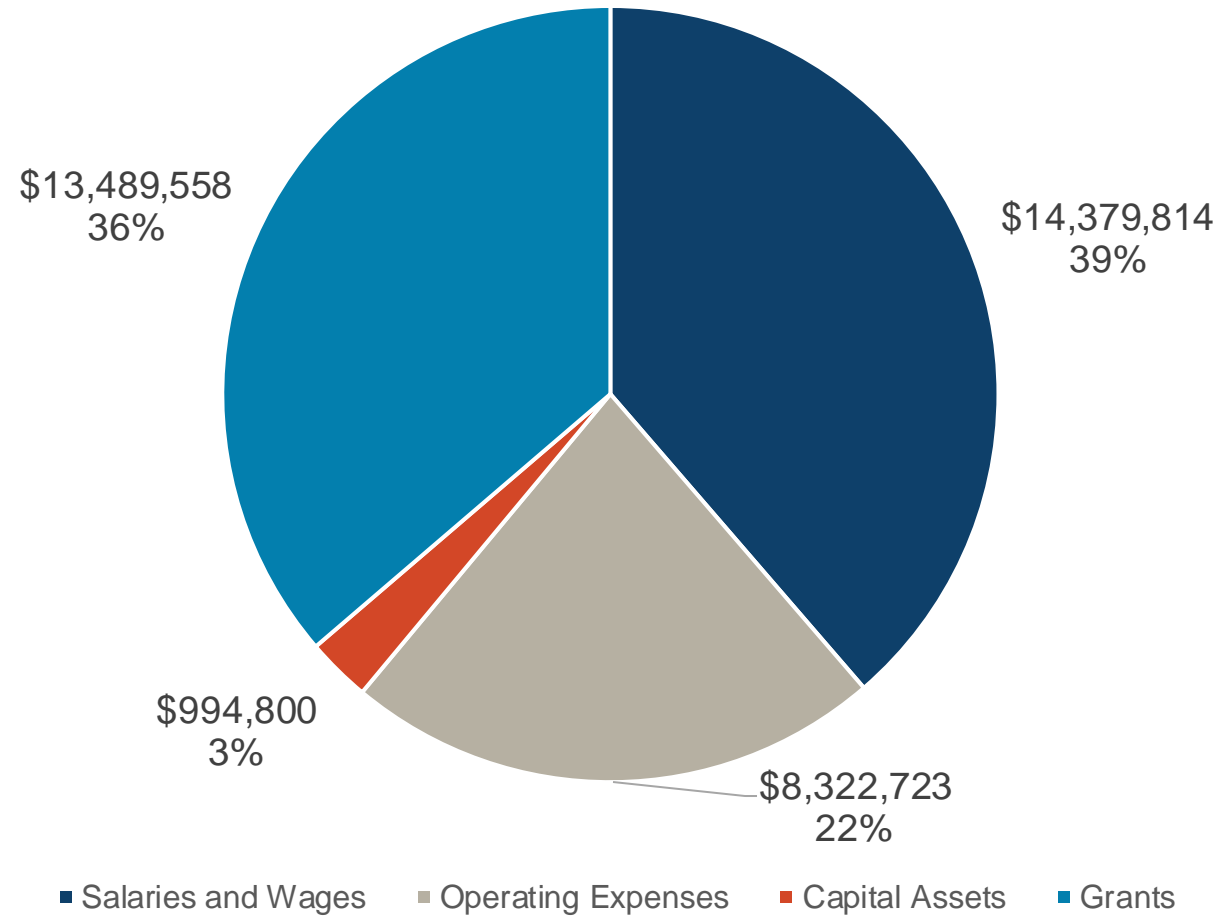


2023-2025 Budget request

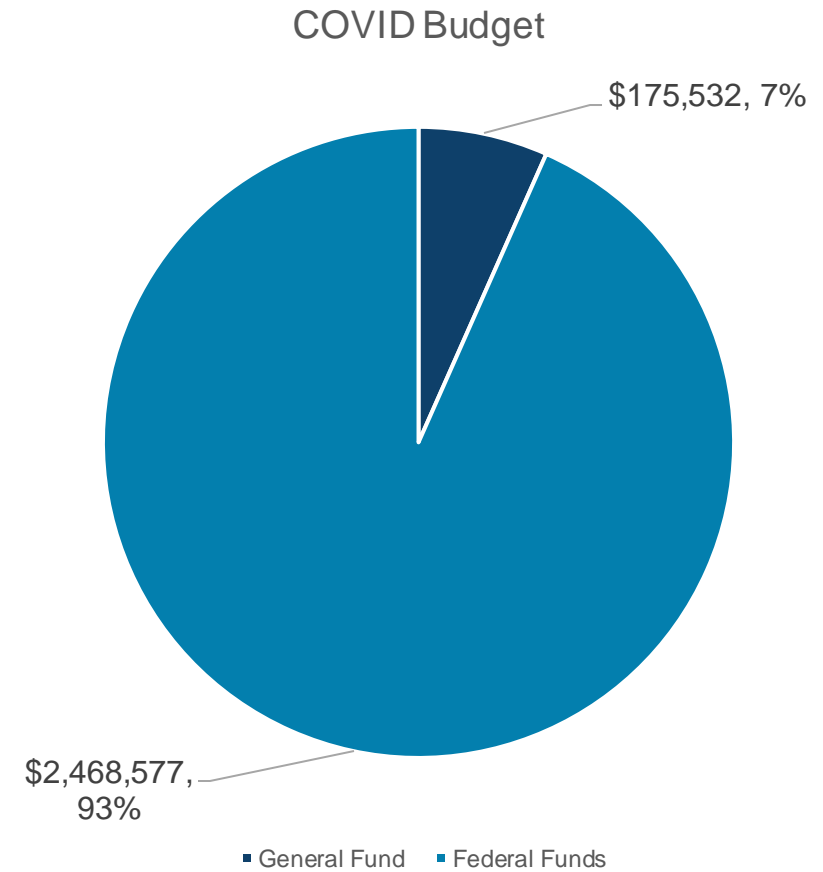
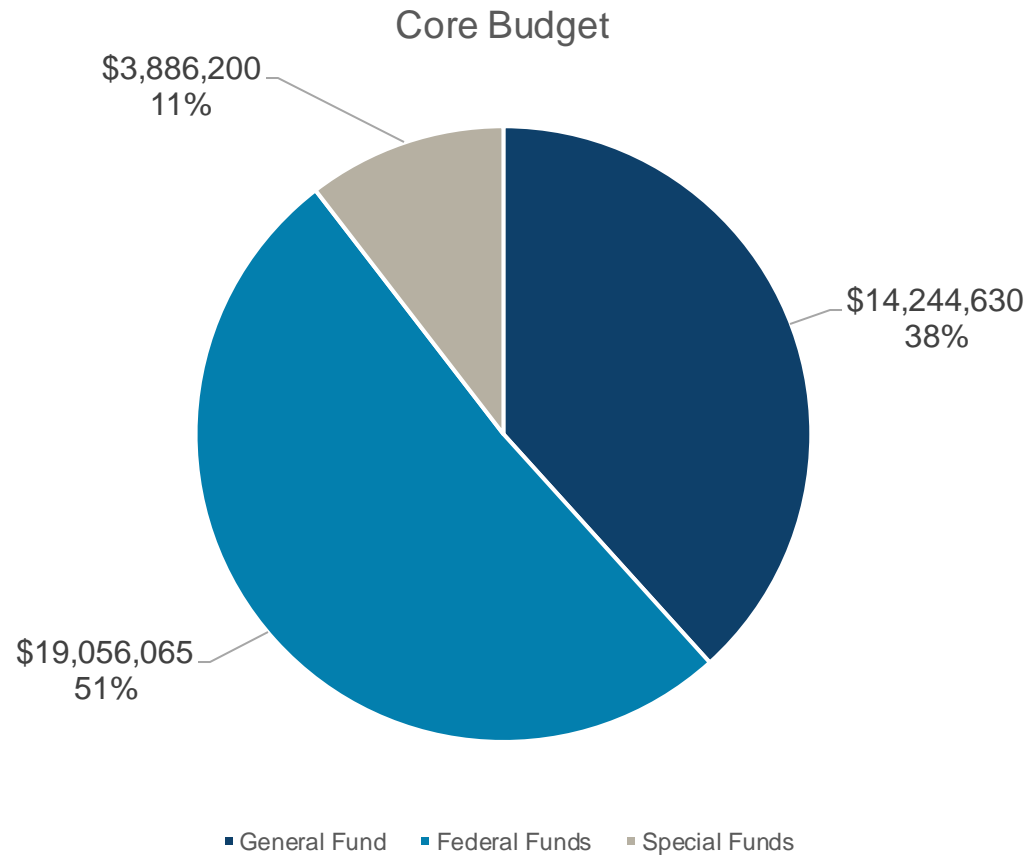
The program, systems and workforce support necessary to continue to serve North Dakotans

2023-25 Executive Recommendation

Core Budget By Line Item

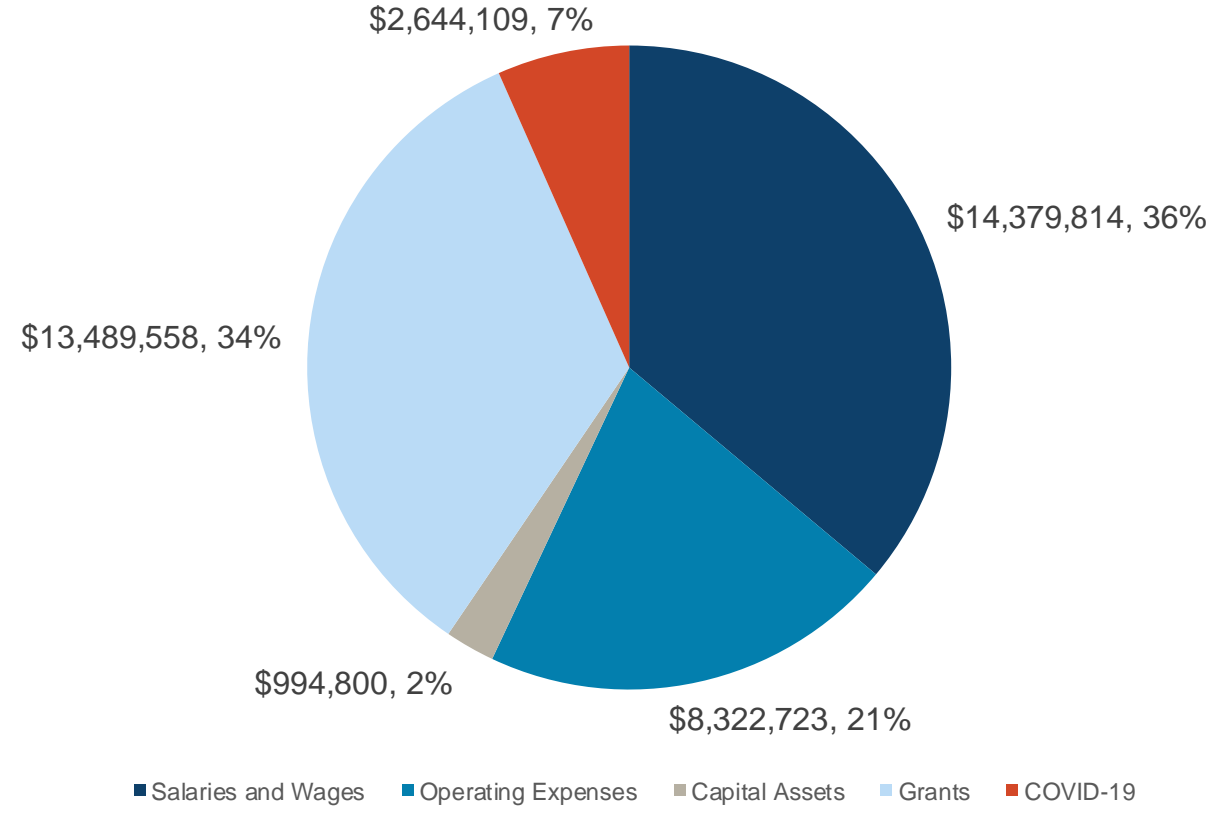


2023-25 Executive Recommendation By Funding Source



2023-25 Executive Recommendation

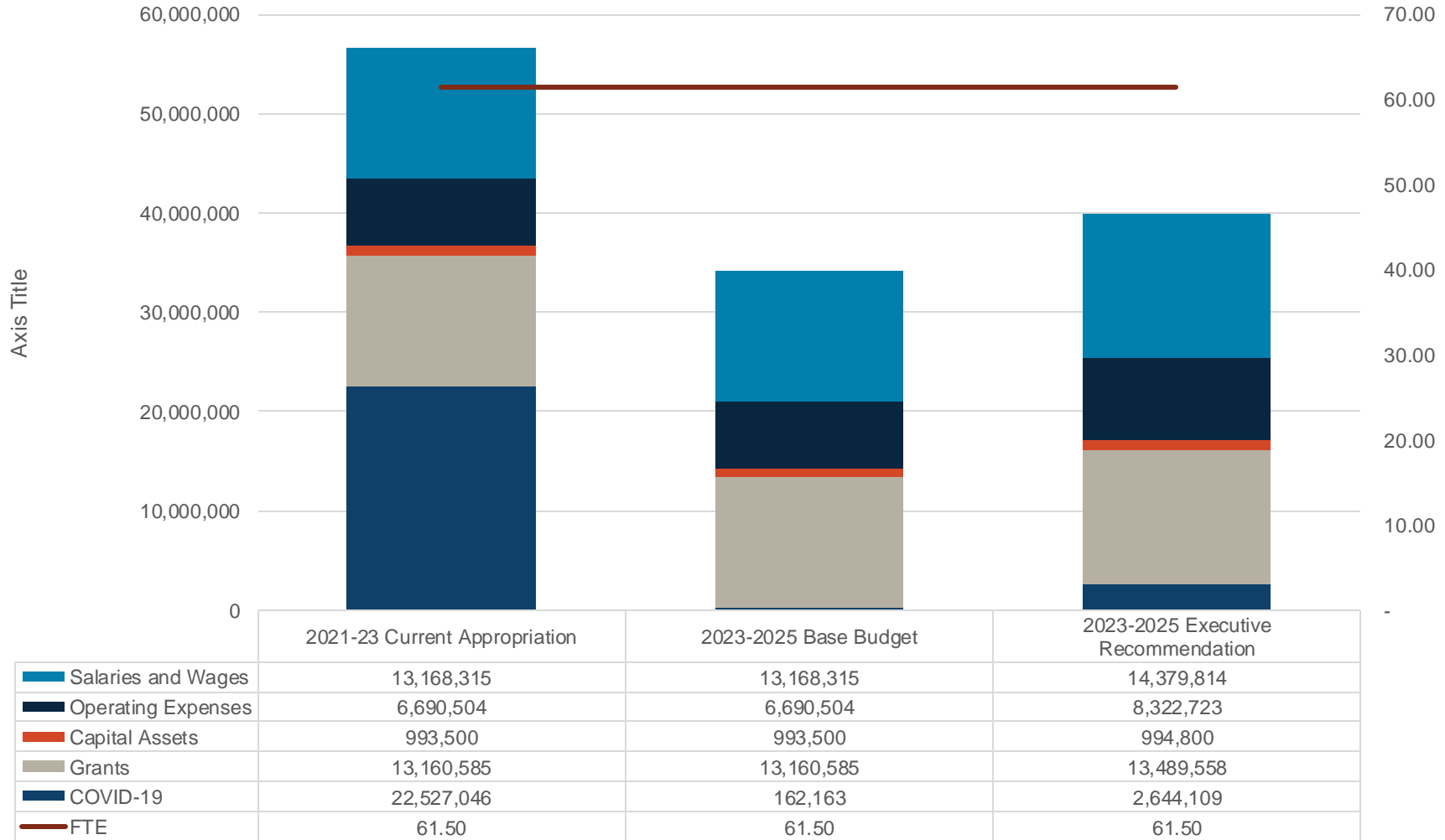
By Line Item



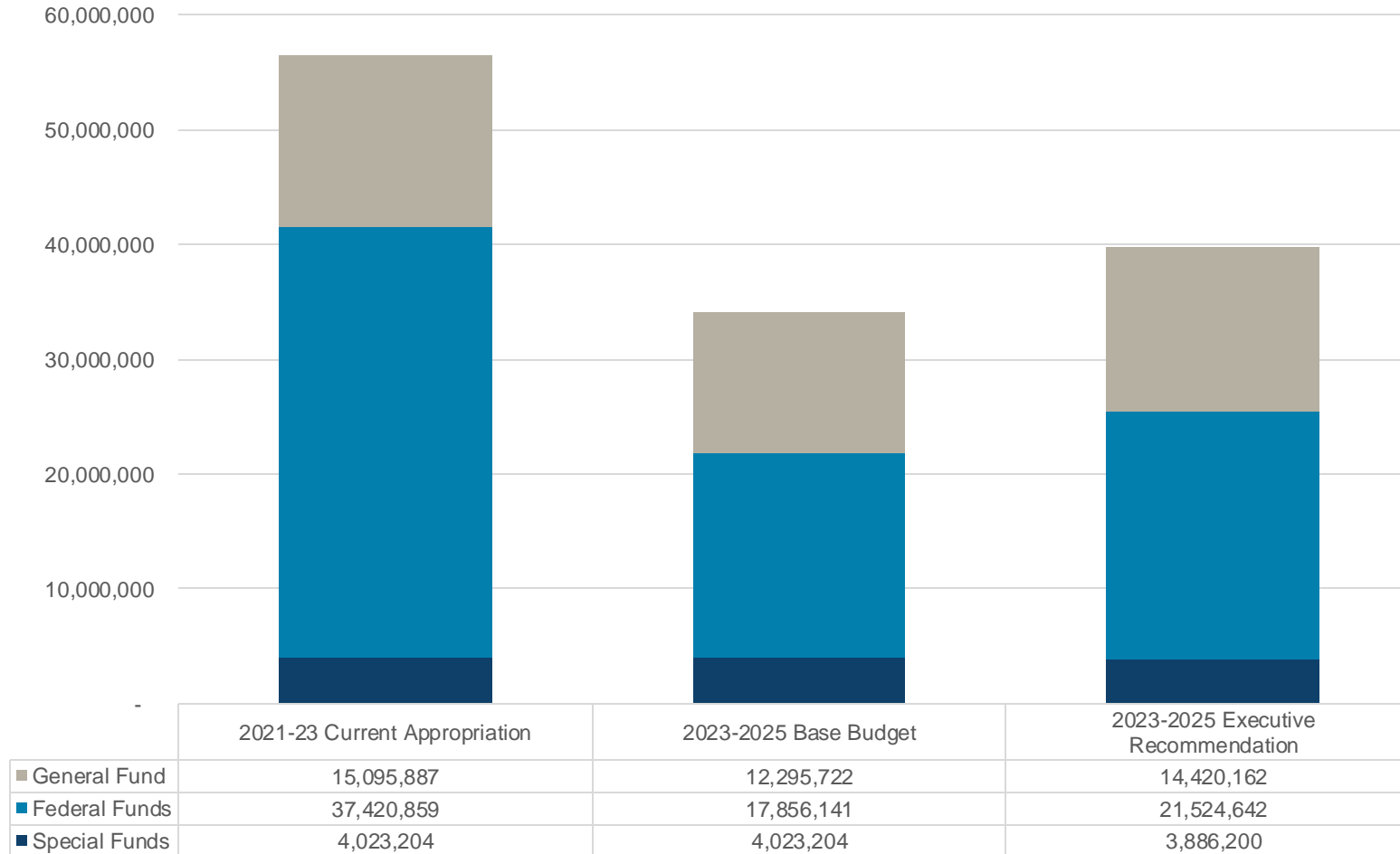
Comparison

Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Recommendation
Salaries and Wages	13,168,315	13,168,315	\$1,211,499	14,379,814
Operating Expenses	6,690,504	6,690,504	\$1,632,219	8,322,723
Capital Assets	993,500	993,500	\$1,300	994,800
Grants	13,160,585	13,160,585	\$328,973	13,489,558
COVID-19	22,527,046	162,163	\$2,481,946	2,644,109
FTE	61.5	61.5		61.5

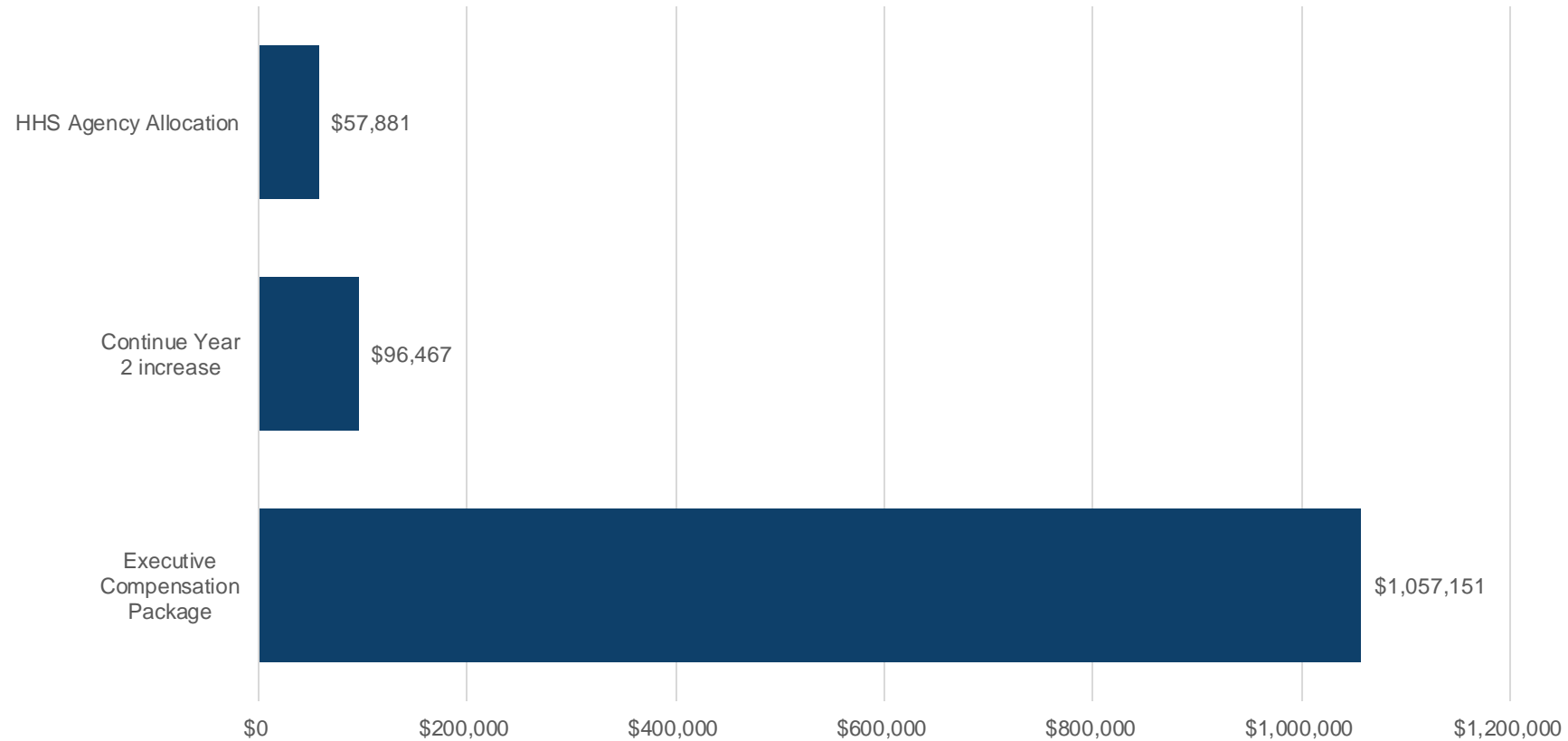
Overview of Budget Changes



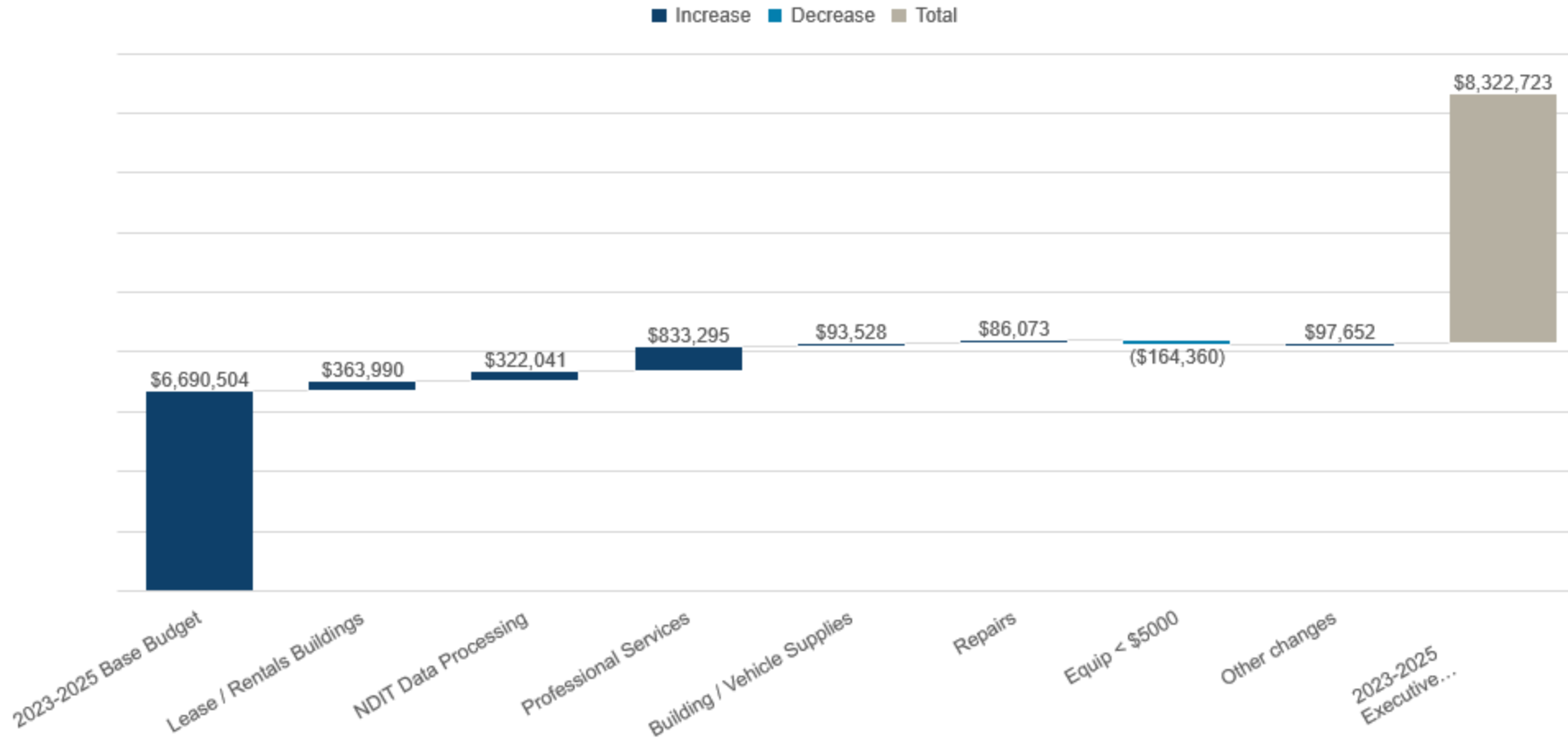
Overview of Funding Changes



Major Salary & Wage Differences



Major Operating Differences

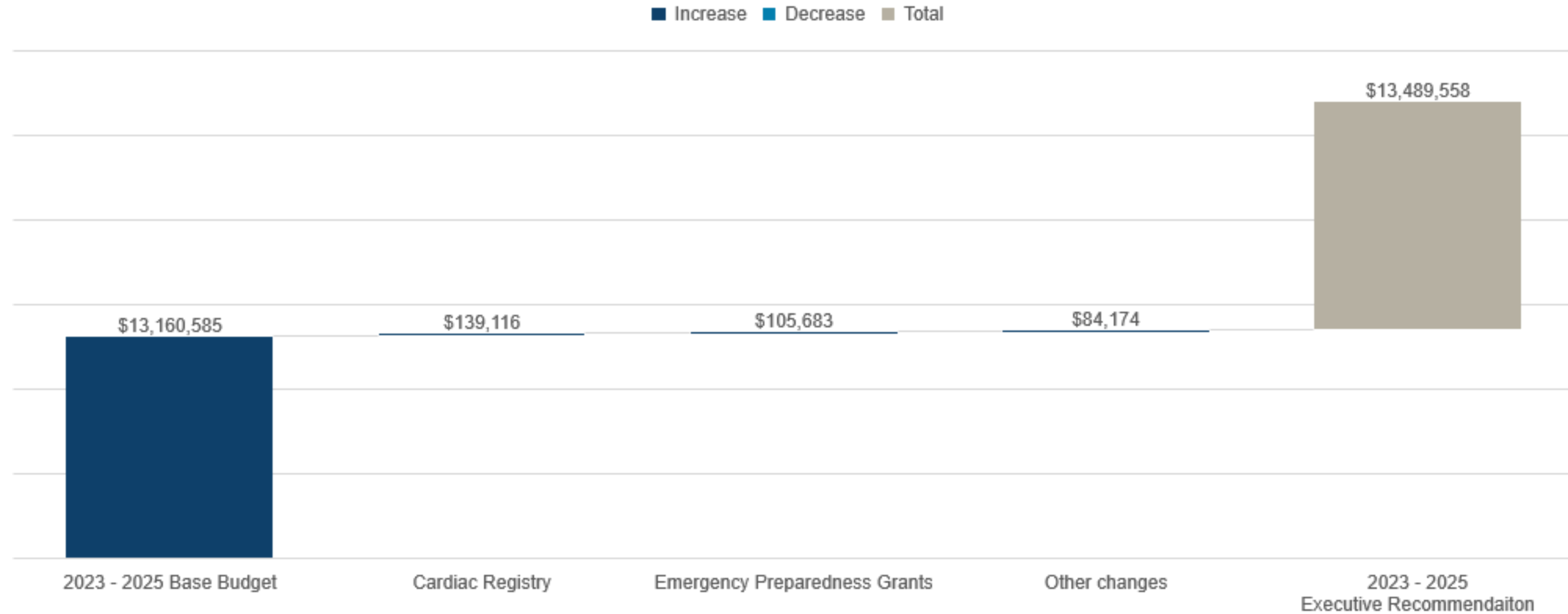


Operating Differences Detail

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Travel	817,840	28,085	845,925
IT - Software/Supp.	85,265	(505)	84,760
Professional Supplies & Materials	60,457	(16,001)	44,456
Food & Clothing	2,577	(1,304)	1,273
Buildings/Vehicle Maintenance Supplies	108,268	93,528	201,796
Miscellaneous Supplies	42,726	(15,532)	27,194
Office Supplies	45,693	(10,249)	35,444
Postage	27,651	(6,891)	20,760
Printing	46,972	(18,167)	28,805
IT Equip Under \$5000	113,860	(112,860)	1,000
Other Equip Under \$5000	51,500	(51,500)	-
Utilities	58,603	11,000	69,603
Insurance	108,400	28,000	136,400
Lease/Rentals - Equipment	33,045	11,617	44,662
Lease \Rentals-- Buildings./Land	1,284,548	363,990	1,648,538
Repairs	174,874	86,073	260,947
IT-Data Processing	846,830	322,041	1,168,871
IT-Telephone	267,258	-	267,258
IT - Contractual Services	606,000	84,154	690,154
Professional Development	107,959	-	107,959
Operating Fees & Services	243,853	3,800	247,653
Professional Services	1,047,940	833,295	1,881,235
Medical, Dental, and Optical	508,385	(355)	508,030
Total Operating	\$ 6,690,504	\$ 1,632,219	\$ 8,322,723

Major Grant Differences

(in thousands)



Summary And Key Takeaways

- **Provides a Safety Net**
- **We do this through:**
 - **Emergency response plans, responders, equipment and supplies**
 - **Provision of information**
 - **Fair and Reasonable Establishment and Enforcement of Regulations**





THANK YOU

Tim Wiedrich | Director, Health Response and Licensure | twiedric@nd.gov | (701) 328-2388

Community Health Trust Fund Status Statement

	2019-21	2021-23		2023-25
	Actual ^{\1}	Legislative Appropriation	Revised Estimate	Executive Budget
Beginning Balance	\$19,858,323	\$25,805,047	\$25,805,047 ^{\2}	\$22,733,622
Revenue:				
One-Time Transfer from Tobacco Prevention and Control Trust Fund	\$0	\$0	\$0	\$2,026,391
Transfers from the Tobacco Settlement Trust	44,093,129	38,041,716	44,250,899	40,000,000 ^{\4}
Total Revenue	\$44,093,129	\$38,041,716	\$44,250,899	\$42,026,391
Expenditures:				
Department of Human Services - Medical Services	(\$27,400,000)	(\$31,500,000)	(\$31,500,000) ^{\3}	\$0
Dental Loan Program	(324,000)	(360,000)	(360,000) ^{\3}	(360,000)
Behavioral Health Loan Repayment	(200,000)	(234,500)	(234,500) ^{\3}	(234,500)
Tobacco Prevention and Control Programs	(9,700,000)	(11,293,000)	(10,793,000) ^{\3}	(11,293,000)
Women's Way Program	(322,405)	(329,500)	(329,500) ^{\3}	(329,500)
Behavioral Risk Factor State Survey (BRFSS)	(200,000)	(200,000)	(200,000) ^{\3}	(200,000)
Cancer Programs	0	(580,324)	(580,324) ^{\3}	(580,324)
Domestic Violence Prevention	0	(300,000)	(300,000) ^{\3}	(1,000,000)
Local Public Health State Aid	0	(525,000)	(525,000) ^{\3}	(3,275,000)
Local Public Health Grants (Pandemic Response)	0	(4,515,296)	0	0
UND Forensic Examiner	0	(1,000,000)	(1,000,000) ^{\3}	(1,000,000)
Statewide Health Strategies	0	(1,500,000)	(1,500,000) ^{\3}	0
Tobacco Cessation Grants	0	0	0	(500,000)
Youth Vaping Precention Grants	0	0	0	(300,000)
DHHS FASCES Child Support System	0	0	0	(20,400,000)
Total Expenditures	(\$38,146,405)	(\$52,337,620)	(\$47,322,324)	(\$39,472,324)
Ending Balance	\$25,805,047	\$11,509,143	\$22,733,622	\$25,287,689

\1 Final revenue and expenditures per state accounting system reports dated June 30, 2021.

\2 Actual July 1, 2021 balance.

\3 Estimated expenditures for the 2021-23 biennium projected by the Department of Health and Human Services.

\4 Estimated revenues based on average actual receipts.

Notes:

The Community Health Trust Fund originated in 1999. The purpose of the fund is to provide for public health programs, including those emphasizing prevention or reduction of tobacco usage in this state. The revenue source for the Community Health Trust Fund is the Tobacco Settlement Trust Fund (North Dakota Century Code Section 54-27-25). All tobacco settlement monies received by the state are to be deposited in the Tobacco Settlement Trust Fund. Prior to the 2019-21 biennium, monies in the fund were allocated as follows:

- 10.0 percent to the Community Health Trust Fund
- 45.0 percent to the Common Schools Trust Fund
- 45.0 percent to the Water Development Trust Fund

In 2017, HB 1012 suspended transfers from the Tobacco Settlement Trust Fund to the Common Schools Trust Fund during the 2017-19 biennium and increased transfers from the Tobacco Settlement Trust Fund to the Community Health Trust Fund from 10.0 percent to 55.0 percent of the tobacco settlement revenues.

Beginning July 1, 2019, all money from the Tobacco Settlement Trust Fund must be transferred within 30 days of receipt to the Community Health Trust Fund.

The Community Health Trust Fund is administered by the Department of Health and Human Services which may use monies in the fund subject to legislative appropriation.

SB 2004, Section 7 directed Office of Management and Budget to transfer any moneys remaining in the Tobacco Prevention and Control Trust Fund to the Community Health Trust Fund on July 1, 2021.

My name is Darianne Johnson and I am the Executive Director of the Domestic Violence and Rape Crisis Center in Dickinson. I would be there today in person if it were not for the fog.

The Domestic Violence and Rape Crisis Center (DVRCC) provides shelter and services to Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope and Stark counties which encompass 10,002 square miles. DVRCC is the only shelter in southwestern North Dakota with Beulah and Williston being the only other two. There is great distance between us and we all serve different counties.

Our shelter can house 28 people. We have 4 case managers and have one case manager position that has been open for over a year. We can no longer expect the case managers at the domestic violence shelters to provide these services while being paid less than a McDonalds worker. It has been impossible to hire the case manager position as we cannot compete with the \$28/hr pay and state benefits that other agencies can provide.

In 2021 we served 70 families which included 60 children. Our case managers provide crisis intervention and emotional support to survivors of domestic violence, sexual assault, human trafficking, and stalking. The case managers also provide personal and legal advocacy along with helping the survivor with any other problems they need help with. DVRCC provides food, personal supplies, and clothing to these same survivors.

WE NEED HELP! The drug epidemic that has impacted our country has also invaded our area. We have survivors as well as abusers that will sell their souls to get the fix they need. Dickinson has no inpatient drug and alcohol treatment center, nor do we have an inpatient mental health unit. Our staff is not trained to provide the level of care that these people need. Many times, they come from and go back to situations that are disgusting and completely unsafe. To get drugs, sex is traded, money flows and people are getting hurt.

I have worked at DVRCC for 22 years. Our community has always worked together in the best interest of our mutual client. There have been so many changes in rules and regulations that have come down that have caused chaos for agencies. We ask for help and unless the person fits exactly into the correct criteria, they do not qualify for their services. The door is then closed, and we are left with the burden of having someone in our physical presence and not being able to connect them with any help whatsoever. The stress of being powerless to help is devastating and detrimental to the staff.

What domestic violence and sexual assault agencies do every day needs to be recognized and understood by you, the legislators, and the communities of North Dakota. We quietly take care of what no one wants to see or hear about.

Respectfully submitted,

Darianne Johnson

Executive Director, Domestic Violence and Rape Crisis Center, Dickinson, ND

COMMISSIONER
DOUG GOEHRING



ndda@nd.gov
www.nd.gov/ndda

**Testimony of Beth W. Carlson, DVM
Deputy State Veterinarian
House Bill 1004
House Appropriations Committee, Human Resources Division
Harvest Room
January 19, 2023**

Chairman Nelson and members of the House Appropriations Committee's Human Resources Division, I am Beth Carlson. I am the Deputy State Veterinarian with the Department of Agriculture and the State Board of Animal Health. Agriculture Commissioner Goehring supports and urges passage of funding for the Veterinary Loan Repayment Program, which is within HB 1004.

I have coordinated the State Board of Animal Health's involvement in the Veterinary Loan Repayment Program (VLRP) since the legislature established this program in 2007. For those of you who may not be familiar with the program, this program selects three veterinarians each year who receive up to \$80,000 in loan repayment over the course of four years in exchange for committing to provide food animal veterinary services in rural areas of the state.

Since the program began, 47 veterinarians have been selected to receive funding through this program. It has been an extremely helpful tool for rural practice owners in recruitment and retention. Of the 47 recipients, 39 either completed the required four years of service or are still working towards completing it, and 36 of them are still actively practicing in North Dakota. The program has also enabled several veterinarians to become practice owners earlier in their career than they would otherwise have been able to. In fact, nearly half of the past recipients are currently practice owners or partners.

As I'm sure you are aware, educational costs have risen significantly in recent years. When I entered my first year of veterinary school in the fall of 1997, non-resident tuition at Iowa State for veterinary students was \$17,500 per year. For the 2023-2024 school year, it will be over \$58,700.

Data from the American Veterinary Medical Association indicates that during the same time, the average starting salary for a veterinarian nationally has increased from \$55,000 to \$99,000, and the average starting salary in ND is typically \$10,000-\$20,000 less than the national average. As you can see, in the same time period that the amount of tuition has more than tripled, salaries have not even doubled.

Veterinarians remain critical to maintaining the health of the livestock and pets in this state, and they play an integral role in helping to protect public health. North Dakota's support of the veterinary profession has helped ensure that veterinarians who wish to practice in North Dakota can afford to do so, and the Veterinary Loan Repayment Program has been a key component of that support.

Chairman Nelson and committee members, for these reasons, Commissioner Goehring strongly urges you to maintain funding for the Veterinary Loan Repayment Program. I would be happy to answer any questions you may have.

Testimony
To the
House Appropriations -Human Services Division
on
HB 1004

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.

I am in support of the additional \$2,750,000 state aid to local public health in the Governor's budget. State Aid is vital for local public health units to address the unique needs of the communities we serve. Local public health is continually assessing their community needs in regards to the community's ability to have healthy people in healthy communities. In the geographic area First District Health Unit serves, there are a wide range of needs that vary depending on access to health care (including mental health), emergency response times, varied economic and housing situations and leading causes of death.

Local public health units work with numerous community partners to address community needs. Partners include private health care providers, educators, clergy, local governments, UND family practice residents, emergency responders, parents, aging services, long term care facilities, etc. We need to be creative about addressing community needs and often use a multi-agency approach. That is why state aid is so important.

I have listened to the state health budget presentations and appreciate the work that they do. I want to provide additional information regarding the local health responses to some of the situations your committee has discussed.

- Tuberculosis – we have provided daily observed medication, facilitated quarantine orders, and arranged housing.
- Community engagement – we have worked with community coalitions and partners, and conducted focus groups to identify community needs and develop strategic plans that are unique to the subject communities. Throughout the Covid response we were accessible 24/7 to provide schools assistance and recommendation. We established and staffed a hotline that individuals could call and ask specific questions regarding their unique situations. We were averaging over 400 calls per day during the worst days of covid and throughout the vaccine rollout.
- Immunizations – throughout the COVID vaccine distribution we facilitated calls with 28 health care providers every Tuesday to move vaccine across providers and assure that priority groups in each community had access. We have a very good working relationship with health care providers.

Each Health Unit throughout the State develops services, activities and responses based on the resources available, and community needs. Local public health units appreciate your support. It allows us the ability to develop creative, efficient and effective strategies.

I would be happy to answer any questions.

WANT HELP QUITTING VAPING? TRY THIS IS QUITTING, A FREE TEXT-TO-QUIT PROGRAM

“Quitting seems impossible, but it isn’t. You’ll feel like you have your life, body, and wallet back once you quit.”

-Meg, TIQ User

CONFIDENTIAL HELP

Your quitting journey stays between you and TIQ.

ADVICE FROM REAL PEOPLE

You'll receive tips and motivation from TIQ's built-in support system of successful quitters.

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Created by a team of quitting experts, TIQ has helped hundreds of thousands of young people quit vaping.

24/7 SUPPORT

TIQ is there whenever you need help with stress, slips, or cravings — no matter the time of day.

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TO JOIN THE HUNDREDS OF THOUSANDS OF YOUNG PEOPLE GETTING HELP FROM **THIS IS QUITTING.**





Public Health
Prevent. Promote. Protect.

BISMARCK BURLEIGH PUBLIC HEALTH

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Continued the Big Tobacco Exposed contest- a poster design contest for local college students
- Collaboration with Gateway Pharmacy in Bismarck to have a trained tobacco treatment specialist (TTS)
- Working with Bismarck Public Schools to have schools nurses trained as TTS
- Hosted a round table discussion with area tobacco treatment specialist to discuss potential collaboration
- Continued advocacy and education work with Bismarck BreakFree Youth Board
- Community education and media appearances warning about the dangerous of various tobacco products



100% of K-12 students are covered by tobacco-free school policies:

- 14/14 LEAs or Districts
- 15644 students



100% of college students are covered by tobacco-free campus policies:

- University of Mary
- Bismarck State College
- United Tribes Technical College



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Public Health
Prevent. Promote. Protect.

CAVALIER COUNTY HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Worked with Langdon City Council to raise the purchase age of tobacco to 21
- Youth developed a PSA to be used on social media and in schools about the dangers of vape products



100% of K-12 students are protected with comprehensive tobacco-free school policies:

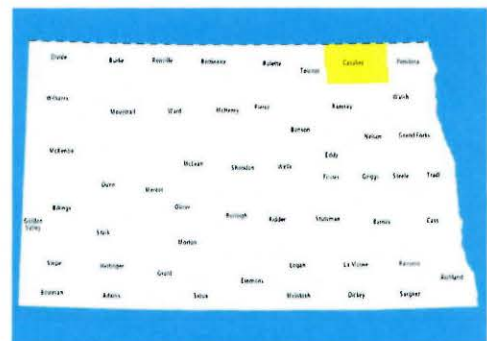
- 3/3 LEAs or Districts
- 509 Students



Tobacco-Free Park and Outdoor Area Policies:

- Langdon City Parks
- Boyd Block
- Langdon City Pond

Service Area





Public Health
Prevent. Promote. Protect.

CENTRAL VALLEY HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Worked with Jamestown City Council to pass a T21 ordinance to align with state and federal law
- Surveyed Jamestown High School Students on youth vaping issues and cessation needs
- Jamestown Park and Rec board adopted a 100% tobacco-free policy for all Jamestown parks and rec sites, with no exceptions
- Tobacco Coordinator is a tobacco treatment specialist



85% of K-12 students are covered by tobacco-free school policies:

- 5/11 LEAs or Districts
- 2784/3220 students



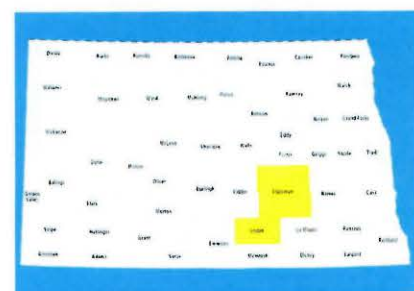
100% of college students are covered by tobacco-free campus policies

- University of Jamestown



Working with Jamestown Police Department to complete local compliance checks

Service Area





Public Health
Prevent. Promote. Protect.
City-County Health District

CITY COUNTY HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Have one staff trained as a tobacco treatment specialist
- Worked with local library to pass a tobacco-free grounds policy
- Authored several articles on various tobacco topics as one piece of education outreach in the community



100% of students are protected with comprehensive tobacco-free school policies:

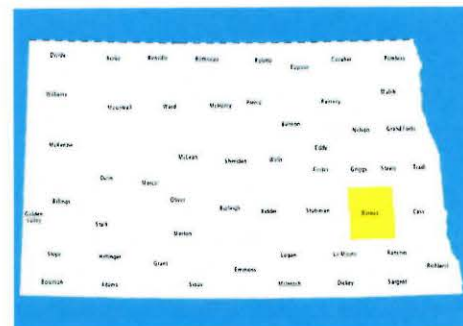
- 5/5 LEA's
- 1678 students



100% of college students are covered by tobacco-free campus policies:

- Valley City State University

Service Area





CUSTER HEALTH

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

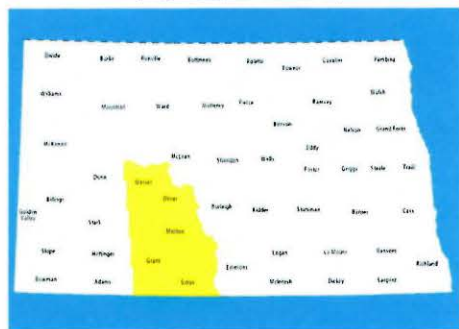
HIGHLIGHTS

- Increased tobacco prevention & cessation messaging via multiple media platforms.
- Consulted with Standing Rock Sioux Tribe Community Health Representatives on tobacco prevention needs & provided tobacco program education, as well as all available cessation resources
- Provided tobacco education at community events such as Capital Pride, multicultural family event & LGBTQ2+ Summit
- Provided tobacco & vaping cessation resources for students & staff at all middle & high schools and offered policy consultation



79% of students are covered by tobacco-free school policies:
- 8/22 LEAs or Districts
- 6457/8131 students

Service Area





Public Health
Prevent. Promote. Protect.

EMMONS COUNTY PUBLIC HEALTH

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Worked with City of Linton to pass a ban on the sale of flavored electronic nicotine devices within city limits
- Created an outreach program with local school for at risk youth
- Provide Covid-19 patients with tobacco cessation information (if applicable)
- Created a community outreach program with a local food pantry to provide cessation services information to population during Heart Month
- Continued cessation collaboration with Linton Hospital
- Safe Night with various state and community partners to promote healthy choices for more than 100 students in Linton
- Worked with policymakers to make all parks and rec areas tobacco-free



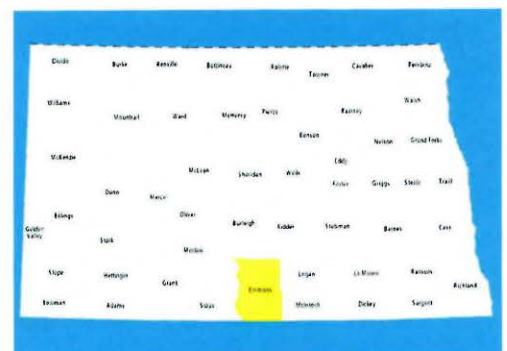
100% of students are covered by tobacco-free school policies:

- 4/4 LEAs or Districts
- 480 students



Tobacco-Free Park and Outdoor Area Policies
100% coverage for all parks and recreation sites

Service Area





Public Health
Prevent. Promote. Protect.

Fargo Cass Public Health

FARGO CASS PUBLIC HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Worked with city councils in Fargo and West Fargo to pass a T21 ordinance to align with state and federal law
- Created a program to train and place tobacco prevention coordinators in Fargo Public Schools
- Partnered with Fargo Public Schools on reformatory justice program to replace suspension for youth caught using tobacco products
- Presented at the Roughrider Health Conference in Medora
- Numerous Television, Radio and Facebook live interviews to spread awareness of tobacco issues within the community



99% of students covered by tobacco-free schools policy:

- 9/13 LEAs or Districts
- 27539/27772 students



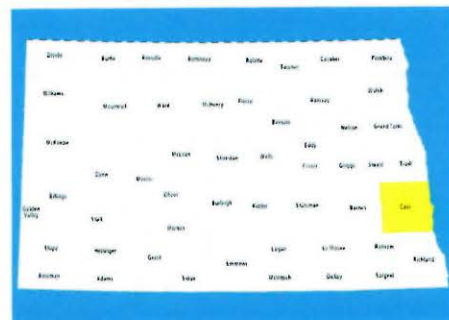
Tobacco-Free Park and Outdoor Area Policies:

- Soul Solutions Recovery Center
- The Market at West Acres
- New Life Center Genesis Program
- Downtown Fargo Street Fair



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area



First District



Health Unit

www.fduh.org

FIRST DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Worked with Minot City council to pass a T21 ordinance to align with federal and state law
- Working with local area partners to address vaping issues through a Vaping Task Force
- Working with Minot Public Schools on passing a tobacco-free grounds policy
- Community outreach at various events throughout service area



44% K-12 students covered by a tobacco-free grounds policy:
- 26/33 LEAs/Districts
- 6902/15693 students



100% of college students are covered by tobacco-free school policies:
- Minot State University
- Dakota College of Bottineau

Service Area





Public Health
Prevent. Promote. Protect.

Foster County Public Health

FOSTER COUNTY PUBLIC HEALTH

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Completed a Community Health Needs Assessment, which shows 80 percent of the community supports a tobacco price increase to fund prevention efforts for all substance use disorders
- Educated community members and policymakers about the importance of smoke-free air laws
- Worked with student advocates to advance smoke-free air law education in the community
- Dedicated education and community outreach for local policy initiatives



100% of K-12 students are covered by tobacco-free school policies:

- 1/1 LEA or District
- 554 Students



Tobacco Free Parks and Outdoor Areas:

- Carrington Youth Center
- Carrington Dental Care
- Carrington Convention & Visitors Bureau
- Carrington City Library
- Foster County Courthouse Park
- Juanita Lake Park

Service Area





KIDDER COUNTY DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Talked with the 4th, 5th, and 6th graders on the hazards of vaping and tobacco use
- Continued community education through social media about the dangers of tobacco products and available cessation services
- News article printed in the Steele Ozone, the county paper, on Quit Week
- Worked with the school system to refer students caught with tobacco products for education and cessation resources



100% of students are covered by tobacco-free school policies:

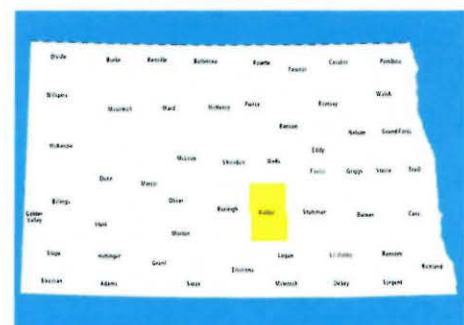
- 1/1 LEA
- 353 students



Tobacco-Free Park and Outdoor Area Policies:

- Steele Park Board
- Coffee Cup Convenience Store and Dog Park

Service Area





Public Health
Prevent. Promote. Protect.

Lake Region District Health Unit

LAKE REGION DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Use the InDepth curriculum in area schools to teach kids about the dangers of Electronic Nicotine Delivery Systems products
- The student resource officer refers students caught with tobacco products for counseling with the coordinator



91% of students are covered by tobacco-free school policies:

- 11/14 LEA's
- 3940/4327 students



100 % of College students are covered by tobacco-free campus policy at:

- Lake Region State College



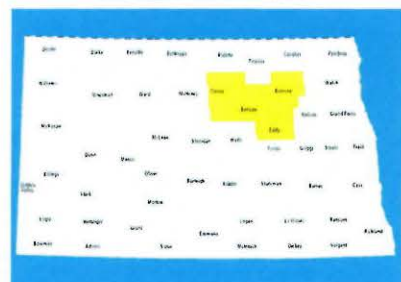
MUH Policies Added:

- Zander Capital Management



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Public Health
Prevent. Promote. Protect.

LAMOURE COUNTY PUBLIC HEALTH DEPARTMENT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Collaboration with Partnership For Success for messaging at 3 of the HS post prom party with displays about dangers related to Substance Use such as Alcohol, Tobacco and Vaping at each post Prom Party
- Continued the consistent messaging to the LaMoure County youth: "Stay Above the Influence" and this was used when working with youth in all areas such as advertising in schools, messaging to youth and on promotional items
- Had one staff member trained as a Trained Tobacco Specialist
- All Establishments who sell tobacco products within the county were visited by LaMoure County Health Tobacco prevention staff. They provided education about new laws and updated signage for businesses



82% of students are covered by tobacco-free school policies:

- 2/3 LEAs/Districts
- 503/616 students



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Public Health
Prevent. Promote. Protect.

MCINTOSH DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Participated in the EMS night out event and TRI-County Fair. Set up a display and provided education on vaping devices, chew and various tobacco items
- Provided education to students in a Family and Consumer Sciences class



100% of students covered by tobacco-free schools policy:
- 3/3 LEAs or Districts
- 383 students

Service Area





Public Health
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NELSON-GRIGGS DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Met with the healthcare providers in our area to promote our onsite Tobacco Treatment Specialist and promote NDQuits
- Participated in the statewide Youth Action Summit with Dakota Prairie students
- Have a trained tobacco treatment specialist on staff
- Yearly presentations to 7th & 8th graders at all high schools about the danger of ENDS and how the tobacco industry targets kids
Yearly teacher in-service on new ENDS products so they are aware of what to look for
- Yearly teacher in-service training about new ENDS products and how to identify the products and usage in youth

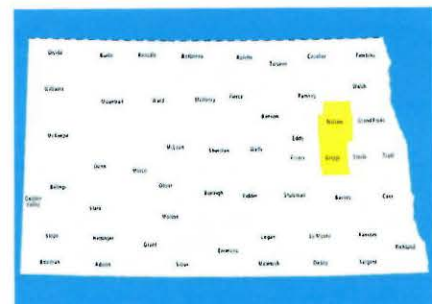


100% of students covered by tobacco-free schools policy:
 - 4/4 LEAs or Districts
 - 871 students



Tobacco-Free Park and Outdoor Area Policies:
 - Lakota City Park

Service Area





Public Health
Prevent. Promote. Protect.

PEMBINA COUNTY HEALTH DEPARTMENT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Completed a community readiness survey, with the results showing residents are concerned about tobacco use and ready to enact better policies at the local level
- Completed a student survey showing high school students are concerned about tobacco use amongst their peers
- Continuing outreach with a local behavioral health coalition to help underserved populations
- Providing cessation outreach to the prison population and giving NDQuits information
- Quarterly educational site visits to businesses regarding the state smoke-free law.



100% of K-12 students are covered by tobacco-free school policies:

- 4/4 LEA's
- 1116 students



Tobacco-Free Park and Outdoor Area Policies:

- Cavalier City Park
- Walhalla City Parks
- Drayton Park Board



MUH Policies added:

- Kendall Properties- 6 Units

Service Area





Public Health
Prevent. Promote. Protect.

RANSOM-SARGENT COLLABORATIVE

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Collaboration between the counties to address tobacco prevention efficiently
- Continued engaging with local SADD chapters for student advocacy and education
- Continued outreach to local clinics to increase the visibility of available tobacco cessation options
- Continued educating students and staff in schools on electronic cigarettes at various school and public events
- Worked with local schools to ensure all students are protected by tobacco-free school policies



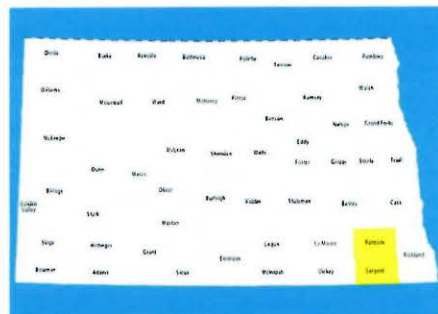
100% of students are covered by tobacco-free school policies:

- 6/6 LEAs or Districts
- 1506 students



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Public Health
Prevent. Promote. Protect.
Richland County Health Department

RICHLAND COUNTY HEALTH DEPARTMENT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Worked with Wahpeton City Council to pass a T21 ordinance to align with federal and state law
- Worked with juvenile court system to provide education to youth caught with tobacco products in school
- Trained 38 high school students to be peer educators in the community and schools about the dangers of tobacco products
- Presented to Richland County Schools students and staff about the dangers of all tobacco and electronic products
- Attended the 2022 Youth Action Summits with students
- Partnered with NDSCS to provide in person tobacco cessation services



100% of K-12 students are covered by tobacco-free school policies:
- 8/8 LEAs or Districts
- 2428 students

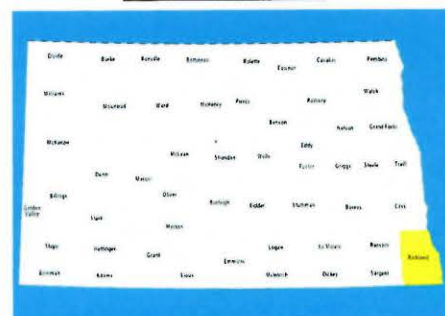


100% of college students are covered by tobacco-free campus policies:
- North Dakota State College of Science



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Public Health
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ROLETTE COUNTY PUBLIC HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

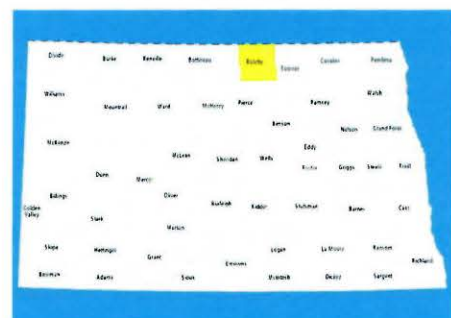
- Presented in area schools with the Catch My Breath program, which is specifically designed to address teen vaping
- Had 1 staff trained as a tobacco treatment specialist
- Organized a teen maze event at Dunseith school to provide education about the dangers of vaping



53% of K-12 students are covered by tobacco-free school policies:

- 6/8 LEAs or Districts
- 1803/3421 students

Service Area





Public Health
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Steele County Public Health

STEELE COUNTY PUBLIC HEALTH DEPARTMENT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Established local Bridge NRT (Nicotine Replacement Therapy) offer to other local and state program
- Created a youth poster contest/ school tobacco education awareness during World No Tobacco day celebration
- Organized 2 community wide vaping presentations at schools during National Educators week and in celebration of the Great American Smokeout
- Educational outreach to community on tobacco education, ENDS and cessation services during various community events including school Parents Teachers Conferences, Finley Days and Hope Days
- Had 1 staff member trained as tobacco treatment specialist



100% of K-12 students are covered by tobacco-free school policies:
- 2/2 LEAs or Districts
- 243 students

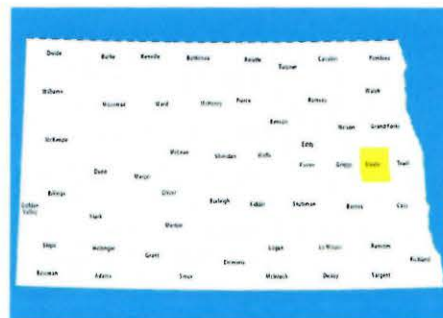


Tobacco-Free Park and Outdoor Area Policies:
- City of Hope parks and recreation areas



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area



Southwestern District
Health Unit



PublicHealth
Prevent Promote Protect

SOUTHWESTERN DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Worked with Dickinson City Commission to pass a T21 ordinance to align with federal and state law
- Organized and hosted the first Badlands Symposium-an event which trained more than 50 people in tobacco prevention best practices. This event has the potential to become an annual occurrence
- Provided tobacco education classes to youth cited with tobacco products
- Continued youth and school engagement throughout the service area
- Continued to provide retailer training for tobacco retailers



85% of K-12 students in the Southwestern District are covered by tobacco-free school policies:

- 13/19 LEAs or Districts
- 6796/7981 students



100% of college students are covered by tobacco-free campus policies:

- Dickinson State University



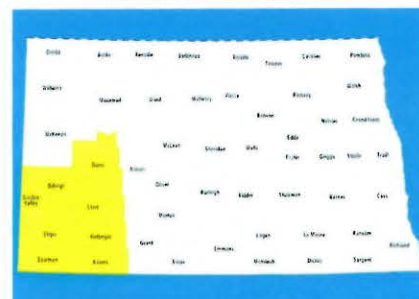
Tobacco-Free Park and Outdoor Area Policies :

- Medora Foundation Parks
- Killdeer Parks



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Public Health
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Towner County Public Health District

TOWNER COUNTY PUBLIC HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Had 1 staff member trained as a tobacco treatment specialist
- Participated in Quit Week, a statewide media campaign to increase awareness to available cessation resources in North Dakota



100% of K-12 students are covered by tobacco-free school policies:

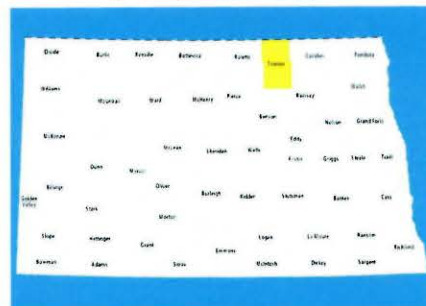
- 1/1 LEA
- 283 students



MUH Policies Added this Year:

- Evergreen Apartments- 16 units

Service Area





Public Health
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TRAIL DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Continue outreach with Mayville State and helped place a TTS trained nurse in the campus health center
- Communicated with dentist offices in the area about possible cessation collaboration
- NDQuits materials are included with the newborn information packets sent to each child born in Traill County



100% of students are covered by tobacco -free school policies:

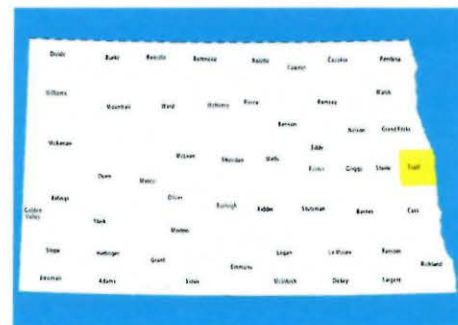
- 4/4 LEA's
- 1363 students

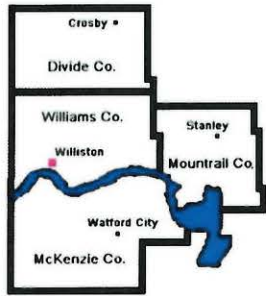


100% of college students are covered by tobacco-free campus policies:

- Mayville State University

Service Area





UPPER MISSOURI DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Williston City Commission adopts Tobacco 21 into local ordinance and updates age to sell tobacco products to 18yo+
- Have 1 staff trained as a tobacco treatment specialist
- Continuing to work with multi-unit housing managers and tenants on tobacco free apartment policies, not covered by the ND Smoke-Free Law
- Partnered with Eckert Youth Substance Abuse Treatment Home for tobacco cessation
- Provided parent education about tobacco products and dangers at Watford City Fair

-Williston State College



91% of K-12 students in Upper Missouri District are covered by tobacco-free school policies:

- 14/17 LEA or Districts
- 10590/11581 students



100% of college students are covered by tobacco-free campus policies:

- Williston State College



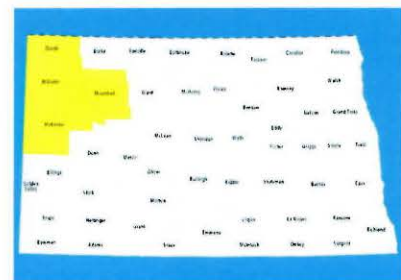
Tobacco-Free Workplaces

- Mountrail Williams Electric Cooperative building achieves LEED Gold Certification, which includes tobacco free workplace policy.



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Public Health
Prevent. Promote. Protect.
Walsh County Health District

WALSH COUNTY HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Working with criminal justice partners to provide tobacco education and cessation to county jail
- All but 2 communities within service area have tobacco-free parks
- Provided T21 education to stakeholders throughout the community
- 740/763 housing units are protected by smoke-free policies
- Actively worked with Walsh County schools to help address the vaping and e-cigarette epidemic
- Worked with St. Gianna's Maternity home to create a Tobacco-free policy
- Implemented new Maternal Tobacco Program for expecting mothers who want to tobacco cessation



100% of students are covered by tobacco-free school policies:

- 4/4 LEAs or Districts
- 1659 students



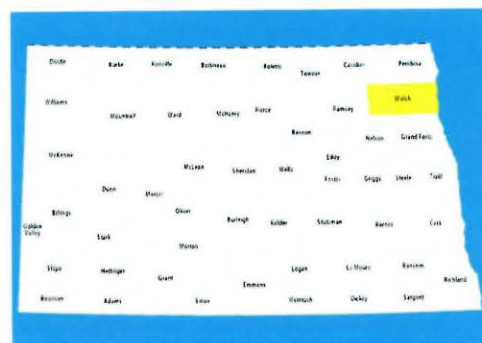
Tobacco-Free Park and Outdoor Area Policies:

- Fairdale parks
- Forest River parks
- Minto parks



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Public Health
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Wells County District Health Unit

WELLS COUNTY DISTRICT HEALTH UNIT TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Has 1 staff trained as a tobacco treatment specialist
- Implemented Catch my Breath curriculum to Harvey students grades 7-12 in 2021 and 2022
- Participated in 2022 Youth Action Summit in Bismarck by bringing nine students
- Expanded P.A.C.T Youth Group (Preventing Alcohol Consumption Among Teens) in Harvey and Fessenden-Bowdon Schools, educating students and the community about the dangers of all tobacco products at various community events



100% of students are covered by tobacco-free school policies:

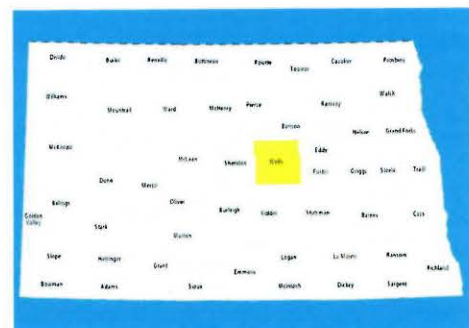
- 2/2 LEAs or Districts
- 534 students



Tobacco-Free Park and Outdoor Area Policies:

- Fessenden City Parks
- Harvey-Centennial Park

Service Area





P.O. Box 3237
Bismarck, ND 58502
701-751-0229
www.tfnd.org

January 19, 2023

11:00 am CST

House Appropriations – Human Resources Division Committee for the 68th 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 to 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 morning.

Today I am here to encourage continued, sustainable, and sufficient funding for the State Tobacco Prevention and Control Program in HB 1004, a bill relating to Department of Health and Human Services 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, and a number of our partners, continue to be utilized, along with other stakeholders and DHHS grantees, including ND Local Public Health Units, 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.

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 these past years, 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.

To help mitigate these detriments and give young people an additional resource to fight nicotine addiction, in April of 2022, TFND, in partnership with Truth Initiative, launched the "This is Quitting" program in North Dakota. "This is Quitting" is a free, confidential, text to quit vaping program meant for youth and young adults aged 13-24. They simply text VAPEFREEND to 88709 and can enroll in 12 weeks of daily interactive, customized, text messages meant to give them tips and support to quit vaping and tobacco products. TFND views sponsoring this program as an important tool to help our kids, along with the proposed continued funding our comprehensive

prevention and cessation programming in North Dakota. I am encouraged to see some increased funding for both youth prevention and cessation treatment in the Governor's recommended budget for this biennium. I hope this committee approves those recommendations and continues to look for further ways to advance good investments in tobacco prevention and control in our state.

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 much to do, and I think these combined efforts and collaborations are so important to continue to support with our time, talent, and treasure. 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): Bismarck Break Free Youth Board, Bismarck Tobacco Free Coalition, ND Medical Association, ND Public Health Association, Steele County Food Pantry Board, UMary Athletic Training and Kinesiology Dept., and UMary DPT Program.

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 HB 1004.

May I take any questions?

Heather Austin
Executive Director, Tobacco Free North Dakota
Cell: 701-527-2811
heather@tfnd.org
www.tfnd.org

¹ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.



TOBACCO FREE NORTH DAKOTA

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

YOUTH INVESTMENT

- We continued our annual Video Essay Contest for high school seniors for the opportunity to win a college scholarship
- In the late fall of 2022, we hosted a special edition contest celebrating the 10th anniversary of North Dakota's smoke-free air law
- TFND travels all around the state doing school presentations: since 2020 we've presented to more than 2,000 K-12 students at a number of events including:
 - SAFE Night in Emmons County
 - School presentations in Glen Ullin, Kenmare, Langdon, Mandan, and Oakes
 - Presentations at the North Dakota Association of High School Student Councils Annual conferences in 2021 and 2022, as well as for the ND Middle School Student Councils Conferences.



TFND Executive Director Heather Austin with 2022 winner Madeline Erickson



Our guest speaker from Truth Initiative during the 2022 summit in Bismarck.

- We've also reached hundreds of college students at community events, like the University of Mary Health Fair, and through presentations to nursing students at North Dakota State University.
- We continued sponsoring prizes for the annual Bismarck-Burleigh Public Health Big Tobacco Exposed College Graphic Designer Contest

YOUTH ACTION SUMMITS

The summits scheduled for fall 2022 went on as planned, again with hundreds of people attending, including lawmakers from Bismarck, Grand Forks and Fargo. Students in attendance learned the valuable skill of how to talk to their peers about the dangers of nicotine products and how to seek help quitting

PROFESSIONAL DEVELOPMENT

In order to best serve North Dakota, we collaborated with other professionals in New Orleans for the National Conference on Tobacco or Health in June 2022.

Data collected by TFND was presented to more than 2,000 attendees in the poster sessions during the conference.

ORGANIZATIONAL GROWTH

TFND prides itself on being part of North Dakota's nonprofit community. Every year we participate in the regional event Giving Hearts Day- including trainings offered by the Dakota Medical Foundation- as a way to grow our base of support.

Aside from Giving Hearts Day, TFND has met with other nonprofits to discuss ways to maximize resources.

We are also proud members of the North Dakota Association of Nonprofit Organizations (NDANO)



TOBACCO FREE NORTH DAKOTA

TOBACCO PREVENTION AND CONTROL PROGRAM

MAKING A DIFFERENCE

THIS IS QUITTING

On April 1, 2022 in partnership with Truth Initiative, TFND launched "This Is Quitting" in North Dakota. We are one of a handful of states offering this program. TIQ is a text-to-quit resource for people aged 13-24. The program is specifically tailored for this age group and proven more effective than quitting alone. It is free and confidential.

As of November 9th, 2022, 34 people have enrolled in "This Is Quitting," 12 teens and 22 YA, making this a great resource to address youth nicotine dependence.



COMMUNITY OUTREACH CONTINUED

Displayed booths or presented at multiple conferences including:

- ND Dental Association Winter Conference
- NDANO Nonprofit Leadership Conference
- Dakota Conference on Rural and Public Health
- CHI/Sanford/Mayo Nicotine Dependency Conference in Bismarck, ND
- Washburn Community Fair
- First Presbyterian Church Health Fair-Bismarck

COMMUNITY OUTREACH AND TRAINING

- Quit Week media campaign raising awareness to available cessation resources. The campaign has shown a marked increase in calls to NDQuits in the time surrounding the campaign
- Organized the inaugural Badlands Symposium, training more than 50 healthcare professionals in tobacco cessation best practices
- We continue to work with tribal stakeholders to find any opportunity to help North Dakota's American Indian population
- Created a webinar training series-which is ongoing-covering topics from talking to youth, cessation best practices, lessons learned from Quit Week
- Assisted Professional Data Analysts in the creation of *The State of Tobacco Control in North Dakota* report
- Sponsored tobacco treatment specialist trainings, resulting in 90 healthcare providers receiving TTS credentials
- TFND also does outreach through local media stations including:
 - Talking about the importance of Quit Week in 2021 and 2022 with local Bismarck TV stations
 - Announcing the winners of our Video Essay Scholarship Contest
 - Joined KFGO radio "It Takes 2" about the dangers of vaping and available cessation resources
 - Interview with Prairie Public about cessation resources



Resolution to Support a Fully Funded Tobacco Control Program

Adopted by Tobacco Free North Dakota Board of Directors on June 16, 2022

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

Whereas North Dakota currently spends \$6.7 million per year for its tobacco control program; and

Whereas North Dakota's General Fund earned \$49.93 million in tobacco tax collections from 2019-2021, as well as \$65 million as part of the Master Settlement Agreement during the same timeframe; and

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

Whereas an estimated 14,000 North Dakota kids currently under 18 will die prematurely from tobacco related causes; and

Whereas states that make larger investments into tobacco control programs see a reduction in tobacco sales; 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 rates; and

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

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

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

Whereas 23% of high school students (grades 9-12) in the 2021 North Dakota Youth Risk Behavior Survey used tobacco products including cigarettes, cigars, electronic nicotine delivery systems (ENDS) or other smokeless products in the past 30 days, of whom many will develop a lifelong addiction to nicotine/tobacco products; 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 \$916 per year in state and federal taxes from smoking-caused government expenditures; and

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

Whereas the Centers for Disease Control and Prevention advocates for a multi-tiered approach to tobacco control, including increasing tobacco taxes, fully funding a tobacco control program and maintaining a strong indoor smoke-free air law;

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

Sources:

1. Centers for Disease Control and Prevention. (2014). *Best Practices for Comprehensive Tobacco Control Programs*.
2. https://www.health.nd.gov/sites/www/files/documents/Files/OSE/YRBS/2021ND-High-School_YRBS-Summary-Tables.pdf
3. https://www.cdc.gov/pcd/issues/2018/18_0051.htm
4. Office of the Surgeon General. (2014). *The Health Consequences of Smoking: 50 Years of Progress*
5. <https://prevention.nd.gov/sites/default/files/North%20Dakota%20Community%20Readiness%20Report%202019.pdf>
6. <https://www.cdc.gov/policy/hst/hi5/tobacointerventions/index.html>
7. https://www.health.nd.gov/sites/www/files/documents/Files/OSE/YRBS/2019_NDHS_Statewide_REA_Regions.pdf
8. https://www.tobaccofreekids.org/problem/toll-us/north_dakota
9. <https://www.tax.nd.gov/sites/www/files/documents/news-center/publications/55th-biennial-report.pdf>
10. <https://www.tobaccofreekids.org/assets/factsheets/0365.pdf>

North Dakota Stockmen's Association
Testimony to the House Appropriations Subcommittee on HB 1004
Jan. 19, 2023

Good afternoon, Mr. Chairman and members of the House Appropriations Committee. For the record, my name is Julie Ellingson and I represent the North Dakota Stockmen's Association, a 93-year-old beef cattle trade organization representing more than 3,100 cattle-ranching families across our state.

We appear here in support of HB 1004 and, specifically, the Veterinary Loan Repayment Program, which incentivizes large-animal veterinarians to practice in North Dakota. There continues to be vet shortages in parts of the state, and this program helps place the right kind of vets in places they are needed. North Dakota cattle producers regard their veterinarians as critical partners in their operations, helping them maintain a healthy herd and, ultimately, a profitable business.

For these reasons, we ask for your favorable consideration of this program as you work through this budget.

Submitted: Jan. 19, 2023

North Dakota Domestic Violence/Sexual Assault

House Appropriations Committee/Human Resources Division Testimony

Submitted by:

CAWS ND (statewide domestic violence/sexual assault coalition) Legislative Committee

In-Person Testimony Shared By:

Coiya Tompkins, CVIC/Grand Forks & CAWS Legislative Committee Chair
(in partnership with CAWS Agency/Member Representatives: Michelle Erickson
(AARC/Bismarck), Dr. Christopher Johnson (RACC/Fargo), Jill McDonald (DVCC/Minot) and
CAWS Staff: Tara Muhlhauser and Seth O'Neill

Package Contents:

- Statewide Coalition Service Summary, Financial Needs Overview & Service Areas
- Decision Package Proposal for Gov. Doug Burgum (submitted: July 1, 2022)
- Partner Testimonies: Bismarck Police Department, Burleigh County Sheriff's Office, Cass County Sheriff's Office, Grand Forks County Sheriff's Office, Grand Forks County State's Attorney and Grand Forks Police Department
- Client Testimony: Yvonne Griffin, CVIC Board Member & Former Client

Statewide Domestic Violence and Sexual Assault Services



The following is collective data from all member programs in the CAWS North Dakota coalition. North Dakota domestic violence/sexual assault (DV/SA) programs are uniquely structured and vary significantly in size (i.e., with the largest program's annual operating budget reaching nearly \$6M and the smallest at nearly \$160K).

DV/SA programs provide wrap-around safety, healing and education/prevention services. This includes round-the-clock crisis response, shelter/housing, counseling, accountability/education for those who have used violence, crime victim advocacy, sexual assault response/advocacy, supervised visitation and exchange, prevention/outreach, legal services and transitional housing/self-sufficiency support.

Collectively,
North Dakota
DV/SA agencies:



SERVE more than **6,556 survivors of domestic violence/sexual assault** (5,417 DV/1,139 SA),



EDUCATE over **49,476 community members and professionals** annually about interpersonal violence, intervention and prevention, **data from 17 agencies,*



EMPLOY approximately **337 employees,** **data from 18 agencies,*



PROVIDE safety, healing and education/prevention benefits to 53 North Dakota counties, and,



REPRESENT nearly **710 years of service** to North Dakota in both urban and rural communities, **data from 18 agencies.*

Lifetime Impact of DV/SA in North Dakota—Statewide Population (779,094)

- **139,155 North Dakotans** are estimated to have experienced DV/SA in their lifetime (18% of our population—94,660 women and 44,495 men.)
- **6,556 DV/SA victims** (5,646 female, 910 male) were served across 19 programs in 2021, **representing only about 5% of the nearly 140,000 North Dakotans impacted.**



Nearly 1 in 5 North Dakotans are estimated to have experienced DV/SA in their lifetime.

5%

The victims served in ND in 2021 represent only about 5% of the total number of North Dakotans impacted by DV/SA.

Financial Need

With a collective annual operating need of nearly **\$22M** and an average **state contribution of only 9%** across the state of ND, our DV/SA centers are in dire need of increased resources. In fact, in aggregate, private fundraising and private grants represent nearly three times the state funding allocated (\$5M/private vs. \$1.9M/state).

State contribution of DV/SA agency funding



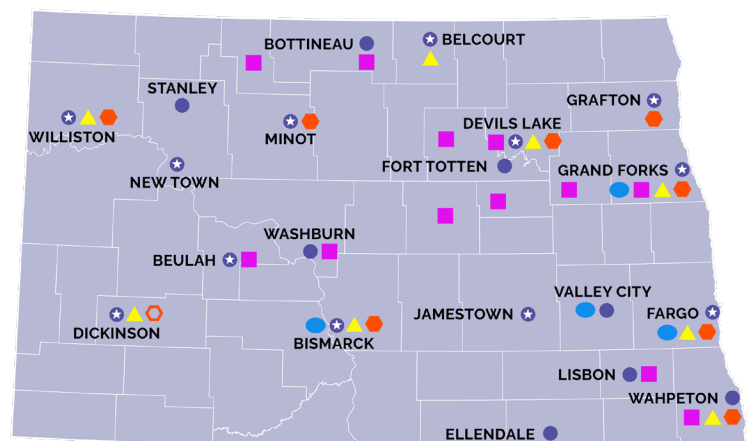
State funding for many of our DV/SA agencies has remained relatively flat (and in some years decreased) throughout the past 10 years, even though services/needs have increased. A majority of this pattern transpired long before an international pandemic, fear of a potential recession and loss of major resources such as Lutheran Social Services. **Funding is for services only and does not currently provide for any indirect costs to agencies.**

- Domestic Violence General Funds (currently \$1.9M per biennium):
 - **Requesting \$10M/biennium, executive/recommended budget: \$2,686,285**
This amount represents the gap between our fundraising and state funding as well as our crime victim witness costs. Please note that several programs support crime victim witness services pro-bono, even though contracts for these advocacy services are administered through county state’s attorney offices.
- Domestic Violence Offender Treatment (currently \$300K per biennium)
 - **Requesting \$1.45M/biennium, executive/recommended budget: \$700,000**
- Supervised Visitation and Exchange (currently \$425K per biennium)
 - **Requesting \$2.2M/biennium, executive/recommended budget: \$0**
- Sexual Violence Prevention Funds (currently \$200K per biennium)
 - **Requesting \$4M/biennium, executive/recommended budget: \$0**
Allocations for this are currently significantly under resourced. The fund also does not provide for domestic violence prevention needs. Enhancing this fund’s flexibility and capacity would offer significant savings to ND.
- **Total request: \$17.65M/biennium, executive/recommended budget: \$3,386,285**

Statewide Services Map

The map to the right shows the services currently provided by DV/SA agencies in ND. The above request is just to **maintain the status quo in services**. Expanding services into areas not currently being served would require additional investment.

Evidence-based primary prevention and overall **services to our reservation communities** are particularly lacking. Other services, such as supervised visitation in the Minot area offered by the Village, closed operations in 2021.



- crisis intervention center
- ★ includes shelter services
- battering intervention services
- ◻ service offered by an external agency
- ▲ supervised parenting time and exchange services
- victim witness services
- primary prevention

Learn more about statewide DV/SA services at cawsnorthdakota.org

North Dakota Domestic Violence/Sexual Assault

Decision Package for Consideration: Governor Doug Burgum's 2023-24 Budget
Department of Health & Human Services

Requested by: Deanna Askew, MPA, RDN, LRD

Director, Domestic Violence/Rape Crisis Program & Director, Division of Family Health and Wellness

Domestic Violence/Sexual Assault Decision Package Proposal Authors
(representing all member programs in the statewide coalition):

- Melandie Deplazes, SAAF (Devils Lake)
- Michelle Erickson, AARC (Bismarck)
- Dr. Chris Johnson, RACC (Fargo)
- Darianne Johnson, DVRCC (Dickinson)
- Jill McDonald, DVCC (Minot)
- Tara Muhlhauser, CAWS ND (Statewide Coalition)
- Lynne Tally, SS (Jamestown)
- Coiya Tompkins, CVIC (Grand Forks) (Chair, CAWS ND Legislative Committee)

Dear Deanna,

Thank you again for your willingness to spend time with several of the programs in the statewide coalition regarding our funding challenges related to domestic violence and sexual assault. Per your request, as you and other state department leaders are building your budgets and presenting decision package considerations for Governor Doug Burgum's 2023-24 budget, we appreciate your consideration of domestic violence and sexual assault resources. The following is a summary of answers to your questions as well as our position (both current and future) and justification for additional state funding. We hope the following data, charts and narrative shed a little more color on our collective needs.

STATEWIDE BENEFITS/COMMUNITY IMPACTS

We were able to garner collective data from all member programs in the CAWS ND coalition. North Dakota domestic violence/sexual assault (DV/SA) programs are structured slightly differently and vary significantly in size (i.e., with the largest program's annual operating budget reaching nearly \$6M and our smallest nearly \$160K). Collectively, however, they provide wrap-around safety, healing and education/prevention services. This includes round-the-clock crisis response, shelter/housing, counseling, accountability/education for those who have used violence, crime victim advocacy, sexual assault response/advocacy, prevention/outreach, legal services and transitional housing/self-sufficiency support.

Collectively, these agencies:

- Serve more than 6,556 survivors of domestic violence/sexual (5,417 DV/1,139 SA),
- Educate nearly 49,476 community members/professionals annually about interpersonal violence intervention and prevention, *data from 17 agencies,
- Employ approximately 337 employees, *data from 18 agencies,
- Provide safety, healing and education/prevention benefits to 53 North Dakota counties, and
- Represent nearly 710 years of service to North Dakota, in both urban and rural communities. *data from 18 agencies.

ANNUAL OPERATING RESOURCES

Included in this report is data for all member programs in the state coalition, which itemizes annual operating budgets according to the following sources: federal grants, state grants, private grants & fundraising, contracts and other sources. **The charts below illustrate each of our agency's funding sources, which reflect collective annual operating needs of nearly \$22M and an average state contribution of only 9%.** In fact, in aggregate, private fundraising and private grants represent nearly three times the state funding allocated (\$5M/private vs. \$1.9M/state).

	Annual Budget	Federal Grants	State Grants	Private Grants & Fundraising	Contracts	Other
Beulah	\$ 545,836	\$ 152,386 28%	\$ 45,500 8%	\$ 345,000 63%	\$ - 0%	\$ 2,950 1%
Bismarck	3,716,737	2,274,497 61%	280,922 8%	303,425 8%	- 0%	857,893 23%
Bottineau	167,657	101,780 61%	42,502 25%	18,800 11%	- 0%	4,575 3%
Devils Lake	625,437	526,992 84%	30,282 5%	16,028 3%	- 0%	52,135 8%
Dickinson	822,500	348,975 43%	125,566 15%	222,000 27%	- 0%	125,959 15%
Ellendale	157,681	94,300 60%	30,364 19%	33,017 21%	- 0%	- 0%
Fargo	2,853,489	1,137,305 40%	200,568 7%	960,000 34%	43,178 2%	512,438 17%
Grafton	367,418	254,966 69%	56,452 15%	25,000 7%	- 0%	31,000 9%
Grand Forks	5,711,475	1,931,728 34%	238,563 4%	2,343,292 41%	518,514 9%	679,378 12%
Jamestown	304,206	138,423 45%	68,705 23%	97,078 32%	- 0%	- 0%
Lisbon	284,637	162,388 57%	30,866 11%	88,042 31%	- 0%	3,341 1%
Minot	1,954,073	1,265,991 65%	120,446 6%	445,380 23%	90,756 4%	31,500 2%
Stanley	218,878	179,287 82%	26,391 12%	13,200 6%	- 0%	- 0%
Valley City	311,000	145,000 47%	85,000 27%	80,000 26%	1,000 0%	- 0%
Wahpeton	293,721	148,766 50%	84,555 29%	34,000 12%	- 0%	26,400 9%
Washburn	177,310	85,347 48%	31,900 18%	60,063 34%	- 0%	- 0%
Williston	534,900	233,263 43%	195,875 37%	90,162 17%	15,600 3%	- 0%
TOTAL NON-TRIBAL	\$ 19,046,955	\$ 9,181,394 48%	\$ 1,694,457 9%	\$ 5,174,487 27%	\$ 669,048 4%	\$ 2,327,569 12%

	Annual Budget	Federal Grants	State Grants	Private Grants & Fundraising	Contracts	Other
Belcourt	\$ 2,403,628	\$ 2,268,206 94%	\$ 135,422 6%	\$ - 0%	\$ - 0%	\$ - 0%
Spirit Lake	463,777	392,412 85%	71,365 15%	- 0%	- 0%	- 0%
TOTAL TRIBAL	\$ 2,867,405	\$ 2,660,618 93%	\$ 206,787 7%	\$ - 0%	\$ - 0%	\$ - 0%

	Annual Budget	Federal Grants	State Grants	Private Grants & Fundraising	Contracts	Other
TOTAL	\$ 21,914,360	\$ 11,842,012 54%	\$ 1,901,244 9%	\$ 5,174,487 23%	\$ 669,048 3%	\$ 2,327,569 11%

INTERSECTION OF STATE LAWS AND DV/SA SERVICES

Unfortunately, funding is significantly incongruent with the need, particularly as it relates to state-mandated laws and our agencies' services in support of those laws. The three core programs enforced by state laws (and for which some of our coalition agencies are the service providers) include: crime victim witness, supervised visitation and exchange, and domestic violence intervention.

Crime Victim Witness

Six agencies serving more than 1,400 clients.

SERVICE LOCATIONS	ANNUAL COST TO PROVIDE SERVICE	STATE FUNDING	STATE % OF TOTAL ANNUAL COST
Benson Bottineau Eddy Grand Forks McLean Mercer	Nelson Ramsey Ransom Renville Richland Wells	\$603,371	\$18,750 4%

Parenting Time/Exchange

Seven agencies currently serving more than 400 families (663 adults & 531 children), providing nearly 6,000 hours of parenting time and more than 1,000 safe exchanges. Please note that Minot lost its parenting time services when The Village ceased services due to funding.

SERVICE LOCATIONS	ANNUAL COST TO PROVIDE SERVICE	STATE FUNDING	STATE % OF ANNUAL TOTAL COST
Belcourt Bismarck Devils Lake Dickinson	Fargo Grand Forks Wahpeton Williston	\$1,088,057	\$212,500 20%

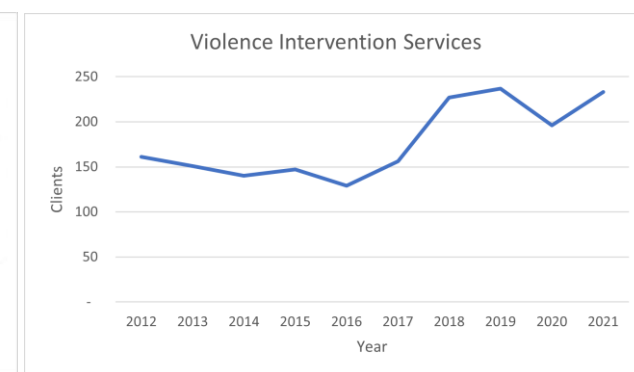
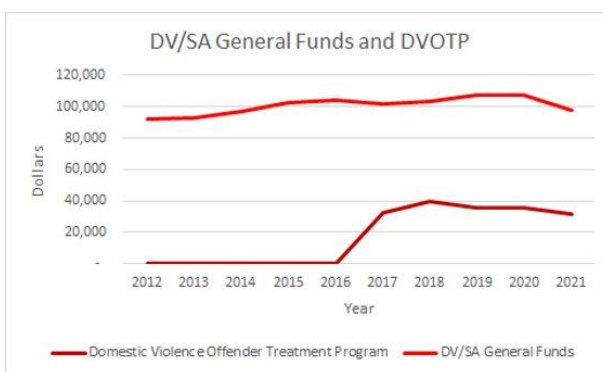
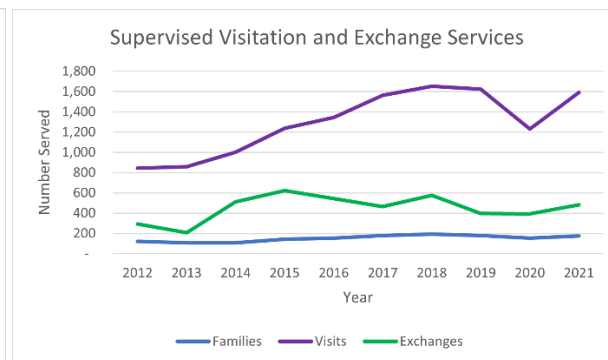
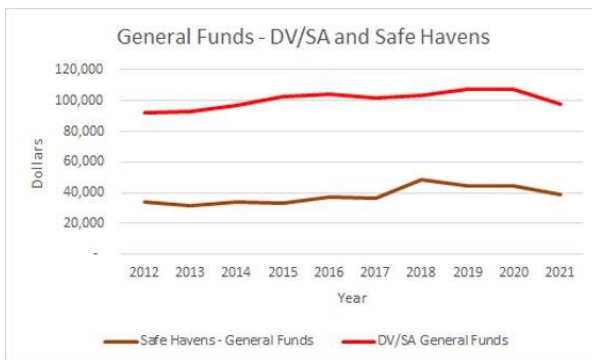
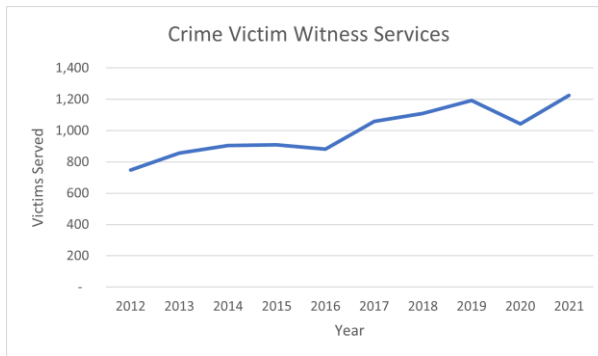
Domestic Violence Offender Treatment

Eight agencies provided evidence-based curriculum to more than 390 individuals. All agencies meet the Battering Intervention Standards and deliver services in a collaborative approach with the criminal justice system.

SERVICE LOCATIONS	ANNUAL COST TO PROVIDE SERVICE	STATE FUNDING	STATE % OF TOTAL ANNUAL COST
Bismarck Devils Lake Fargo Grafton	Grand Forks Minot Wahpeton Williston	\$723,067	\$150,000 21%
TOTAL	\$2,414,495	\$381,250	16%

NEED HAS EXCEEDED RESOURCES AVAILABLE

Compounding our concern is that state funding has not kept up with DV/SA demands. As you will see from the charts below, state funding for our largest DV/SA agency has remained relatively flat (and in some years decreased) throughout the past 10 years, even though services/needs have increased. **A majority of this pattern transpired long before an international pandemic, fear of a potential recession and loss of major resources such as Lutheran Social Services.**



RESULTS IMPACT FUTURE GENERATIONS

In spite of several compounding obstacles, agency teams have produced powerful results for violence prevention and intervention.

- In one county alone, for instance, our domestic violence offender treatment program documented a 74% decrease in 911 calls and 90% decrease in criminal charges two years post program completion. This agency's same offender treatment program also educated more than 200 adults who were the parents/guardians of more than 380 children.
- Continued funding for these important programs promote opportunities for communities to thrive with less crime, and for individuals to become more resilient. This impacts adults who complete the program as well as their children, future generations.

PREVENTION IS KEY (AND FAR LESS EXPENSIVE THAN INTERVENTION) BUT SHORT FUNDED

Through a comprehensive, collaborative approach that is possible thanks to fervent partnerships with law enforcement, education, health care, human services and others, our intent is to not only eradicate violence, but prevent it.

- Four programs also offer bystander intervention training (Green Dot).
- This program is sourced with \$200,000 of state funds and without private support, this prevention program could not be implemented.
- A focus on prevention not only creates resilient individuals, strong families and thriving communities, it saves North Dakota considerable violence-related costs.
- If we are to end violence in future generations, we need to enhanced engagement within our communities, from grade school students to retirees. Providing prevention programming for young people is very important but imagine what we could accomplish if we had whole communities on board. With additional funds we could hold round table discussions, conduct marketing campaigns, sponsor events, and get more people involved in the work of publicly promoting respect and accountability, and encouraging others to do the same. That's how we build healthy communities for generations to come.

DV/SA AGENCY RESPONSE TO UNANTICIPATED SERVICE, ECONOMIC AND VIOLENCE-RELATED CHALLENGES

- When Lutheran Social Services (LSS) closed in January 2021, several DV/SA agencies throughout the state responded to a crucial need to continue services related to domestic violence intervention (mandated court-ordered programming for those who have used violence), restorative justice (holding offenders accountable, facilitating collaboration between offenders, survivors and community support networks) as well as other support services such as counseling.
- Recent program closures were exacerbated by a national pandemic. Agencies are reporting increases in the number of victims served during the last six months. Victims in our communities are experiencing increased danger, harm and more intense violence-related situations, too many of which include fatality risks and murder.
 - Most recently, a mother was shot and killed in broad daylight while holding her infant son in a public parking lot.
 - One agency in a heavily populated county reported that nearly 60 percent of 200 individuals screened by law enforcement in 2021 were deemed to be in high lethality situations.
 - In another highly populated county, 94% of danger assessments completed were identified as increased danger or higher.
- Without additional state resources to bring our current funding to a place of sustainability, our ability to serve will be impacted. Private funding has enabled us to stay the course, but it's not sustainable long term, nor is it the ideal way to allocate resources for base services. In addition, violence severity and incidences are likely to escalate, particularly as economic conditions and fear of a recession loom, and many of our communities continue to grow in population.

FUNDING REQUEST TO ADVANCE DV/SA WORK (SERVE MORE & SERVE BETTER)

- **Domestic Violence General Funds (currently \$1.9M per biennium):**
 - **Requesting \$10M/biennium**
 - This amount represents the gap between our fundraising and state funding as well as our crime victim witness costs. *Please note that several programs support crime victim witness services pro-bono, even though contracts for these advocacy services are administered through county state's attorney offices.*
- **Domestic Violence Offender Treatment (currently \$300K per biennium)**
 - **Requesting \$1.45M/biennium**
- **Supervised Visitation and Exchange (currently \$425K per biennium)**
 - **Requesting \$2.2M/biennium**
- **Sexual Violence Prevention Funds (currently \$200K per biennium)**
 - **Requesting \$4M/biennium**
 - Allocations for this currently are significantly under resourced. The fund also does not take into account domestic violence prevention needs, which as we noted above are significantly incongruent with need. Enhancing this fund's flexibility and capacity would better the health and safety of North Dakota and ultimately, move toward eradicating violence and its devastating impacts to the economic, health, and wellbeing of our communities.
- **Total: \$17.65M/biennium (vs. \$2.825M/biennium)**

Please reach out if there are additional questions we can answer. Thank you again for listening to our concerns and for considering this request on behalf of the families and individuals we serve.

Best Regards,
(on behalf of the authors noted above/statewide member programs)



Coiya M. Tompkins
Chair, CAWS/ND Legislative Committee
President/CEO, Community Violence Intervention Center, Inc.

North Dakota Domestic Violence/Sexual Assault

House Appropriations Committee/Human Resources Division Testimony

PARTNER TESTIMONIES

Bismarck Police Department, Chief Dave Draovitch

Burleigh County Sheriff's Office, Sheriff Kelly Leben

Cass County Sheriff's Office, Sheriff Jesse Jahner

Grand Forks County Sheriff's Office, Sheriff Andy Schneider

Grand Forks County State's Attorney, Haley Wamstad

Grand Forks Police Department, Chief Mark Nelson



January 18, 2023

Rep. Jon Nelson, Chairman
North Dakota Legislature
House Appropriations Committee/Human Resources Division
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Chairman Nelson and Members of the House Appropriations/HR Division

My name is Dave Draovitch and I serve as Chief of the Bismarck Police Department.

The Bismarck Police Department (BPD) and The Abused Adult Resource Center (AARC) have been community partners for decades. BPD has been involved with AARC's community task force including helping to write community protocols and leading the implementation in 2011 of Law Enforcement conducting lethality assessments while on scene at a domestic violence situation.

AARC team trains with BPD to provide education around domestic violence and sexual assault to new Law Enforcement officers. We believe that if our officers are better educated in these topics not only will it keep them safer on the streets but will also help them to provide information to victims on where to go for help. Implementing lethality assessments 11 years ago has also improved Law Enforcement's response to those situations and helped link victims to an advocate right there on scene.

AARC's willingness to take on Domestic Violence Offender Treatment when Lutheran Social Services closed shows that they are dedicated to finding other opportunities to continue providing resources to those in need. We also appreciate that the Family Safety Center exists for supervised visits and exchanges so that families are not having to exchange their children in the police department parking lot or other public areas.

BPD feels that this partnership and open communication with AARC only benefits the victims in our community and continues to help decrease violence in communities. We support more funding for AARC and the other crisis agencies around our state.

Sincerely,

Dave Draovitch
Chief of Police
Bismarck Police Department

Dave Draovitch, Chief of Police

Phone: 701-223-1212 • Fax: 701-355-1861 • 700 South 9th Street • Bismarck, ND 58504-5899
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012





BURLEIGH COUNTY SHERIFF'S DEPARTMENT

KELLY LEBEN
SHERIFF

January 18, 2023

Rep. Jon Nelson, Chairman
North Dakota Legislature
House Appropriations Committee/Human Resources Division
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Chairman Nelson and Members of the House Appropriations/HR Division

I write to you today to show my support for the Abused Adult Resource Center (AARC). I apologize I can't be there in person due to scheduling conflicts.

The AARC and its team are an integral part of our community's mission to decrease violence. AARC and the Burleigh County Sheriff's Department (BCSD) have partnered for decades to work together to eradicate violence in our community; particularly in regards to domestic violence and sexual assault situations.

We consider AARC to be the experts in this field and BCSD feels that by connecting victims on scene to an advocate takes the burden off of Law Enforcement to provide those resources and referrals. For approximately the last 11 years, BCSD along with other community law enforcement agencies have been conducting lethality assessments on scene during domestic violence incidents. This process provides Law Enforcement not only the opportunity to understand who the actual victim is in a situation but also gives the advocate information to better able to assist the victim with safety planning and other resources.

BCSD feels that without this strong partnership, victims would likely fall through the cracks and not get connected to resources they need which then leads to victims staying in unsafe situations longer than necessary. I would fully support additional funding for AARC as well as the other domestic violence/sexual assault crisis agencies in our state.

Sincerely,

A handwritten signature in blue ink that reads "Kelly Leben".

Kelly Leben
Sheriff

Burleigh County Sheriff's Department

COURTHOUSE

514 E. Thayer • PO Box 1416
Bismarck, ND 58502-1416

P 701-222-6651 • F 701-221-6899

www.facebook.com/BurleighCountySheriffsDepartment 013

BURLEIGH MORTON DETENTION CENTER

4000 Apple Creek Road • PO Box 2499
Bismarck, ND 58502-2499

P 701-255-3113 • F 701-258-5319



www.casscountynd.gov

Office of the Sheriff

Jesse Jahner, Sheriff

January 18, 2023

Rep. Jon Nelson, Chairman
North Dakota Legislature
House Appropriations Committee/Human Resources Division
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Chairman Nelson and Members of the House Appropriations/HR Division

The Cass County Sheriff's Office is proud to partner with RACC and its advocates to provide a coordinated approach to responding to domestic violence and sexual assault calls.

By working in tandem with key partners from industries such as health care, education, military and law enforcement, RACC has been able to respond more effectively to domestic violence situations, more quickly align victims with its resources, and ultimately, reduce potential lethality associated with domestic violence situations. In tandem with our officers and other partners, RACC has reached several hundred potential victims of homicide.

In 2022, RACC served over 3220 victims of domestic violence and sexual assault, 117 domestic violence offenders and provided supervised visitation and safe exchange services to 154 parents of 120 children (3611 people total). In addition to direct services, RACC provided 924 total presentations to 18,276 attendees including education in 47 different elementary schools.

The Cass County community relies on RACC programming and services to maintain health and safety and our partnership is crucial to serving the citizens of our community.

Sincerely,

Jesse Jahner
Cass County Sheriff

Cass County Sheriff
Law Enforcement Center
1612 23rd Avenue North
P.O. Box 488
Fargo, North Dakota 58107-0488
Phone: 701-241-5800
Fax: 701-241-5806

Cass County Sheriff
Courthouse
211 9th Street South
P.O. Box 488
Fargo, North Dakota 58107-0488
Phone: 701-241-5800
Fax: 701-241-5805

Cass County Jail
450 34th Street South
Fargo, North Dakota 58103
Phone: 701-271-2900
Fax: 701-271-2967

GRAND FORKS COUNTY SHERIFF'S OFFICE

122 S 5TH ST, SUITE 210

GRAND FORKS, NORTH DAKOTA 58201-4632

SHERIFFS.OFFICE@GFCOUNTY.ORG

PHONE: 701-780-8280

FAX: 701-780-8307



SHERIFF ANDY SCHNEIDER

**To: Rep. Jon Nelson, Chairman
ND House Appropriations Committee/Human Resources Division
From: Sheriff Andy Schneider
RE: Domestic Violence intervention Services Funding
Date: 1/18/2023**

Chairman Nelson and Members of the Appropriations Committee/HR Division,

Throughout the past 20-plus years, deputies of the Grand Forks County Sheriff's Office have developed important relationships with advocates at the Community Violence Intervention Center (CVIC). This partnership has enabled us to not only provide more immediate support for domestic violence and sexual assault victims, but also reduce the risk of homicide and recidivism in our county. Lethality Assessment Program (LAP). The LAP is an innovative, multi-pronged strategy to prevent domestic violence homicides.

Deputies who respond to domestic violence and sexual assault incidents place calls on scene directly to advocates at CVIC any time of day or night. Our colleagues at CVIC report that victims are 50% more likely to seek services when law enforcement provides this first line of defense. The partnership also has resulted in decreased lethality risk for victims. In 2021, nearly 200 individuals were screened by law enforcement with nearly 60% of those determined to be in high lethality situations. In fact, 55 of those in the most dangerous situations spoke with a CVIC advocate while law enforcement was still with them on scene.

From my perspective, this partnership is extremely vital for our taxpayers. The state funding needed to carry out important domestic violence intervention services is extremely important. Additional state funding is vital to support CVIC and its counterparts throughout the state who are working to reduce interpersonal violence. Thank you for your time and consideration

Respectfully,

**Andy Schneider
Sheriff
Grand Forks County**



Office of the State's Attorney

January 18, 2023

Rep. Jon Nelson, Chairman
North Dakota Legislature
House Appropriations Committee/Human Resources Division
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Chairman Nelson and Members of the House Appropriations/HR Division,

As state's attorney for Grand Forks County, I have worked with the Community Violence Intervention Center's (CVIC's) crime victim witness team for several years. This team provides advocacy and emotional support to victims of crime. Our relationship throughout the past 10 years, in particular, has enabled us to serve more than twice the victims we did in 2011. In 2021, 1,225 victims and witnesses of crime received case information and support through criminal proceedings, the largest number served in a single year, to-date, and an 18% increase from 2020. CVIC's crime victim specialists made nearly 4,000 contacts with collaborating professionals and attended more than 1,400 court hearings with or on behalf of crime victims in 2021.

We've also appreciated CVIC's support of domestic violence court and violence intervention in its work with those who use violence. More than 200 men and women participated in New Choices, domestic violence intervention programming, which addresses offenders' use of violence and holds them accountable for causing harm to others. Collectively, these participants are parents of more than 300 children. In reviewing call data two years post completion, we are fortunate in Grand Forks County to experience a 74% reduction in 911 calls for participants who complete the program.

Of the 200 participants, 156 were also enrolled in domestic violence court, a specialized post-sentencing review court, which works in tandem to hold individuals accountable, monitor their sentencing progress and encourage successful completion.

Please consider additional state resources to enable CVIC to continue supporting this important work on behalf of both victims and those who use violence.

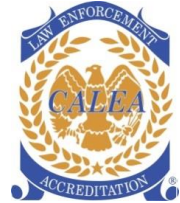
Sincerely,

Haley Wamstad
Grand Forks County State's Attorney



Grand Forks Police Department

122 South Fifth Street • P.O. Box 5548 • Grand Forks, ND 58206-5548
Mark A. Nelson, Chief of Police



January 18, 2023

Rep. Jon Nelson, Chairman
North Dakota Legislature
House Appropriations Committee/Human Resources Division
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Chairman Nelson and Members of the House Appropriations/HR Division

As a law enforcement officer and a retired veteran (U.S. Army Reserve and North Dakota Army National Guard), I have been fortunate throughout my career to work alongside a variety of professionals and partners who not only make it easier to safeguard our city and country, but also improve the lives of entire communities. The Community Violence Intervention Center (CVIC) and its team of leaders and advocates are that kind of agency. Throughout the past couple of decades, in particular, our team at the Grand Forks Police Department has partnered with CVIC and its advocates to provide a coordinated approach to responding to domestic violence and sexual assault calls.

By working in tandem with key partners from industries such as health care, education, military and law enforcement, CVIC has been able to respond more effectively to domestic violence situations, more quickly align victims with its resources, and ultimately, reduce potential lethality associated with domestic violence situations. In tandem with our officers and other partners, CVIC has reached several hundred potential victims of homicide. In 2021 alone, officers used the evidence-based Lethality Assessment Program to identify nearly 200 individuals facing highly volatile domestic violence environments. Of the nearly 200 individuals, more than 50 percent of them were deemed to be in high lethality situations. By assessing the danger level of people harmed by domestic violence at the scene of 911 calls, our officers and CVIC advocates are 50% more likely to connect those at risk to important intervention and safety planning resources. This partnership is not only enabling officers to connect victims to the best resources, it's preventing future violence.

Because of this program, and the results we're seeing through our relationship with CVIC, Grand Forks Police Department has invested in purchasing personally issued cell phones for our officers. I would fully support additional funding for CVIC as well as its counterparts throughout the state who may want to implement similar programs likely to bring similar results for their communities.

Sincerely,

Mark A. Nelson

Mark Nelson
Chief of Police
Grand Forks Police Department

North Dakota Domestic Violence/Sexual Assault

House Appropriations Committee/Human Resources Division Testimony



CLIENT TESTIMONY: Yvonne Griffin, CVIC Board Member & Former Client

- Childhood domestic violence in home between stepfather and mother. Alcohol was a factor also for removal. There were no services available to families that had issues with dv and it wasn't the original issue that was brought to the forefront. Alcoholism was pushed as a reason for family dysfunction.
- Removed from parental home and placed in foster home. In many cases the homes had issues of DV and other forms of abuse also known as complex childhood traumas. More than one form of violence or abuse. (complex posttraumatic stress disorder) CPTSD) 5-8 is a crucial period of brain development and exposure to stress.
- Relationships. Traumatic events result in vulnerability and confusion about what is safe or healthy in a personal relationship. Stockholm's.
- Generational, intergenerational trauma or pattern of broken relationships.
- Interpersonal and domestic violence has many long-term effects far into adulthood. Post traumatic stress disorder, anxiety disorders, depression, personality disorders, substance use disorders, eating disorders,
- Relocation disorder. Thinking I could run away from my problems, but they continued to follow me from one town to the next or relationship to relationship.
- Counteracting abuse and breaking free. Fortifying one's defenses for the exit. CVIC 2004.
- CVIC services offered then vs services now.



North Dakota Veterinary Medical Association

P.O. Box 1231

Bismarck, ND 58502-1231

Phone: 701.221.7740

Fax: 701.751.4451

Email: execdir@ndvma.com

Website: www.ndvma.com

Testimony of Bleaux Johnson, DVM

West River Veterinary Clinic, Hettinger, N.D.

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

In Support of HB 1004

January 19, 2023

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 the NDVMA to voice our support of HB 1004, specifically as it relates to the Veterinary Loan Repayment Program (VLRP).

I was a 2008 recipient of the Veterinary 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.

The Veterinary 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 Veterinary 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 Veterinary 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 five 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 in ND, I have been fortunate enough to hire on four associate veterinarians with three being Veterinary Loan Repayment Program recipients. They continue to practice and live in North Dakota as well. To me, this is such a valuable program for

recruiting and retaining food animal veterinarians in our 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 84% of recent veterinary medicine students graduating with a mean debt of \$186,430 and 1 out of 3 of those with debt, exceeding \$200,000 or more. Mean starting salaries for food animal veterinarians in 2021 was \$84,000 and the debt-to-income ratio continues to be of serious concern. 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 and making rural veterinary careers feasible for them.

The program has been very successful in recruiting large animal veterinarians, as well as retaining them with an overall retention rate of 74 percent after fulfilling the contract. In addition, the program has facilitated the buy-in to a practice or the starting of a practice with nearly 50 percent of those completing their contracts becoming practice owners in North Dakota, like myself. Demand for the program is also significant with usually more than 3 applicants per year.

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.



House Bill 1004

Laboratory Services Section

Dr. Christie Massen

Department of Health and Human Services

Public Health Division | January 19, 2023



Health & Human Services

Laboratory Services Section

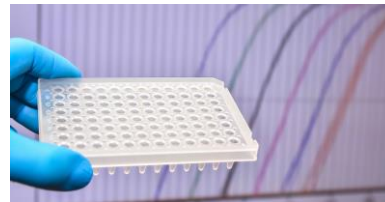
- The public health laboratory includes test capabilities in the areas of bacteriology, mycology, parasitology, immunology, virology, molecular diagnostics, bioterrorism response, water bacteriology, and whole genome sequencing.
- The laboratory personnel are responsible for providing rapid, accurate detection and identification of organisms that may threaten the public's health.
- Outbreak response and control is dependent upon the continuing commitment to maintain and develop new technologies and advanced test capabilities considering new and emerging organisms and biothreat agents.
- In addition, the laboratory provides training and consultation expertise regarding safety and test methodologies to sentinel laboratories throughout out North Dakota.



Biothreat Unit



General
Microbiology Unit



Special
Microbiology Unit



Testing and
Collection Unit



Quality
Management Unit

Laboratory Services Section Provides



Diagnostic Tests

In 2022, more than 300,000 tests were performed



Testing and Collection

Provides access to rapid COVID-19 tests across the state



Detection of Agents of Bioterrorism

Ready to respond to potential bioterrorism threats



Insect Identification and Disease Detection

Active mosquito and tick surveillance programs



Animal Tests

Perform necropsy and test to rule-out Rabies in animals



Environmental Tests

Monitors drinking water for bacterial contamination

Improving the lives of North Dakotans

How legislative support and
appropriations made an impact in
the **2021-2023 biennium**



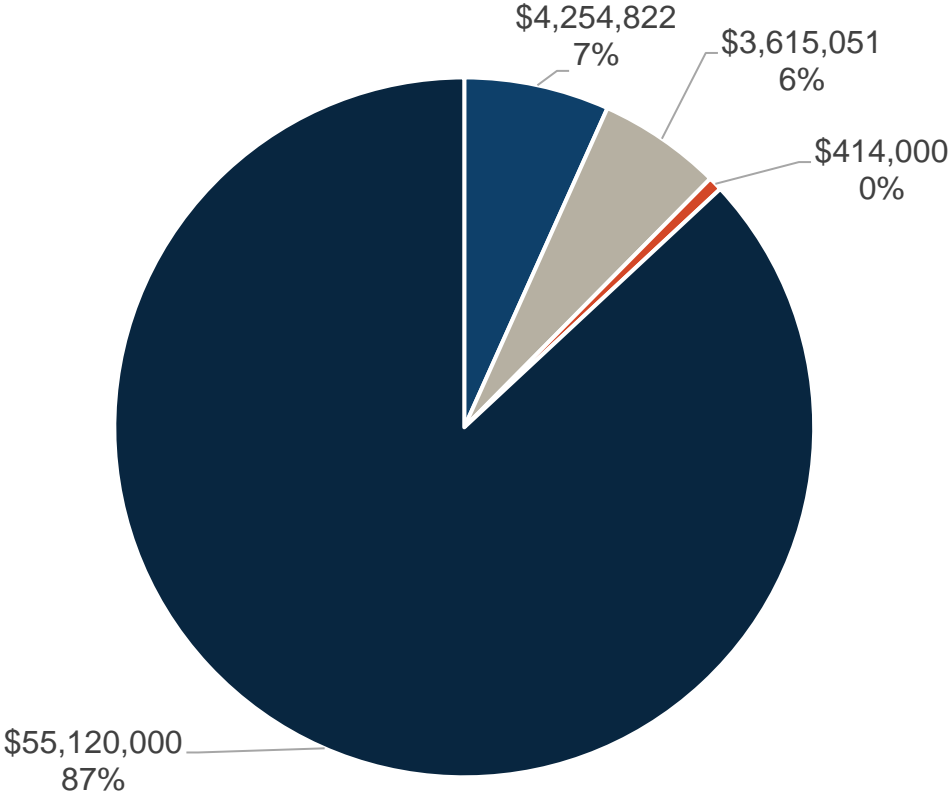


2023-2025 Budget request

**The program, systems and
workforce support
necessary to continue to
serve North Dakotans**

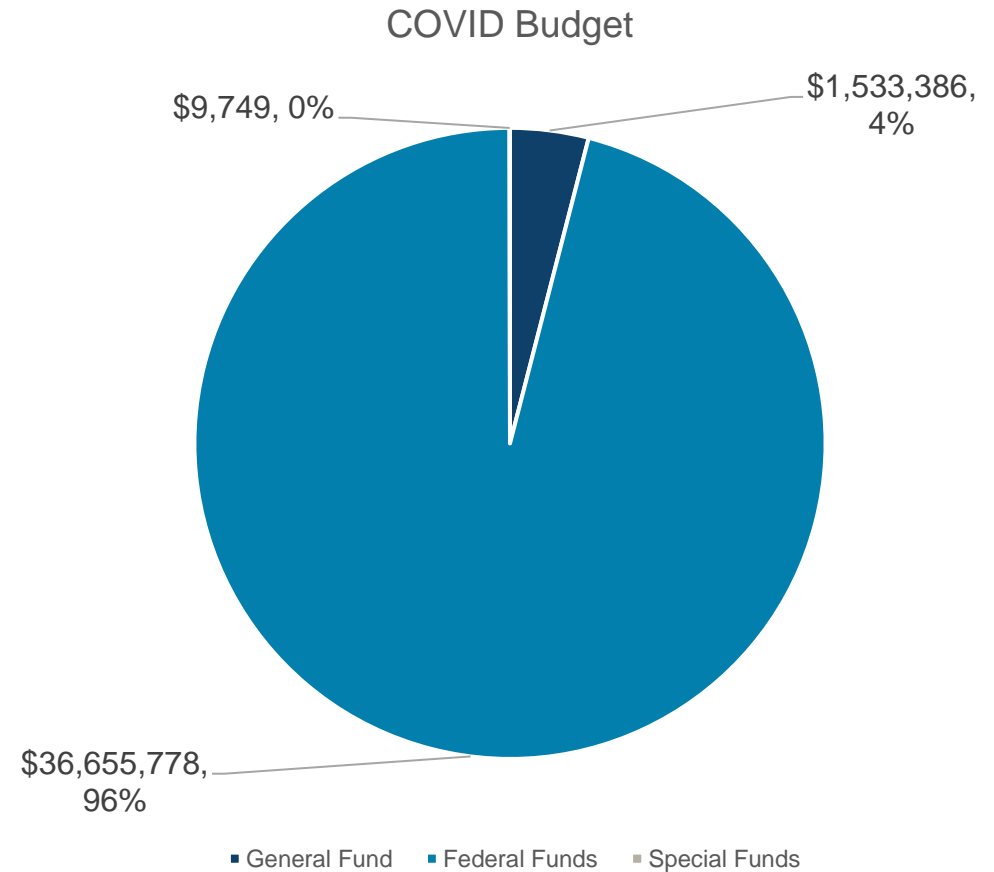
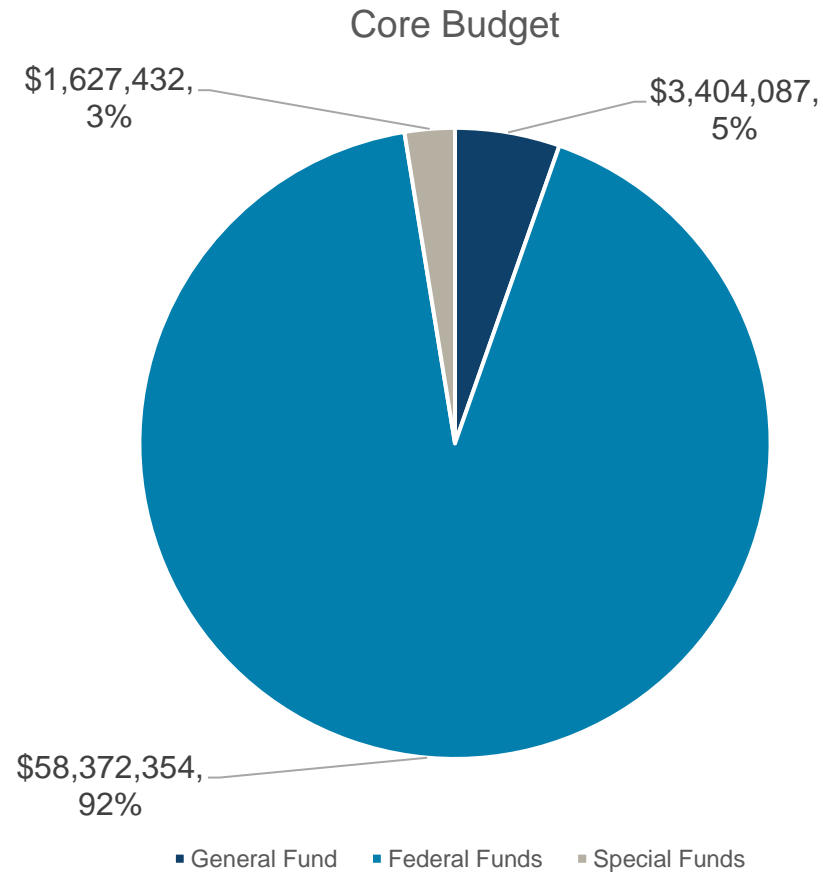
2023-25 Executive Recommendation

Core Budget By Line Item



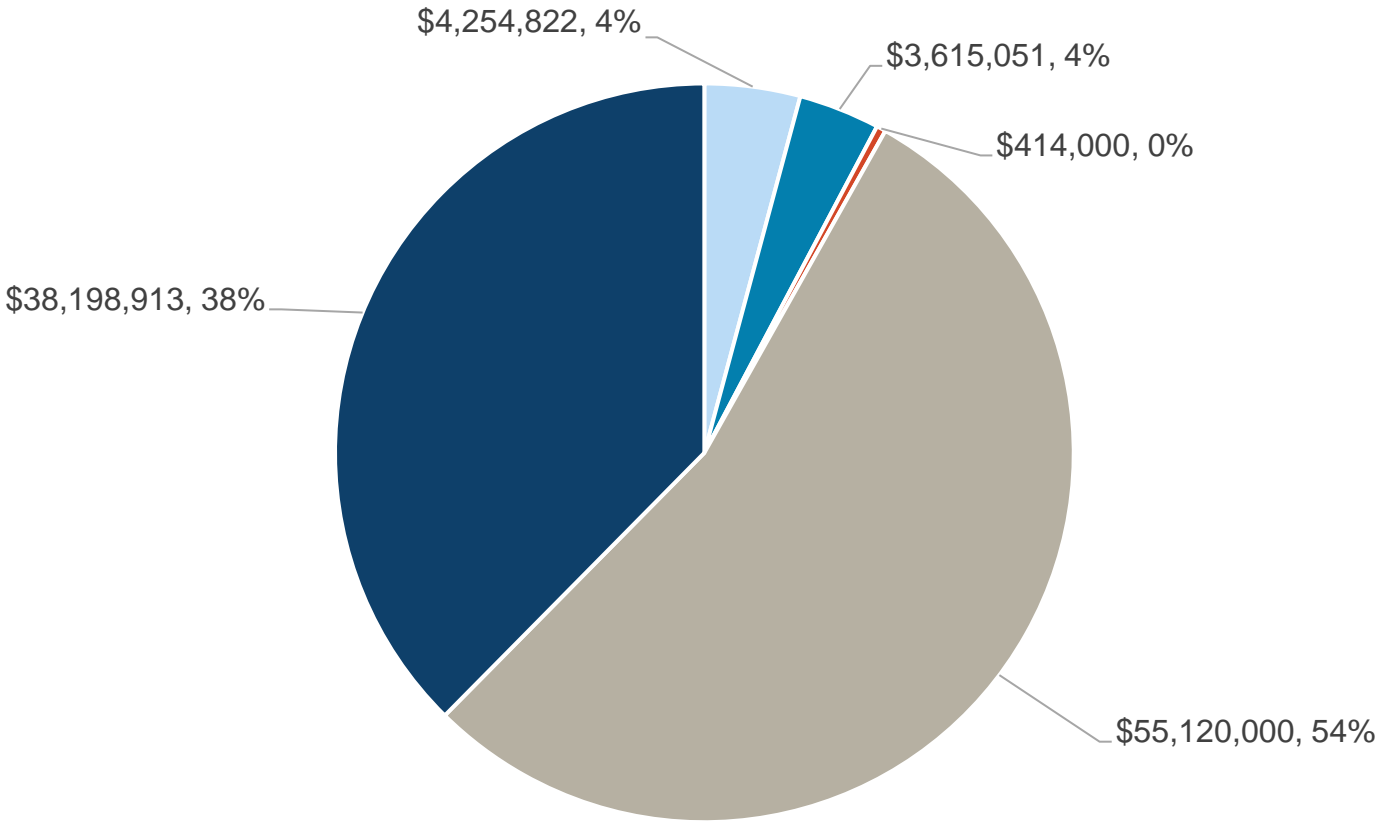
■ Salaries and Wages ■ Operating Expenses ■ Capital Assets ■ ARPA - New Lab

2023-25 Executive Recommendation By Funding Source



2023-25 Executive Recommendation

By Line Item

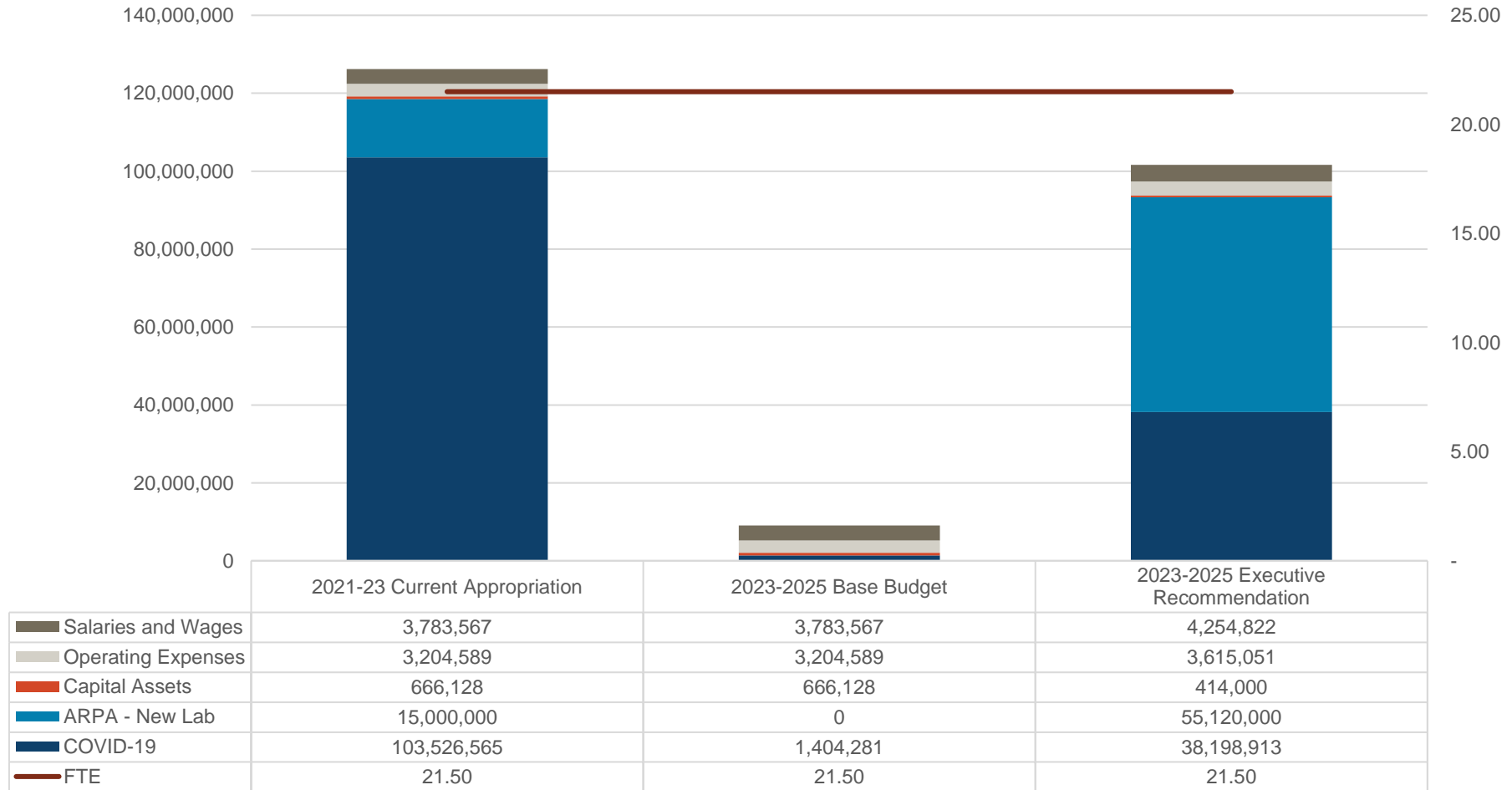


Salaries and Wages Operating Expenses Capital Assets ARPA - New Lab COVID-19

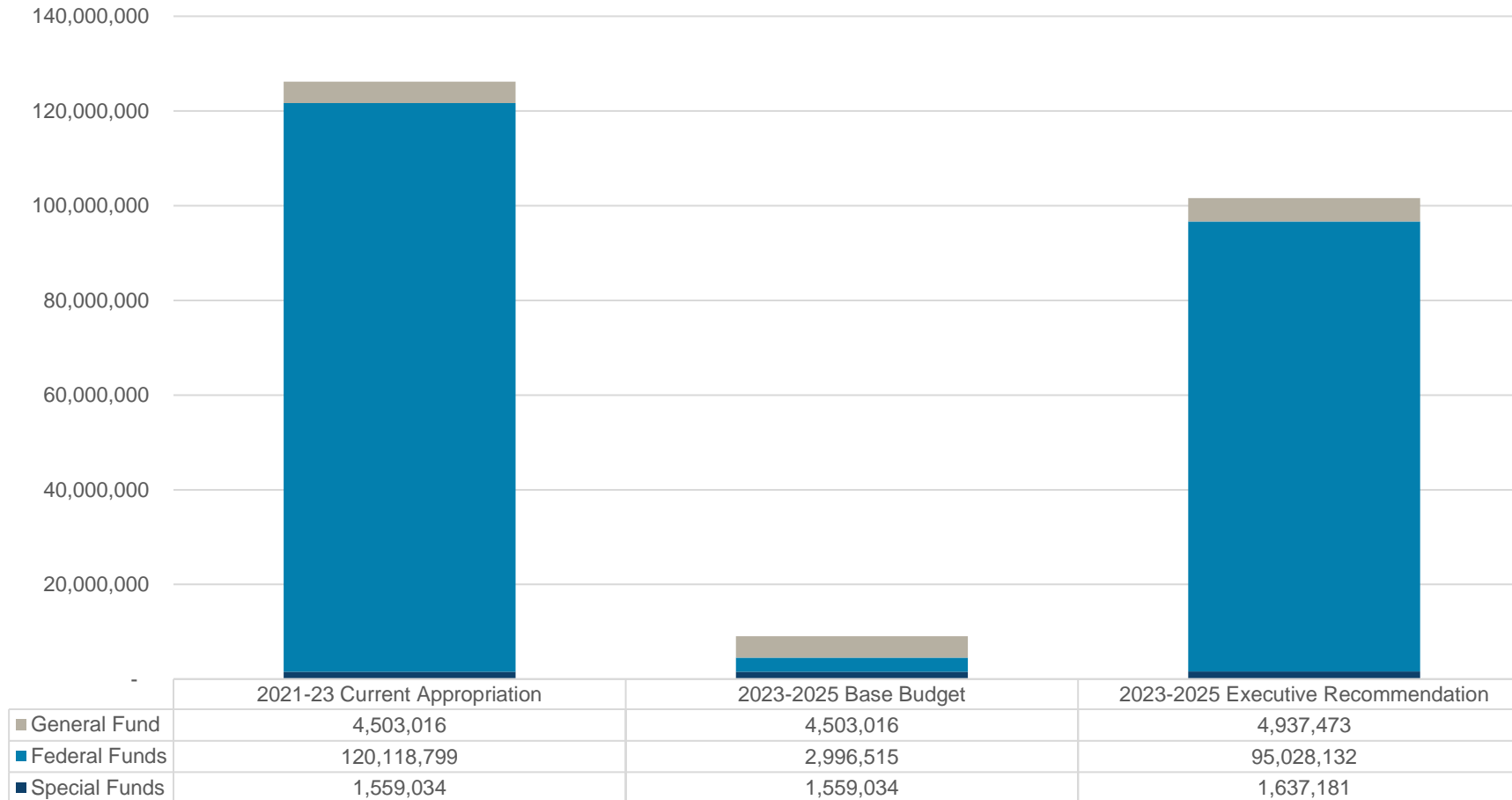
Comparison

Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Recommendation
Salaries and Wages	3,783,567	3,783,567	471,255	4,254,822
Operating Expenses	3,204,589	3,204,589	410,462	3,615,051
Capital Assets	666,128	666,128	(252,128)	414,000
ARPA – New Lab	15,000,000	0	55,120,000	55,120,000
COVID-19	103,526,565	1,404,281	36,794,632	38,198,913
FTE	21.5	21.5		21.5

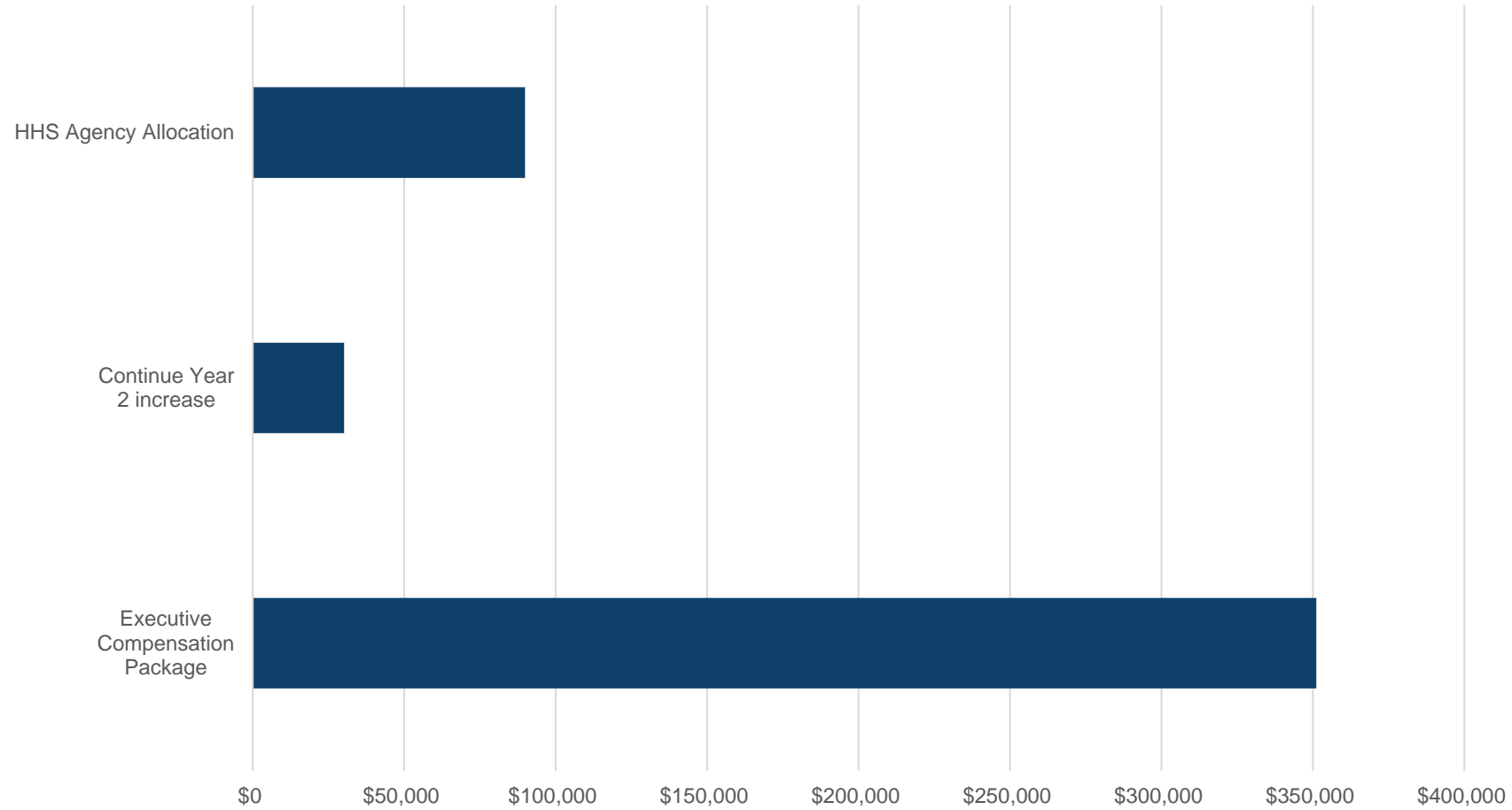
Overview of Budget Changes



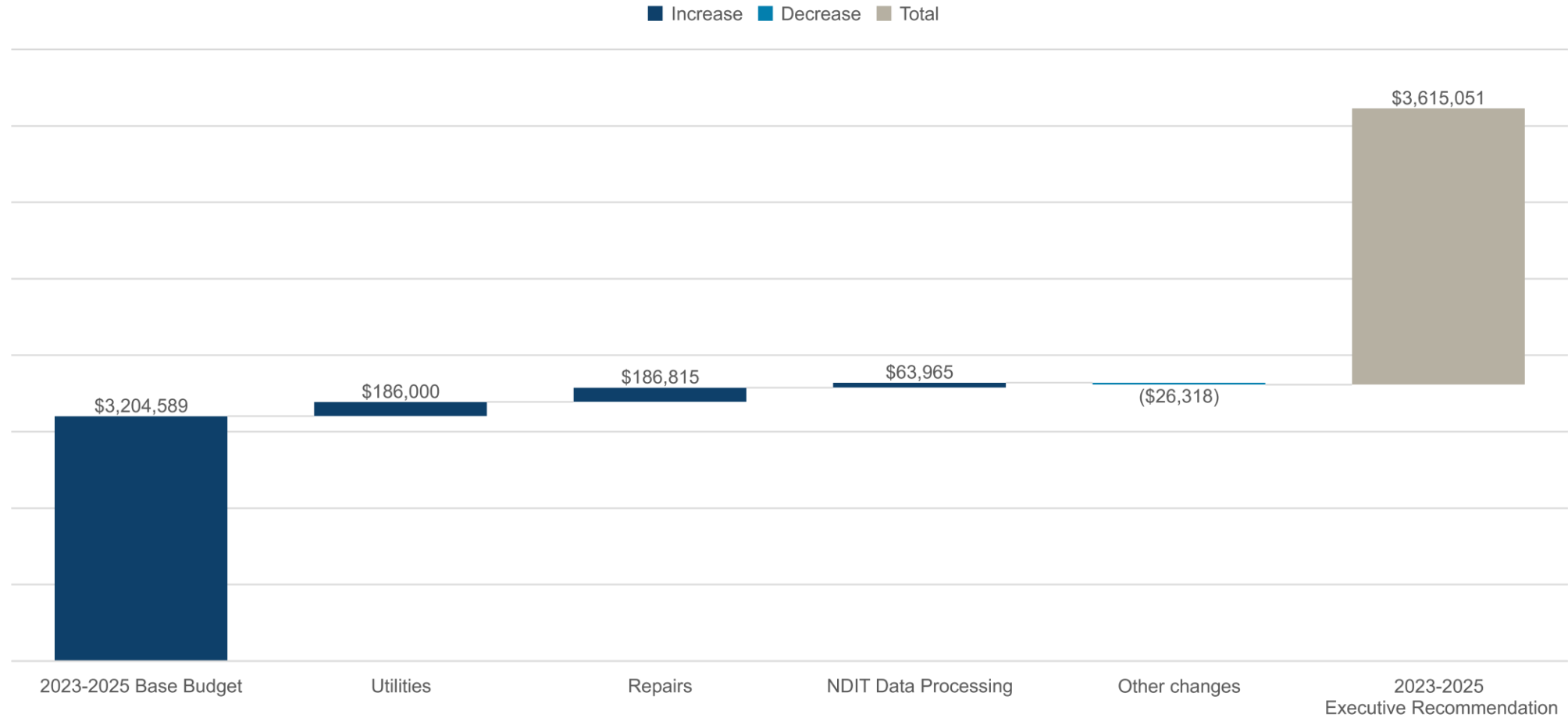
Overview of Funding Changes



Major Salary & Wage Differences



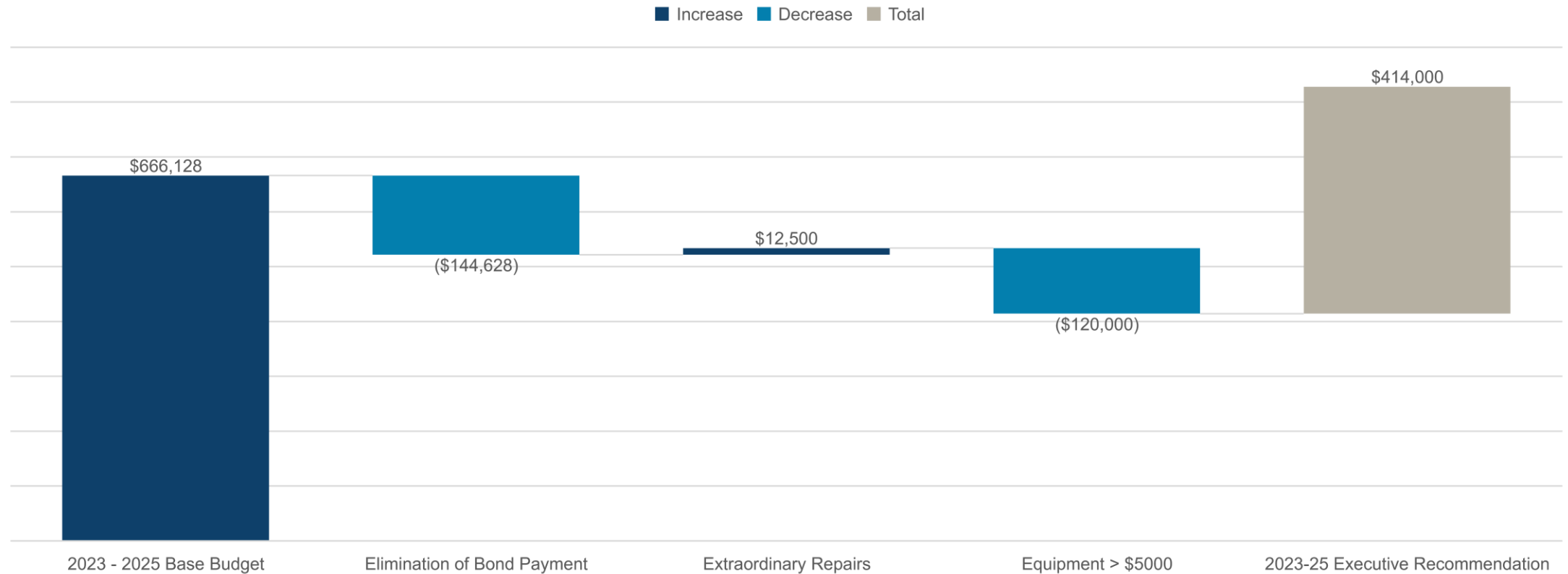
Major Operating Differences



Operating Differences Detail

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Travel	32,300	5,000	37,300
IT - Software/Supp.	104,097	-	104,097
Professional Supplies & Materials	7,275	-	7,275
Food & Clothing	187	-	187
Buildings/Vehicle Maintenance Supplies	39,316	-	39,316
Miscellaneous Supplies	7,082	(1,000)	6,082
Office Supplies	10,838	(1,500)	9,338
Postage	230,997	-	230,997
Printing	3,500	(2,500)	1,000
IT Equip Under \$5000	22,050	(22,050)	
Other Equip Under \$5000	6,300	-	6,300
Office Equip Under \$5000	0	-	
Utilities	259,320	186,000	445,320
Insurance	0	-	
Lease/Rentals - Equipment	41,748	(20,000)	21,748
Lease \Rentals-- Buildings./Land	2,000	-	2,000
Repairs	561,260	186,815	748,075
IT-Data Processing	68,899	63,965	132,864
IT-Telephone	20,620	-	20,620
IT - Contractual Services	0	-	
Professional Development	11,554	15,732	27,286
Operating Fees & Services	38,192	-	38,192
Professional Services	42,000	-	42,000
Medical, Dental, and Optical	1,695,054	-	1,695,054
Total Operating	\$ 3,204,589	\$ 410,462	\$ 3,615,051

Capital Asset Differences



Covid Budget Detail

The Covid Line of the Executive Budget Recommendation is comprised of two major parts: Testing and Collections and General Lab Services.

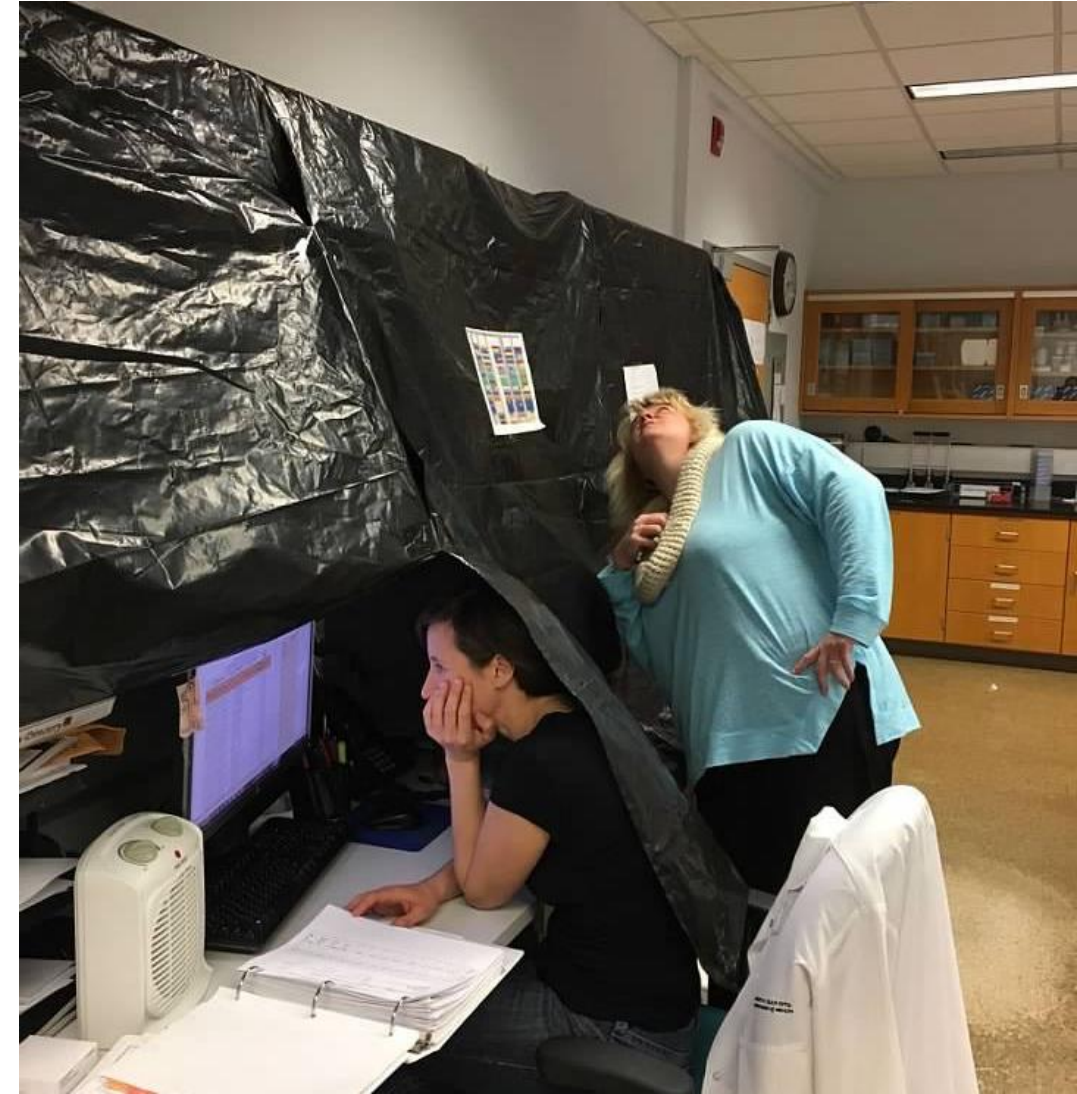
				Expenditures	
Lab Services: Testing and Collection	Start	End	Award	to Date	
Total Federal Award	Date	Date	Amount	1/10/2023	Remaining
ELC School Testing Grant	4/1/2021	7/31/2024	22,952,934	8,142,568	14,810,366
<i>Subrecipient:</i>					
<i>Central Regional Education Association</i>	<i>7/1/2021</i>	<i>7/31/2023</i>	<i>19,509,994</i>	<i>6,765,788</i>	<i>12,744,206</i>
2023-25 Lab Services Executive Budget Recommendation:				11,056,914	
<i>We project the above will be the remaining available balance on the ELC School Testing Grant at 6-30-2023 .</i>					
<i>There is the potential for the end date to be extended an additional year, and the possibility</i>					
<i>of the focus and guidelines of the grant award being modified to allow additional activities beyond those</i>					
<i>limited to Covid-19 testing, which would allow new activities and subawards to take place.</i>					

Covid Budget Detail (continued)

General Lab Services:					
Other Covid Awards - used throughout multiple sections of Public Health*	Start Date	End Date	Award Amount	Expenditures through 11/30/2022	Remaining
Total Federal Award					
ELC Care Act COVID 19	4/23/2020	7/31/2024	5,125,000	1,762,735	3,362,265
ELC Care Enhanced Act COVID 19	4/23/2020	7/31/2024	52,621,819	15,794,542	36,827,277
ELC COVID Supp AMD	12/16/2020	7/31/2024	131,000	101,873	29,127
ELC COVID Suppl PHL	12/16/2020	7/31/2024	515,000	260,409	254,591
ELC COVID Enhancing Expansion	1/14/2021	7/31/2024	43,863,056	2,416,112	41,446,944
Covid ELC AMD (round 2)	5/12/2021	7/31/2024	1,318,662	424,547	894,115
COVID ELC PHL (round 2)	5/12/2021	7/31/2024	142,473	50,830	91,643
ELC COVID-19 HIS	8/1/2021	7/31/2024	75,101	65,476	9,625
ELC COVID-19 VPD	8/1/2021	7/31/2024	98,280	42,827	55,453
ELC COVID-19 Data Modernization	8/1/2021	7/31/2024	2,949,394	805,426	2,143,968
ELC COVID-19 HAI/Antimicrobial Resistance	8/1/2021	7/31/2024	2,526,937	81,817	2,445,120
ELC COVID-19 HAI SNF Strike Team	8/1/2021	7/31/2024	1,270,273	9,739	1,260,534
ELC COVID-19 HAI LTC NA Strike Team	8/1/2021	7/31/2024	1,216,364	13,253	1,203,111
			111,853,359	21,829,586	90,023,773
2023-25 Lab Services Executive Budget Recommendation:				27,141,999	
<i>The above represents the amount of unused grant funds from the above general Covid grants that are projected to be available and able to be used by Lab Services to fund maintenance agreements on laboratory equipment and to purchase lab supplies. There is also the potential for the end dates of these grants to be extended, and a possibility of the focus and guidelines of the grant award being modified to allow additional activities beyond those included in the original award, which would allow for additional activities and uses for the funds.</i>					
<i>*this will be seen in several other sections of the Public Health Division.</i>					
Total 2023-25 Lab Services Executive Budget Recommendation:				38,198,913	

Summary and Key Takeaways

- North Dakota needs an adequate, safe, and efficient laboratory to move us into the future.
- Investing in the State Laboratories will allow the team to safely perform critical laboratory tests.
- ARPA funds can be leveraged to fully support the State Laboratory building project.





THANK YOU

Dr. Christie Massen | Section Director, Laboratory Services | clmassen@nd.gov | 328-6288

B|W|B|R



North Dakota State Laboratory

HB1004

House Appropriations - Human Resources Subcommittee

01.19.2023

- Introductions
- Project Vision & Goals
- Design Process
 - Space Programming
 - Design Concepts
- Site Selection Process
- Preliminary Cost Estimate
- Operating Cost Projections
- Schedule

Project Vision & Goals

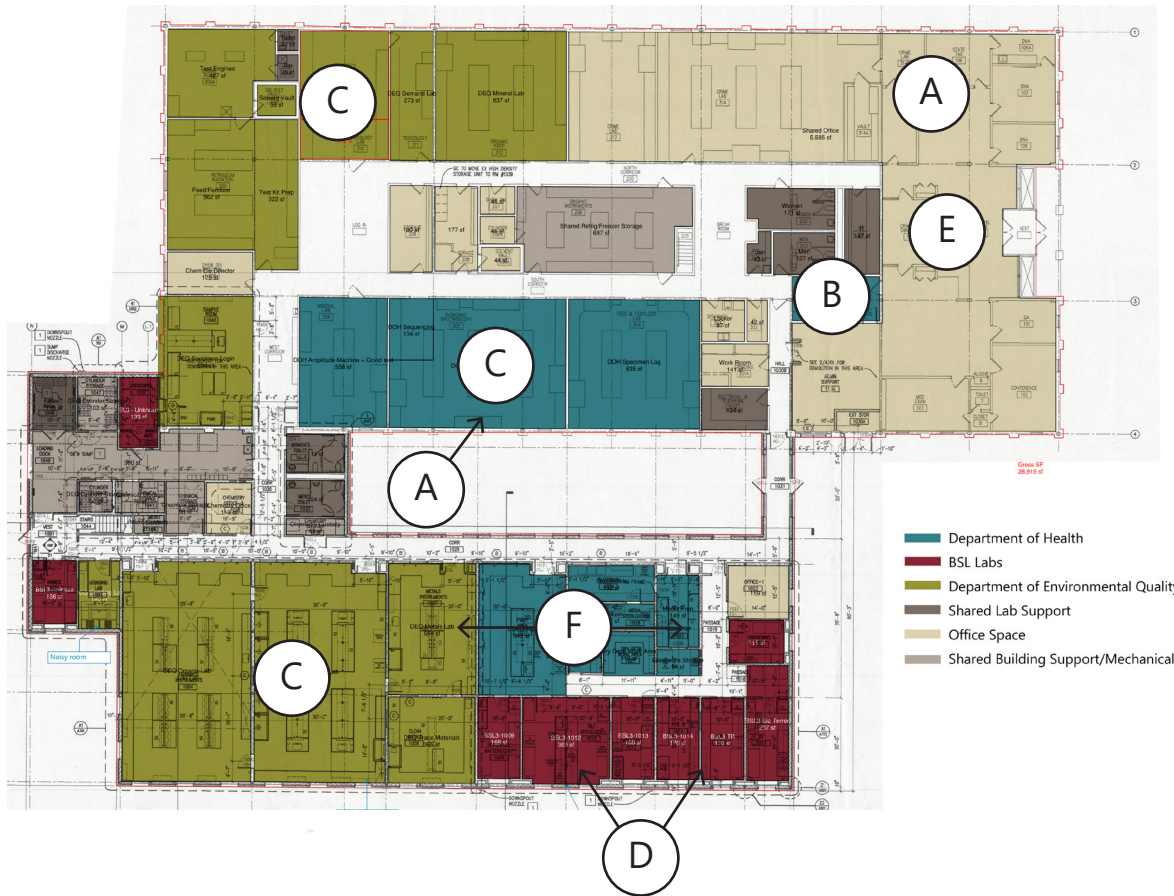
State laboratories support ***critical department functions...***

To accomplish our mission, the **North Dakota Department of Health** is committed to: ***improving the health status*** of the people of North Dakota; ***improving access to and delivery of*** quality health care and wellness services; ***promoting a state of emergency readiness*** and response; ***achieving strategic outcomes*** using all available resources; ***strengthening and sustaining stakeholder engagement*** and collaboration; and ***managing emerging public health challenges***.

The **North Dakota Department of Environmental Quality's** vision is for a ***sustainable, high quality environment*** for current and future generations. Our mission is to ***conserve and protect*** the quality of North Dakota's ***air, land, and water resources*** following science and the law.

....but our facilities are ***approaching the end*** of their useful life.





- A** Lack of Space for Office Functions

 - Officing tasks occur in labs (safety issue)
- B** Incoming Sample/Specimen Workflows

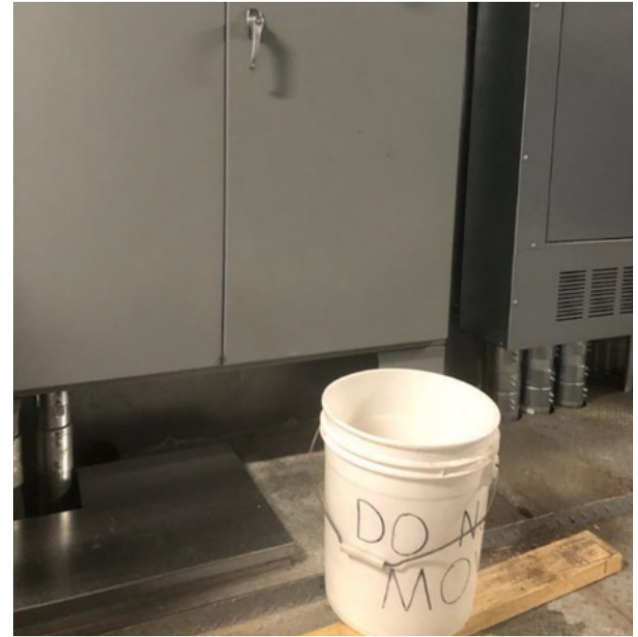
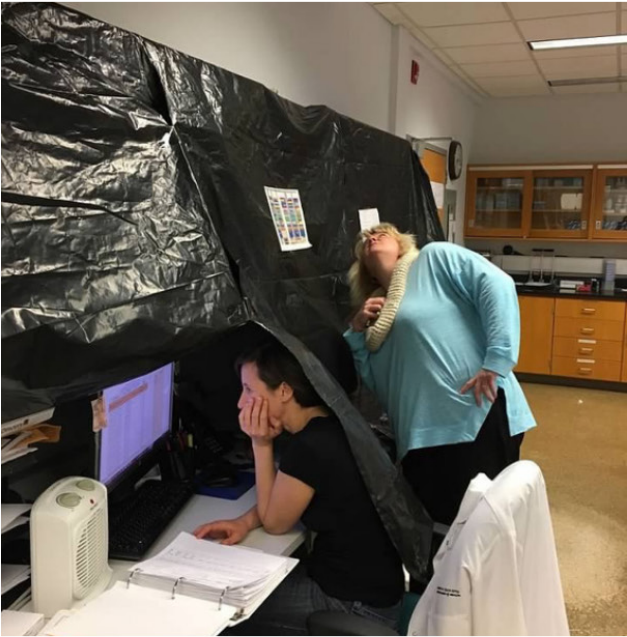
 - Lack of dedicated sample/specimen receipt areas.
 - DOH specimen receipt in hallways
 - Separated sample storage required to preserve DEQ sample integrity
- C** Lack of Space for Growth

 - Instrumentation updates in DOH fill current lab foot-prints
 - No space for new DOH programs (ie Corrections, LNR-C, Biosurveillance, Newborn Testing)
 - DEQ testing to parts-per-trillion level requires clean spaces and separated functions to avoid cross-contamination
 - Anticipated growth in DEQ volumes due to updated PFAS, copper, and lead regulations
- D** BSL-3 Lab Deficiencies

 - Lack of vestibules/anterooms in existing BSL-3 Labs
 - Single-aisle labs limit flexibility and efficiency
- E** Lack of Citizen-Focused Engagement

 - No space for outside visitors to experience lab functions, understand workflows, or develop interest in STEM functions
- F** Mechanical System Deficiencies & Reliability

 - Lack of separation of airflows between DOH & DEQ leads to cross-contamination risk
 - Reliability issues for power and mechanical equipment compromises testing capability



A new State Lab facility will preserve and advance our ability to
protect North Dakota's public health & environment.

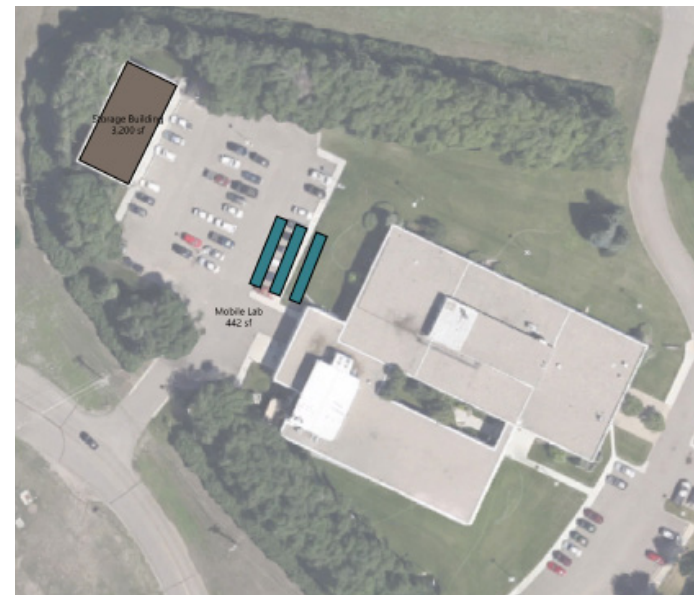
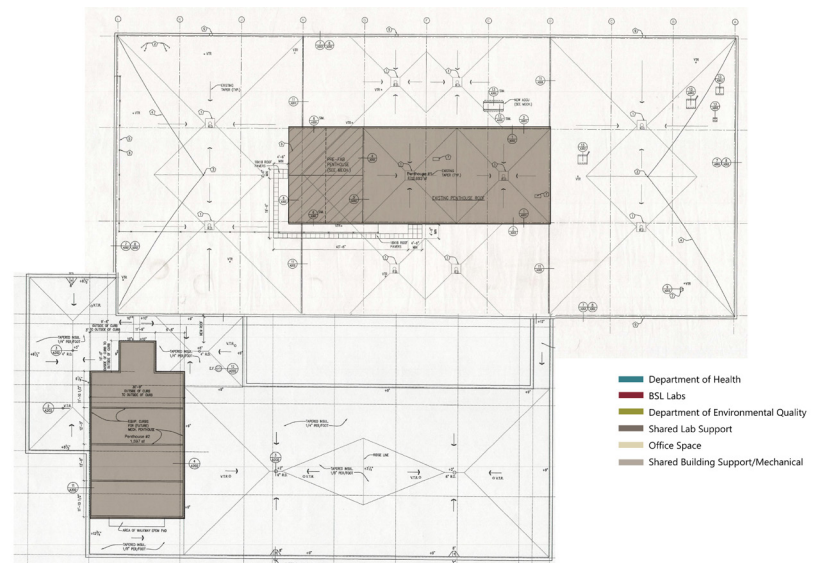
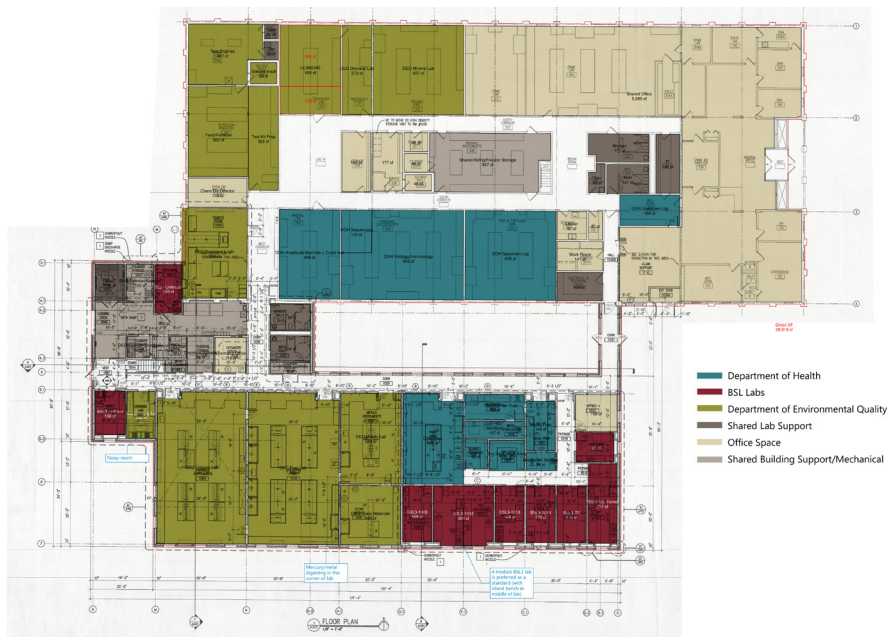


The proposed laboratory will provide Public Health & DEQ with:

- **Improved regulatory compliance** to ensure continued access to testing programs
- **Additional programs** and access to testing
- **Adequate space** to support current and future testing needs
- **Optimized workflows** to enable more efficient testing
- **Safe and inviting** working environment for staff.
- **State-of-the-art utility systems** with minimized cross-contamination risks
- **Citizen-focused spaces** to share our work, collaborate with universities, and inspire future scientists

Design Process

Existing Building Analysis

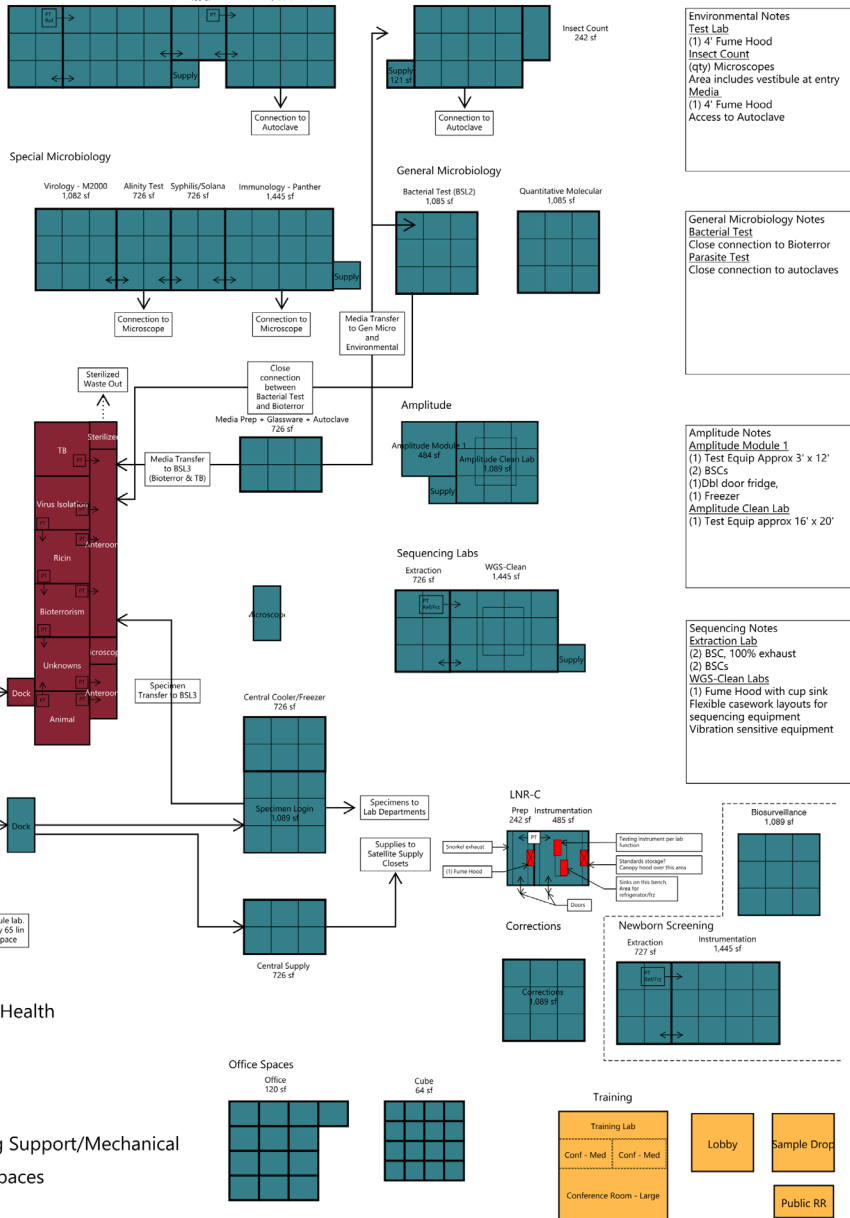


Visual Program & Adjacency Diagrams

Molecular Notes
 Sample Prep
 (2) Refrigerator, (2) Freezer
 (2) BSC
 Extraction
 (3) BSC
 Clean Room
Instrumentation
 Access to Autoclave

Special Microbiology Notes
 Virology
 (4) M2000
 (1) BSC
 Alinity
 Temp Controlled Room (23C +2)
 Immunology - Panther
 Requires access to autoclave
 Door between all spaces in suite
 required
 Separate M2000 from Panther
 space to avoid cyanide gas

BSL-3 Notes
 Prefer flow and operation of
 double-module BSL-3 spaces



- Department of Health
- BSL Labs
- Lab Support
- Office Space
- Shared Building Support/Mechanical
- Public/Lobby Spaces

Environmental Notes
 Test Lab
 (1) 4' Fume Hood
 Insect Count
 (qty) Microscopes
 Area includes vestibule at entry
 Media
 (1) 4' Fume Hood
 Access to Autoclave

General Microbiology Notes
 Bacterial Test
 Close connection to Bioterror
 Parasite Test
 Close connection to autoclave

Amplitude Notes
 Amplitude Module 1
 (1) Test Equip Approx 3' x 12'
 (2) BSCs
 (1) Dbl door fridge,
 (1) Freezer
 Amplitude Clean Lab
 (1) Test Equip approx 16' x 20'

Sequencing Notes
 Extraction Lab
 (2) BSC, 100% exhaust
 (2) BSCs
 WGS-Clean Labs
 (1) Fume Hood with cup sink
 Flexible casework layouts for
 sequencing equipment
 Vibration sensitive equipment

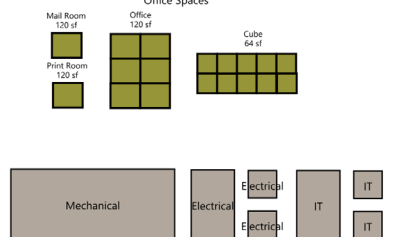
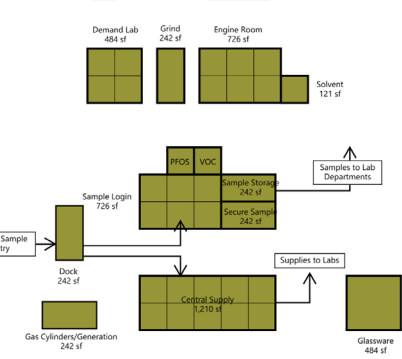
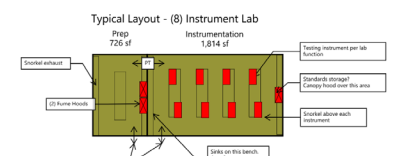
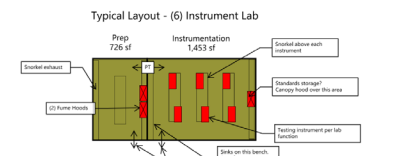
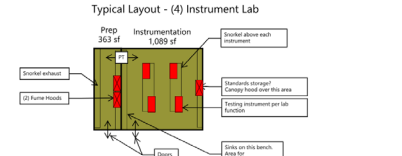
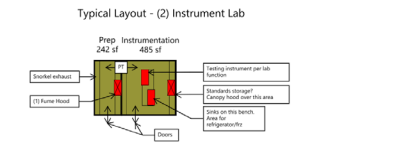
DEQ Lab Vision:
 Suites equipped with technology to support specific testing.
 Each suite - Larger prep area, smaller test area. Approx 1/3 prep, 2/3 test
 Establish size of suite based on quantity of instrumentation within - see
 diagrams
 Vacuum pumps - noise control required (closest for vac pumps or sound
 insulated cabinets)
 Prep Rooms
 (1) or (2) fume hoods, sometimes two fume hoods, or canopy hood
 Bench snorkels as shown on diagram

Instrument/Test rooms
 Always have a sink somewhere, but have movable tables for
 instrumentation.
 Space for (1) refrigerator or freezer for reagent storage
 Overhead carriers with gas connection
 Suites discussed (Instrument qty per DEQ input)
 1) LC, GC, GCMS - (8) Instruments
 2) GCMS/MS - (6) Instruments
 3) ICP, ICPMS - (6) Instruments - Low metal lab
 4) LCMS/MS - (6) Instruments - Clean Lab, Low PFAS Lab
 5) ICM/MS - (4) Instruments - Clean Lab
 6) VOC - (4) Instruments - Clean Lab
 7) FIA and IC - (6) Instruments
 8) Petroleum - (4) Instruments
 9) Feed/Fertilizer - (4) Instruments
 10) Miscellaneous Testing - (4) Instruments
 11) Kit Prep - (4) Instruments
 12) Dirty - (4) Instruments

Additional Functions
 1) Gridding
 2) Sample Login
 3) Admin Assistant
 4) Demands Lab
 5) Engines

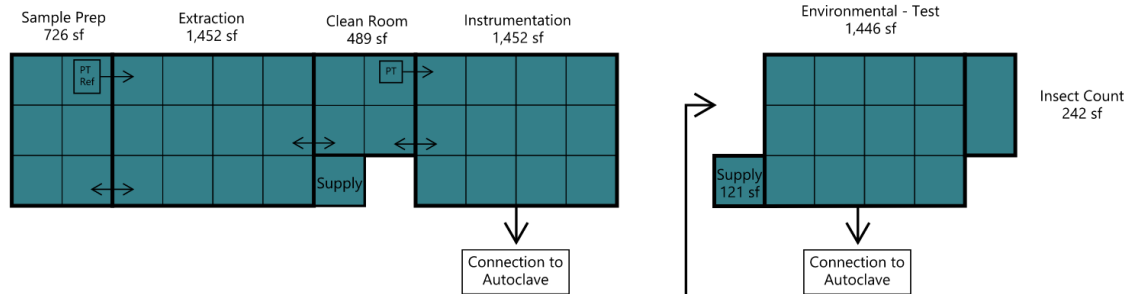
Sample Login Notes
 Dedicated dock for sample receipt
 Sample Login
 (2) Staff
 Bench space for sample receipt,
 temp and PH checks
 (2) Fume Hood for sample prep
 Secure Sample Storage
 (qty) Refrigerator
 (qty) Freezer
 Bench space
 High-density storage racks for
 samples requiring chain of
 custody
 Sample Storage
 Bench space
 Refrigerator
 Freezer
 Storage Racks
 Central Supply
 Engine Room
 Soundproofed walls
 100% Exhaust
 Existing equipment for octane
 testing
 Direct connection to exterior for
 solvent vault
 Demand Lab
 Prep and testing can occur in the
 same space.
 Surge capacity needed due to new
 water quality rules - 50% larger
 than existing footprint requested
 Grinding Lab
 Soundproofed walls
 100% Exhaust

Central Utility Services - DEQ Labs
 RO Water
 Compressed air (central system)
 Plumbed Lab Gases
 Nitrogen
 Helium
 Hydrogen
 Argon
 Oxygen
 Acid Neutralization System
 Backup Power with UPS
 Data Backbone - use
 state-of-the-art cabling, wiring,
 etc



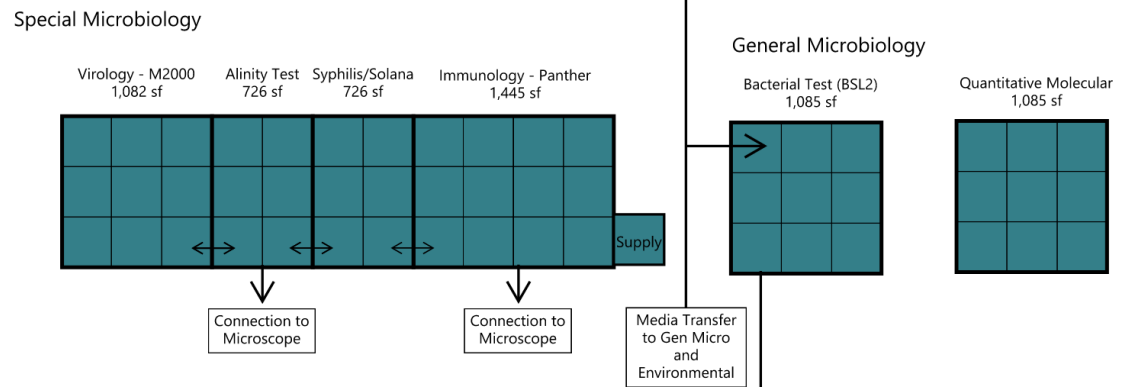
Visual Program & Adjacency Diagrams (DOH Detail)

Molecular Notes
Sample Prep
 (2) Refrigerator, (2) Freezer
 (2) BSC
Extraction
 (3) BSC
 Clean Room
Instrumentation
 Access to Autoclave



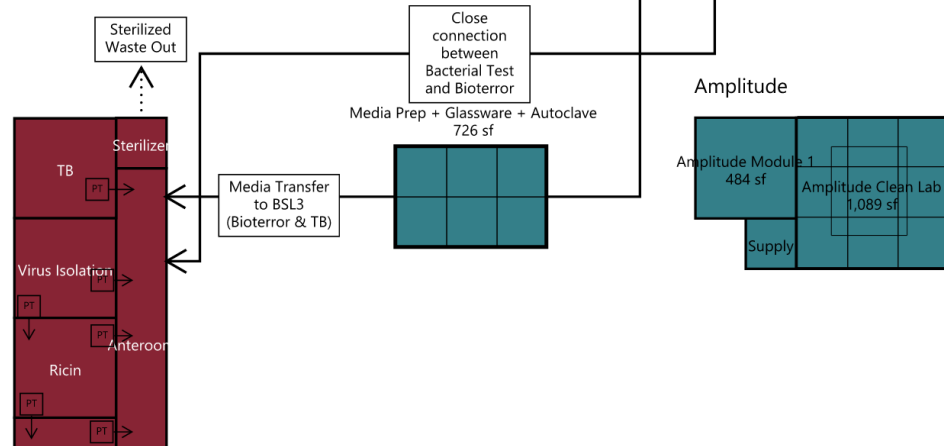
Environmental Notes
Test Lab
 (1) 4' Fume Hood
Insect Count
 (qty) Microscopes
 Area includes vestibule at entry
Media
 (1) 4' Fume Hood
 Access to Autoclave

Special Microbiology Notes
Virology
 (4) M2000
 (1) BSC
 Alinity
 Temp Controlled Room (23C +2)
Immunology - Panther
 Requires access to autoclave
 Door between all spaces in suite required
 Separate M2000 from Panther space to avoid cyanide gas



General Microbiology Notes
Bacterial Test
 Close connection to Bioterror
Parasite Test
 Close connection to autoclaves

BSL-3 Notes
 Prefer flow and operation of double-module BSL-3 spaces



Amplitude Notes
Amplitude Module 1
 (1) Test Equip Approx 3' x 12'
 (2) BSCs
 (1) Dbl door fridge,
 (1) Freezer
Amplitude Clean Lab
 (1) Test Equip approx 16' x 20'

Visual Program & Adjacency Diagrams (DEQ Detail)

DEQ Lab Vision:
 Suites equipped with technology to support specific testing.
 Each suite - Larger prep area, smaller test area. Approx 1/3 prep, 2/3 test
 Establish size of suite based on quantity of instrumentation within - see diagrams

Vacuum pumps - noise control required (closet for vac pumps or sound insulated cabinets)

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 Overhead carriers with gas connection

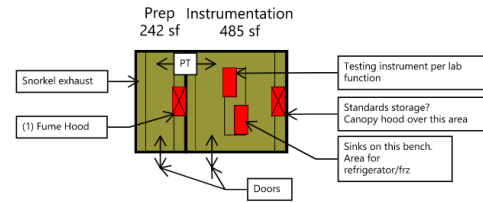
Suites discussed (Instrument qty per DEQ input)

- 1) LC, GC, GCMS - (8) Instruments
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- 3) ICP, ICPMS - (6) Instruments - Low metal lab
- 4) LCMS/MS - (6) Instruments - Clean Lab, Low PFAS Lab
- 5) ICMS/MS - (4) Instruments - Clean Lab
- 6) VOC - (4) Instruments - Clean Lab
- 7) FIA and IC - (6) Instruments
- 8) Petroleum - (4) Instruments
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- 12) Dirty - (4) Instruments

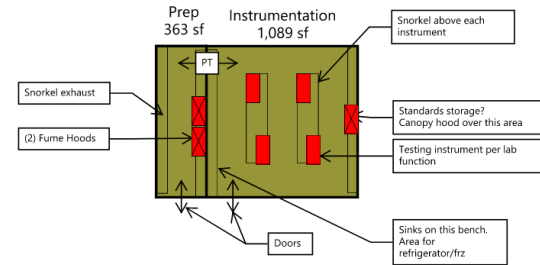
Additional Functions

- 1) Gridding
- 2) Sample Login
- 3) Admin Assistant
- 4) Demands Lab
- 5) Engines

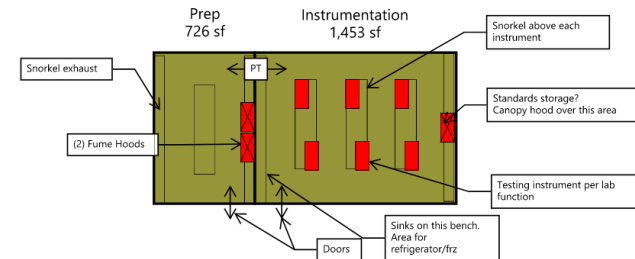
Typical Layout - (2) Instrument Lab



Typical Layout - (4) Instrument Lab



Typical Layout - (6) Instrument Lab



PROGRAM SUMMARY

PROGRAM SUMMARY	Existing		Proposed		Delta
	Staff	Square Feet (net)	Staff	Square Feet (net)	SF
Main Lab Building					
<i>Departments</i>					
Department of Health (DOH)	23	5,545	35	33,864	28,319
Department of Environmental Quality (DEQ)	12	7,671	16	26,571	18,900
Shared Lab Support		1,648		968	-680
Public/Lobby Spaces		0		2,209	
Office Space (Existing)		6,800			-6,800
Shared Staff Space		0		2,480	2,480
Shared Building Support/Mechanical		5,287		5,921	634
Program Contingency				2,500	
Subtotal Departmental Space Needs*	35	26,951	51	74,513	47,562
Building Gross Up (est) - walls, circulation, etc)	25%	6,258	35%	26,080	19,822
Total Building Needs (GSF)		33,209		100,593	67,384

* Departmental Square Footage includes 35% secondary circulation gross up.

** Staff headcounts include staff with dedicated office/cubicle space. Lab Techs without assigned office/cubicle are not included in these headcounts.

Existing Ancillary Support Buildings	Existing
	Square Feet (gross)
DOH/DEQ Storage Building - 2635 E Main	3,200
DOH Warehouse - 26th & Vermont	10,000
DOH Mobile Lab 1	442
DOH Mobile Lab 2	442
Total Ancillary Support Building Square Footage	14,084

Total Existing Square Footage	47,293
--------------------------------------	---------------

Space Type	Area	Comment
Lab space	53,100 sf	(A) (B) (C)
Office Space:	8,493 sf	
Training Lab and Conferencing:	2,200 sf	(D)
Support space (lab support, mechanical/electrical, circulation):	36,800 sf	(E) (F) (G)
Total proposed:	100,593 sf	

- (A) Additional Lab Space**
 - Separated lab functions address cross-contamination concerns
 - Dedicated space for sample receipt & storage
 - Growth space for new programs

- (B) BSL-3 Growth Factors**
 - Lack of vestibules/anterooms in existing
 - Additional area to improve workflow

- (C) General storage/supplies co-located with labs**
 - Allows more efficient utilization of storage square footage

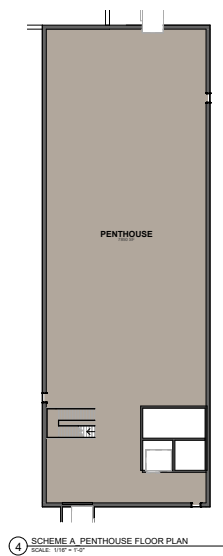
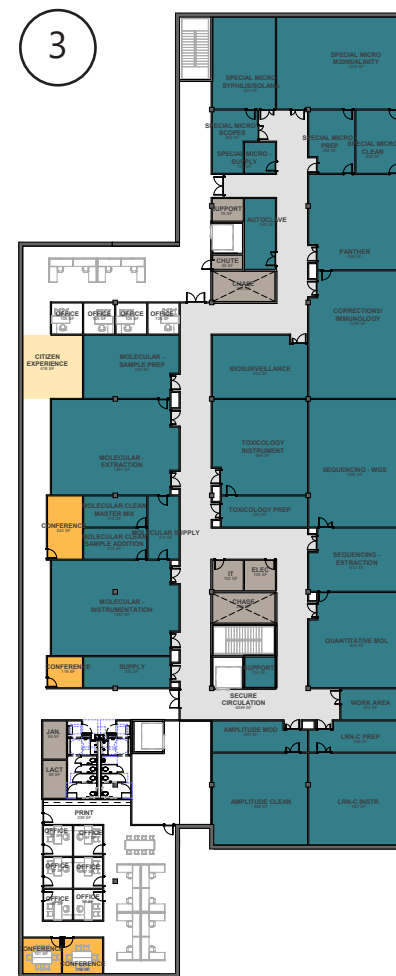
- (D) Public-Facing Training and Conferencing**
 - Space provided for visitor training and conferencing, plus training lab for staff and outside training.

- (E) DOH Warehouse Exit Strategy**
 - Bulk storage space provided in program. Reduced COVID demands will drive eventual elimination of need for offsite warehouse space allowing 26th & Vermont warehouse lease to be terminated

- (F) Mechanical Equipment Strategy**
 - Indoor space for boilers, fire suppression, air compressors, vacuum process chillers, etc. Rooftop chillers, air handlers, exhaust fans with service vestibules. Design team is studying potential rooftop penthouse to allow indoor mechanical units

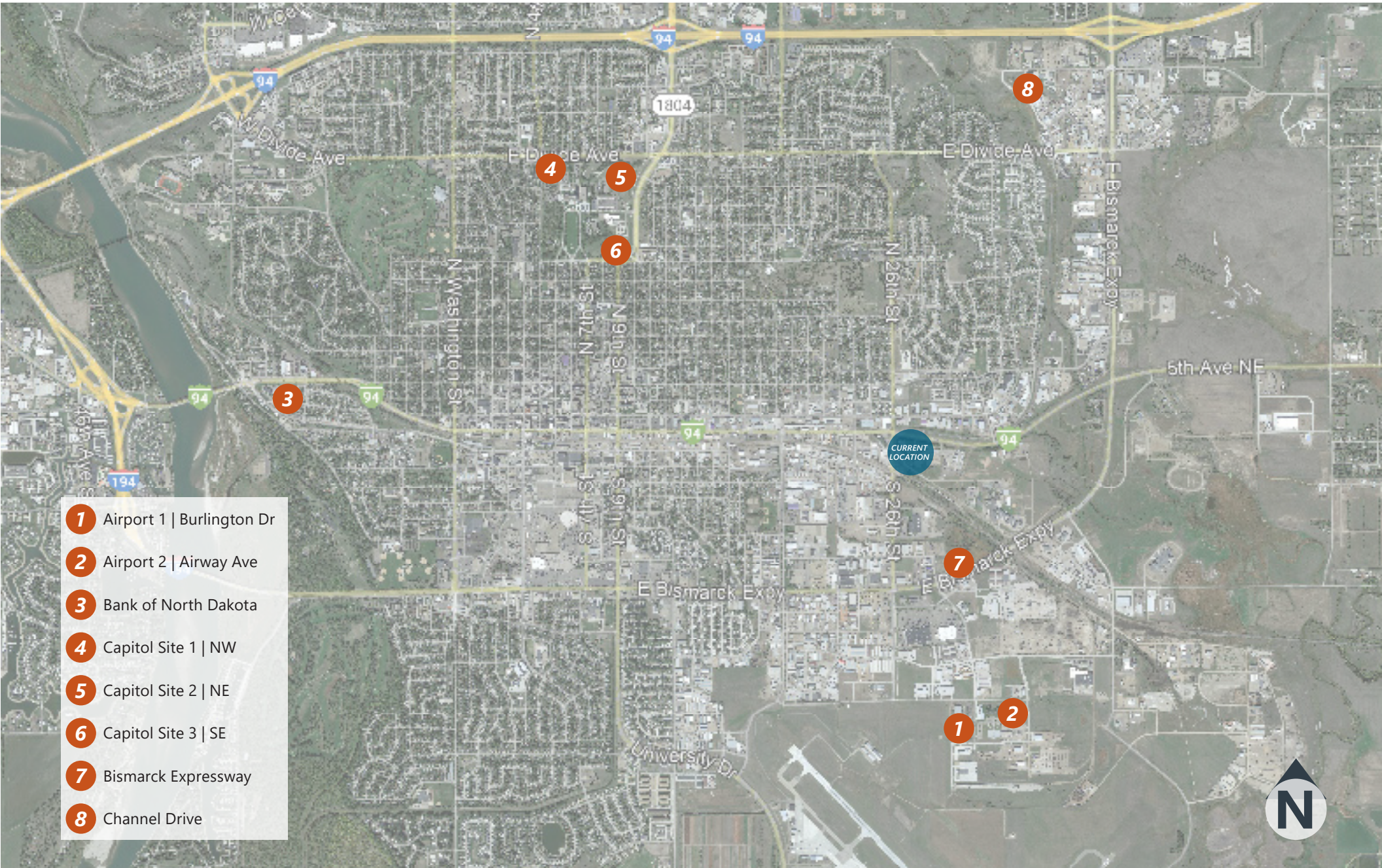
- (G) Building Gross-Up**
 - Additional gross-up to support vertical circulation, shafts, and wider hallways

Conceptual Floor Plans



- Currently planning for three story facility
Level 1 - DOH/DEQ Labs, Training Labs, Warehouse
Level 2 - DEQ Labs & Offices
Level 3 - DOH Labs & Offices

Site Selection



- 1 Airport 1 | Burlington Dr
- 2 Airport 2 | Airway Ave
- 3 Bank of North Dakota
- 4 Capitol Site 1 | NW
- 5 Capitol Site 2 | NE
- 6 Capitol Site 3 | SE
- 7 Bismarck Expressway
- 8 Channel Drive



- Site evaluation process is ongoing, focused on state-owned sites
- Leaning towards Capitol grounds due to land cost savings, construction cost savings, and operational savings

- 1 Airport 1 | Burlington Dr
- 2 Airport 2 | Airway Ave
- 3 Bank of North Dakota
- 4 Capitol Site 1 | NW
- 5 Capitol Site 2 | NE
- 6 Capitol Site 3 | SE
- 7 Bismarck Expressway
- 8 Channel Drive

Cost Estimate



- Cost estimates performed in predesign process were utilized to establish Governor’s budget request
\$15 million (received in 2021-22 bienium)
+ \$55 million budget request

\$70 million total project budget
- State has retained Kraus Anderson Construction as construction manager at risk for the project
- Early validation of predesign cost estimates confirms \$70 million project budget is adequate*

*Construction costs contingent on funding approval 2Q 2023

Operating Cost Analysis

Energy Use

- Existing Building Energy Use Intensity = 402 kbtu/sf/yr
- Proposed Energy Use Intensity = 180-240 kbtu/sf/yr
- Energy Cost = \$ 367,000/yr (~\$3.65/sf/yr)

Additional Operating Cost (Trash, snow removal, etc)

- Cost target dependent on site chosen and ability to share resources with adjacent state buildings
- Range of \$5-\$15/sf/yr

Operating Cost Projection

Low: \$9/sf x 100,600 sf = \$905,000 per year

High: \$20/sf x 100,600 sf = \$2,012,000 per year



Schedule

Milestone	Date
Finalize Site Selection	Q1 2023
Funding Secured	Q2 2023
Design Complete	Q3 2023
Construction Start	Q3 2023
Construction Complete	Q4 2025
Building Occupancy	Q1 2026

All approximate dates contingent on funding

Thanks!
Question/Answer



House Bill 1004

Health Response and Licensure Section

Tim Wiedrich

Department of Health and Human Services

Public Health Division | January 18, 2023



Health & Human Services

Health Response and Licensure Section



Tim Wiedrich

- Create and Maintain Public Health and Medical Emergency Response Systems
- Administer and Distribute Grant Funds
- Train, Certify and License Certain Medical and Other Providers
- Regulate and Designate Medical Systems of Care
- Regulate Food and Lodging Establishments

Emergency Medical Systems



Christopher Price

Emergency Preparedness and Response



Juli Sickler

Food and Lodging



Julie Wagendorf

Life Safety & Construction



Karla Aldinger

Health Facilities



Bridget Weidner

Health Response and Licensure Section

Staff	Licenses, Certifications & Designations	Grants Issued	Emergency Response
61.5 FTE-One Vacancy 18 Long-Term Temp 49 FT Covid Temp 51 PRN Covid Temp	5,459 Organizations 7,859 Site Survey 516 Plans Reviewed 31,256 People 356 Complaints	\$13,731,941	12,542 Medical Missions 5,961 Cache Orders 12,074 Vaccine Orders 5,389 Courier Missions 2,270 HAN Messages

Emergency Medical Systems



Emergency Medical Services

EMS Personnel and Agency Licensure, Prehospital Care Education



Trauma System of Care

Trauma Center Designation, Trauma System Performance Improvement



Cardiac System of Care

STEMI Referring/Receiving Center Designation, Cardiac System Performance Improvement



EMS for Children

Improve Access and Quality of Emergency Care for Children



Stroke System of Care

Stroke Center Designation, Acute Stroke Treatment Guidelines



Special Projects

Law Enforcement AED Project, Cardiac Ready Communities

Emergency Preparedness and Response



Public Health Emergency Preparedness & Response
LPH Statewide Response Team
All Hazards Response System
Incident Command Structure



Medical Volunteer Coordination
Medical Reserve Corp
CISM
EMAC



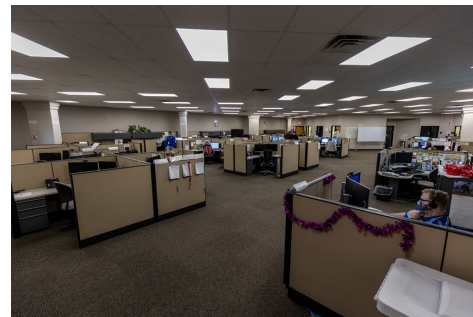
Hospital Preparedness Program
One Statewide Coalition
Partners: NDHA & NDLTCA



Health Alert Network
Emergency Medical
Information Distribution

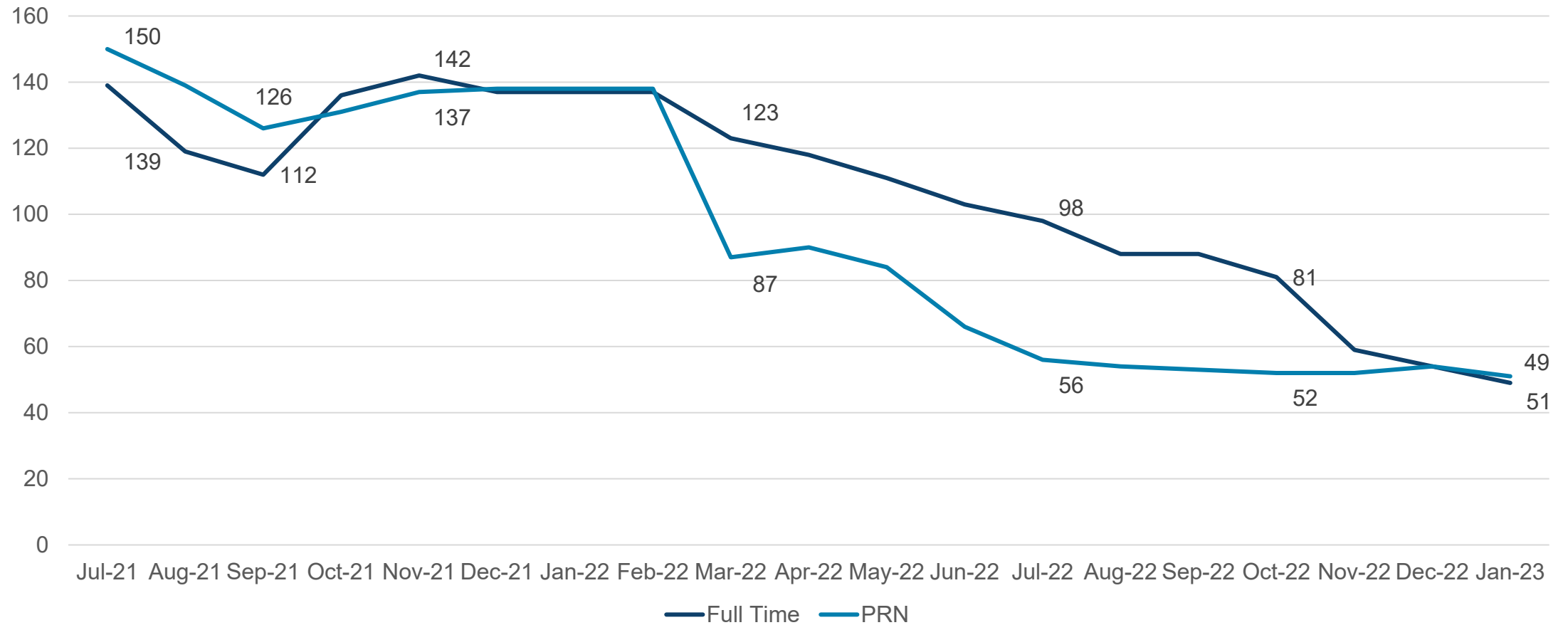


State Medical Cache
Distribution of Medical Supplies
Patient Evacuation Transport
Tactical Communications
Strategic National Stockpile



Department Operations Center
Coordination of Health and
Medical Emergency Events

COVID Response Team - Temporary Staff Levels July 2021 - January 13, 2023



COVID Response Team -Temporary Staff Positions

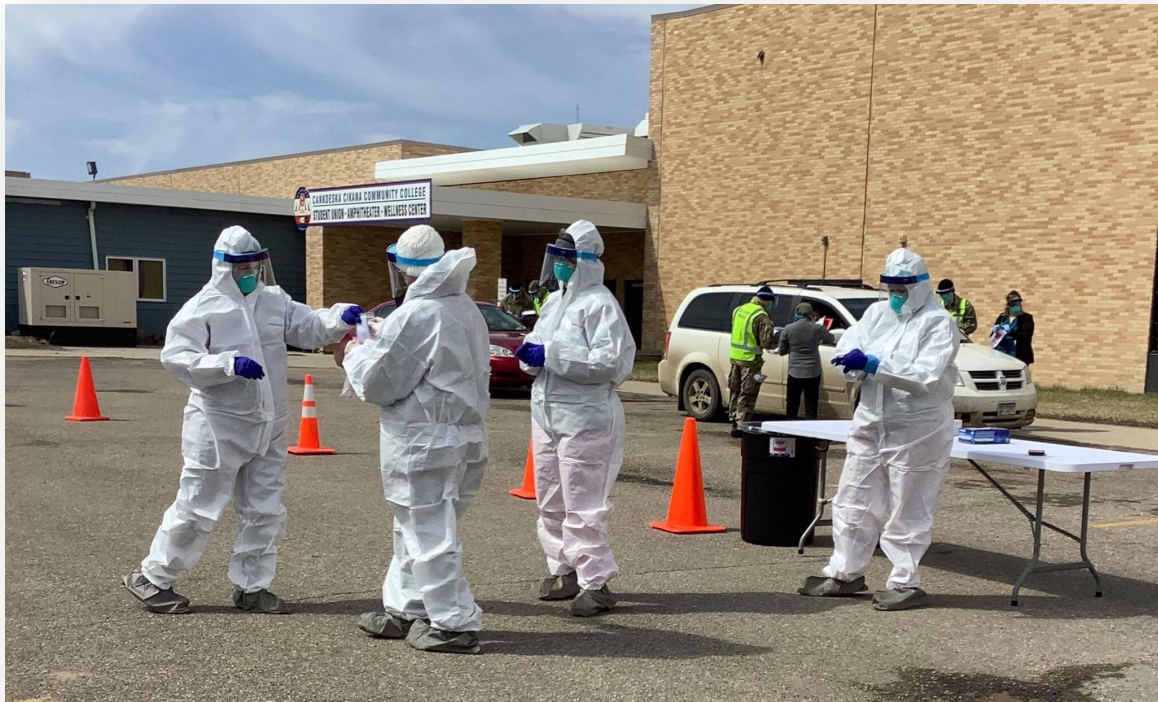
January 16, 2023



Position	Full Time	PRN	Total
RN	10	31	41
LPN	3	2	5
EMS	8	7	15
CNA	2	6	8
Courier	14	4	18
DOC Support	12	1	13
Total	49	51	100

COVID Response Team - Staff Assignments

August 28, 2022 - December 31, 2023



Assignment	Percent of Time
Testing	48%
Gap Staffing	9%
Local Public Health Unit Assist	5%
Fit Testing	1%
Vaccination	1%
Medical Supply Distribution	36%

Covid Response Team - Staff Assignments for Today

January 18, 2023



Mission Assignments	Staff Required
Testing	15
Gap Staffing	1
Local Public Health Unit Assist	2
Vaccination	2
Courier	14
DOC Support	15
Total	49

Position Type	Staff Assigned
Full Time	46
PRN	3
Total	49

Food and Lodging Provides



Food and Beverage Establishments

License application, Plan Review and Inspections



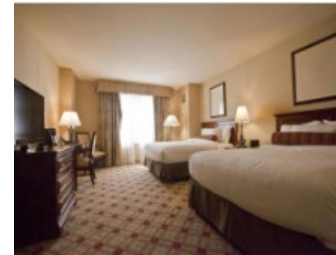
Food Processing Plants

License application, Plan Review and Inspections



Assisted Living Facilities

License application, Plan Review, and Inspections of Foodservice and General Facility Sanitation



Lodging Establishments

License application, Plan Review, and Inspections of Hotels/Motels and Bed and Breakfasts



Tattoo, Body Art, Electrology, and Tanning Facilities

License application, Plan Review and Inspections



Mobile Home Parks/Recreational Vehicle Parks/Campgrounds

License application, Plan Review and Inspections

Life Safety and Construction



Life Safety Code Surveys

Survey inpatient & outpatient healthcare facilities



Plan Reviews for Healthcare Facilities

Review construction plans & specifications



Construction Inspections for Healthcare Facilities

Site inspections for new construction

Health Facilities



Licenses and Certifies Health Care Facilities



Surveys Inpatient and Outpatient Health Care Facilities



Maintains the Nurse Aide Registry

Improving the lives of North Dakotans

How legislative support and
appropriations made an impact in
the **2021-2023 biennium**



Continued Progress Includes An Enhanced Focus On Resources Across North Dakota



Strengthening Emergent Systems of Care via Collaboration with LE, FDs, EMS, CAHs and Tertiary Care Centers



Availability of an online, streamlined registry and licensure system



Coordination and maintenance of State Medical Cache



Enhanced training and educational opportunities for emergency response teams

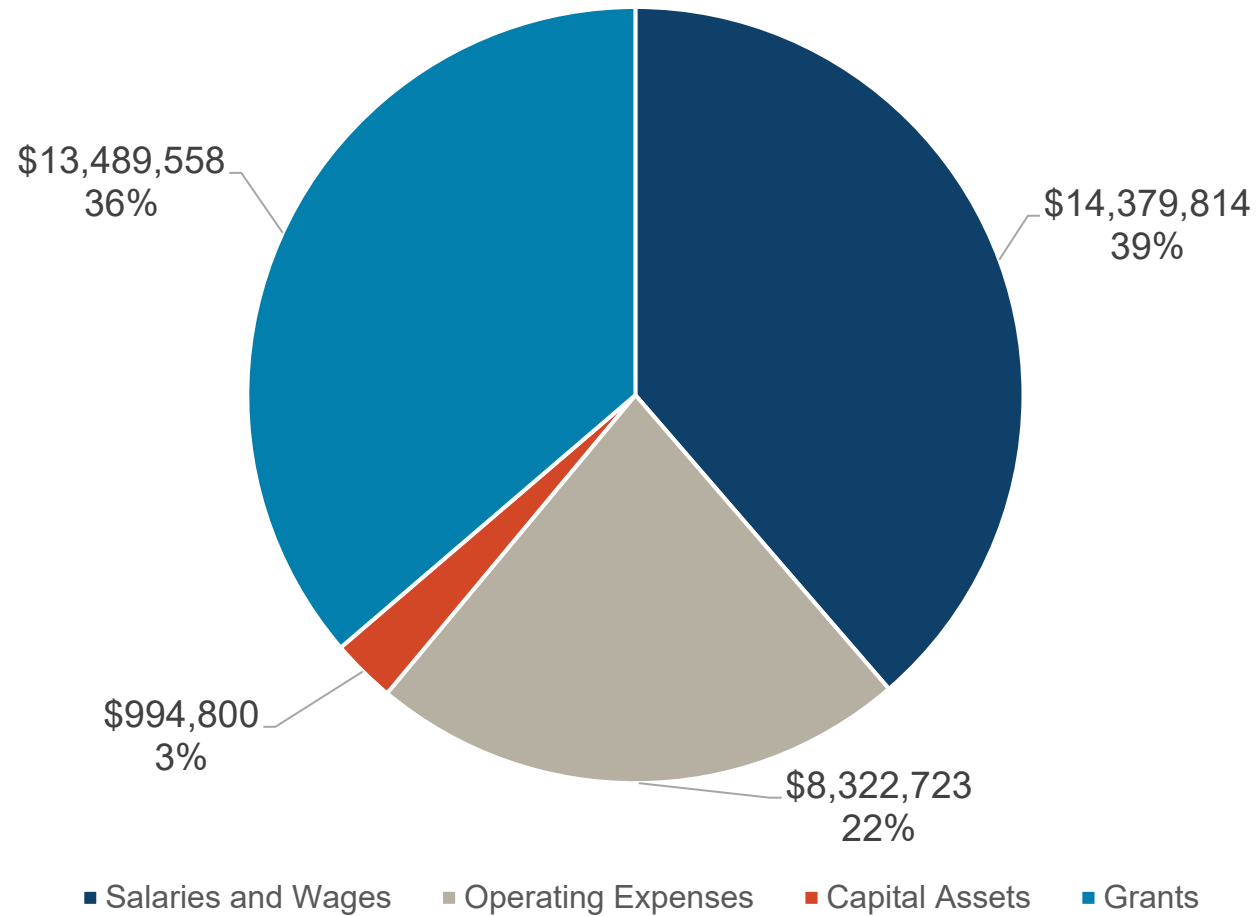


2023-2025 Budget request

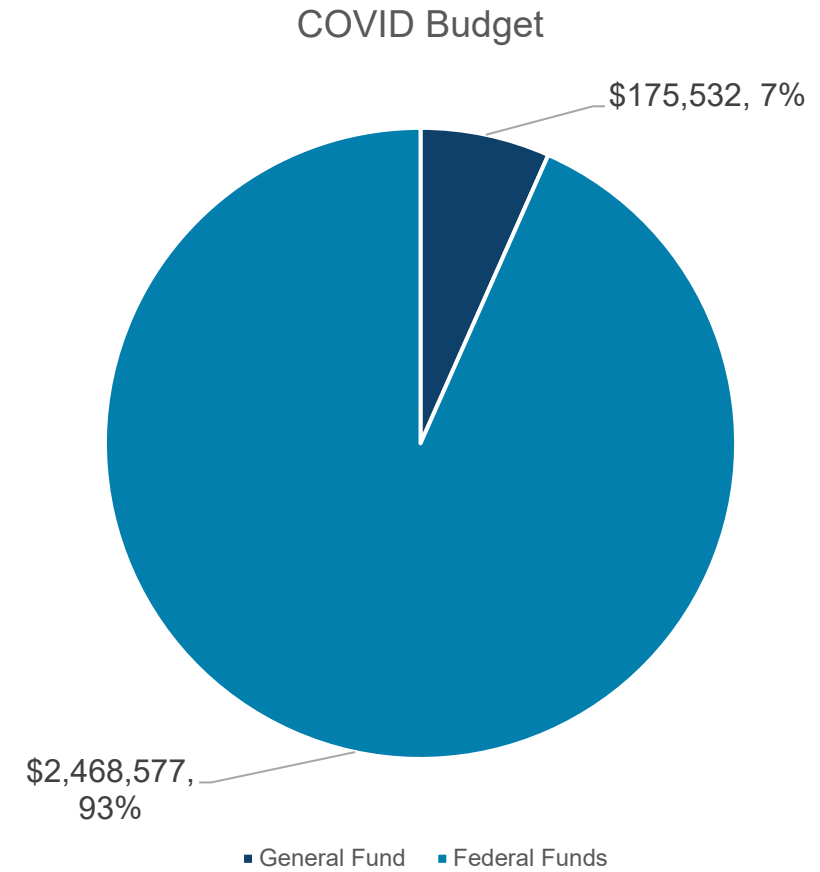
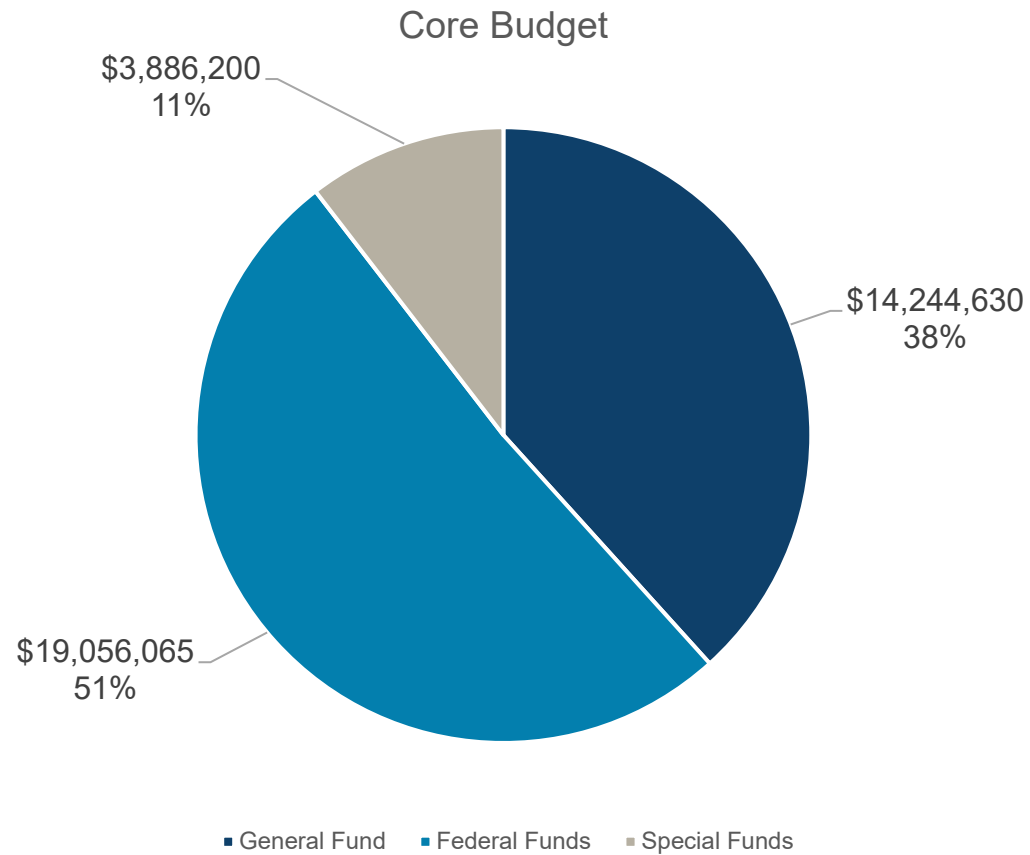
**The program, systems and
workforce support
necessary to continue to
serve North Dakotans**

2023-25 Executive Recommendation

Core Budget By Line Item

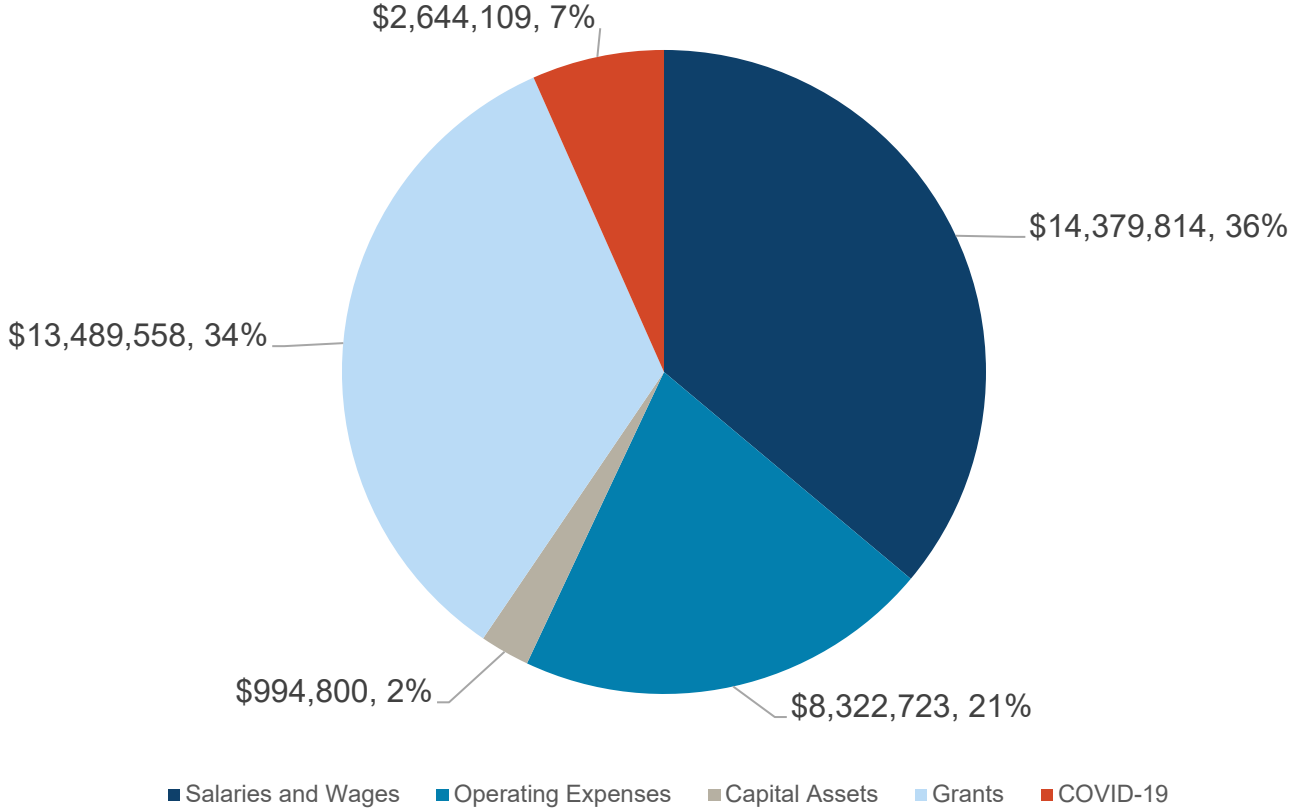


2023-25 Executive Recommendation By Funding Source



2023-25 Executive Recommendation

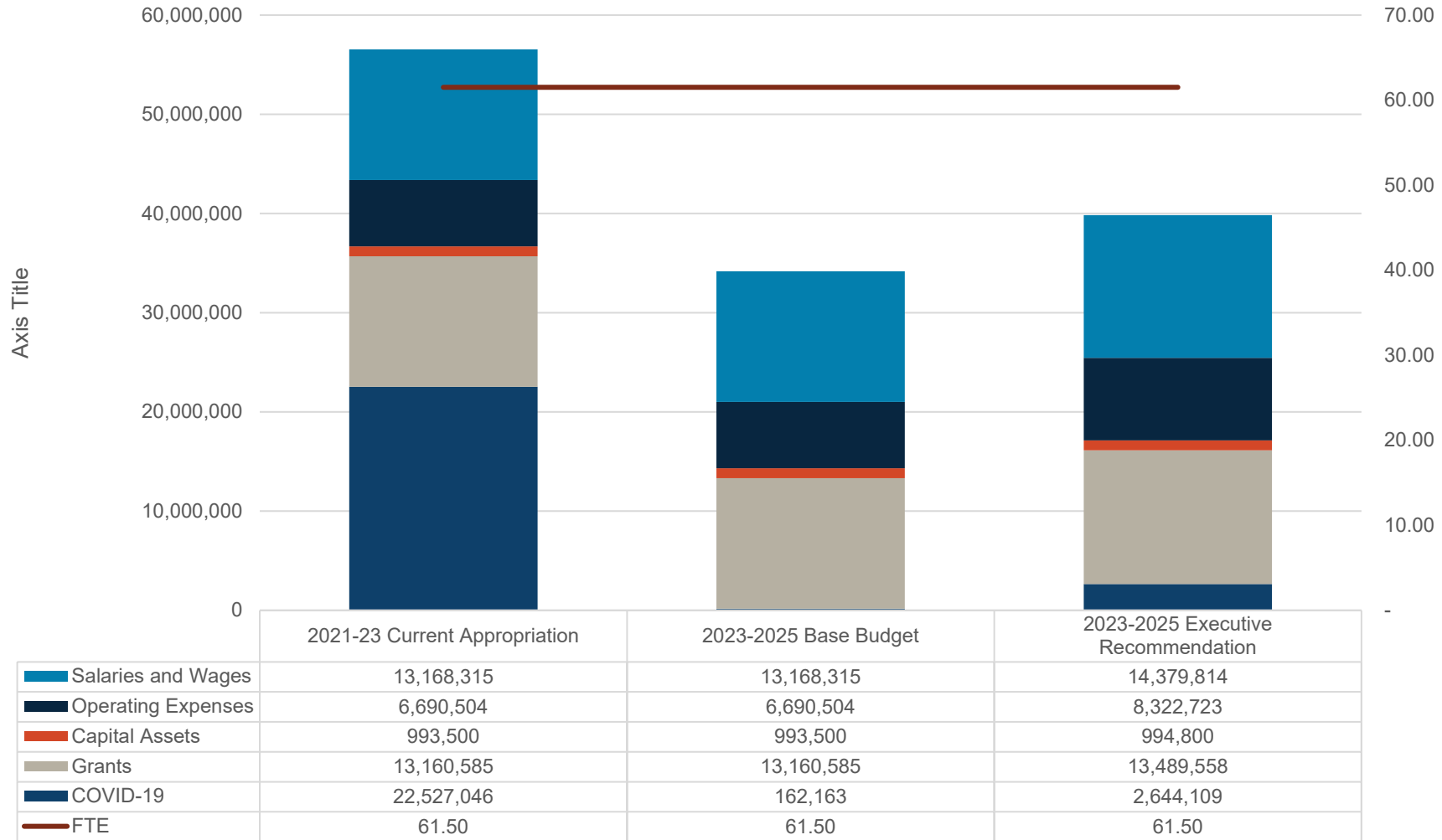
By Line Item



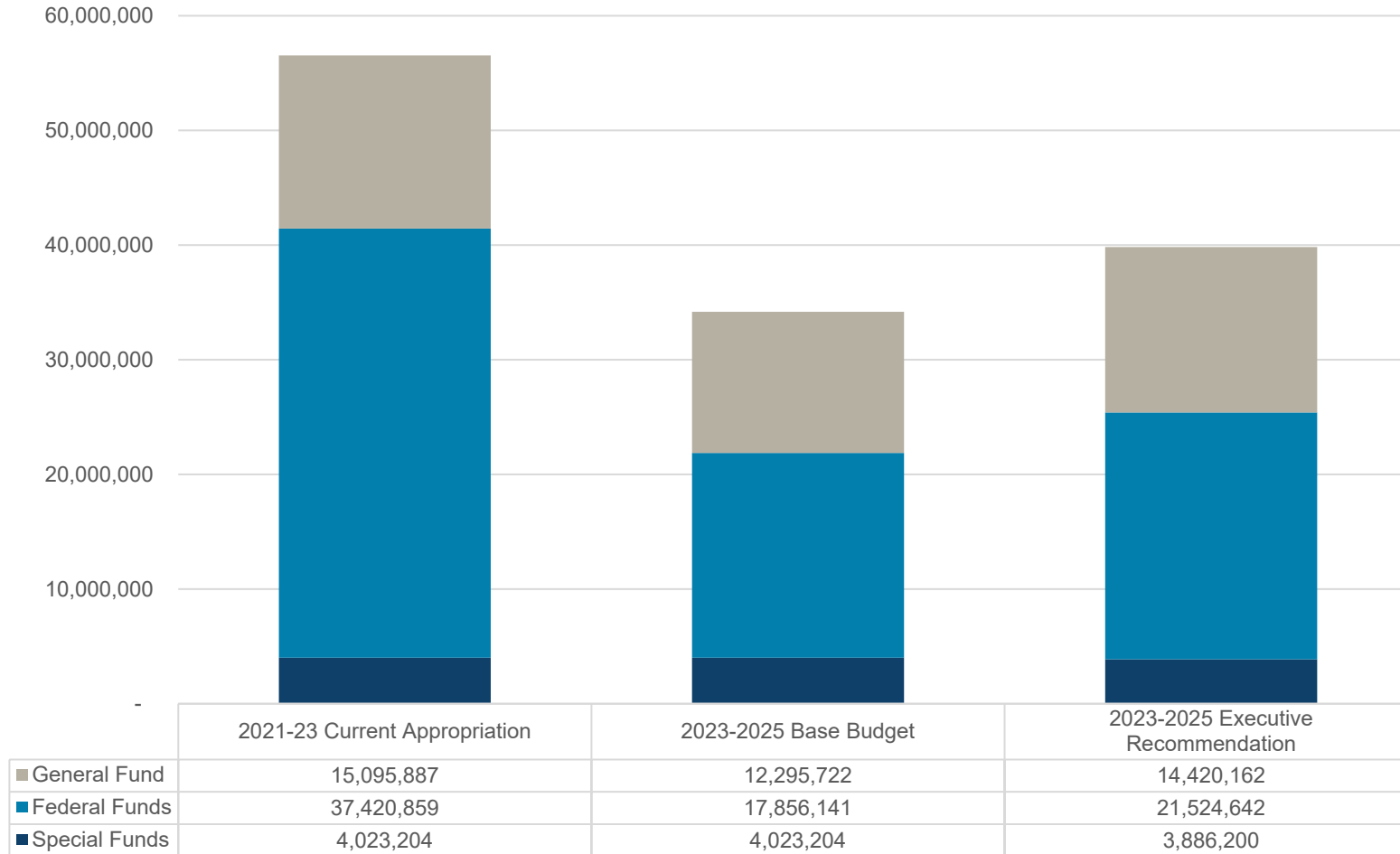
Comparison

Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Recommendation
Salaries and Wages	13,168,315	13,168,315	\$1,211,499	14,379,814
Operating Expenses	6,690,504	6,690,504	\$1,632,219	8,322,723
Capital Assets	993,500	993,500	\$1,300	994,800
Grants	13,160,585	13,160,585	\$328,973	13,489,558
COVID-19	22,527,046	162,163	\$2,481,946	2,644,109
FTE	61.5	61.5		61.5

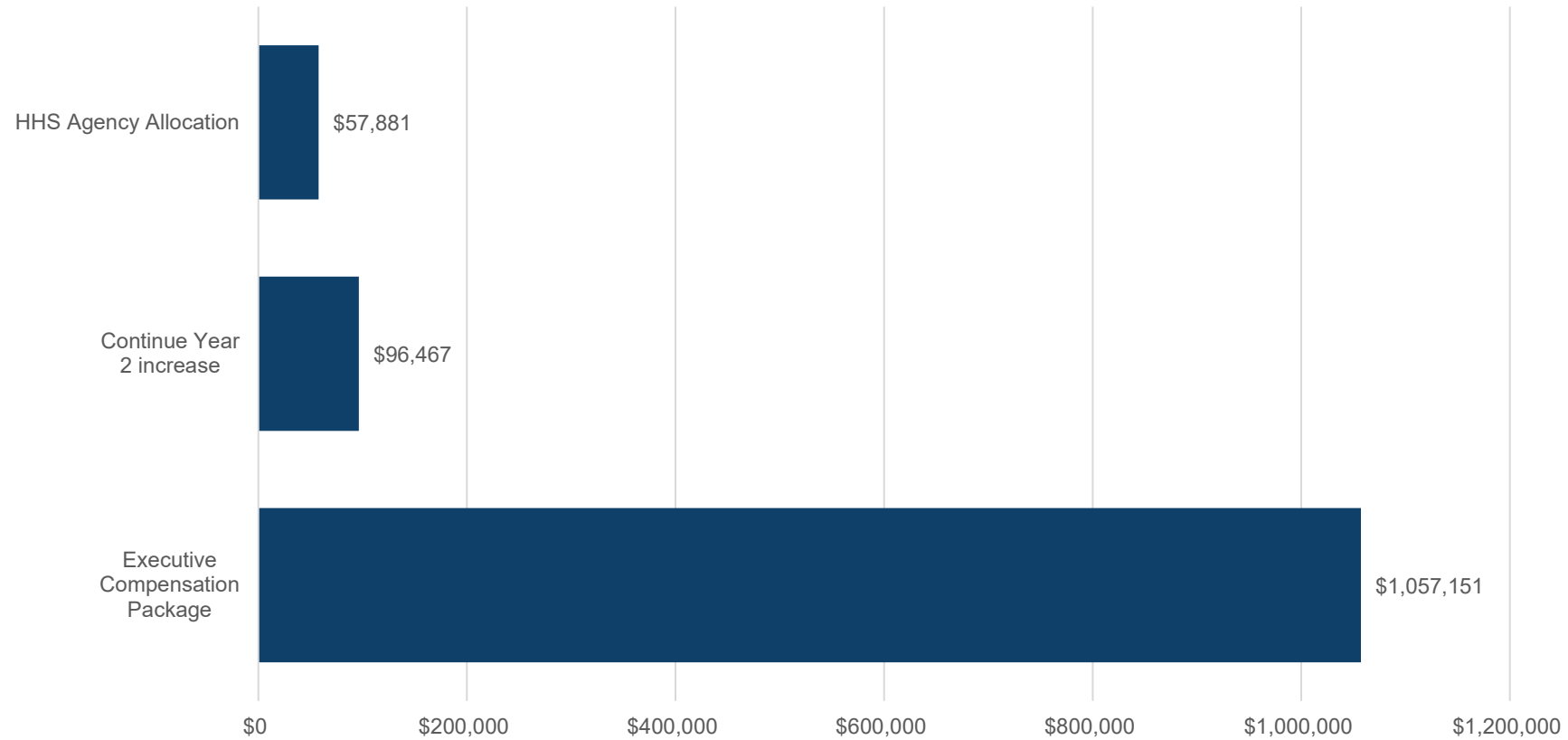
Overview of Budget Changes



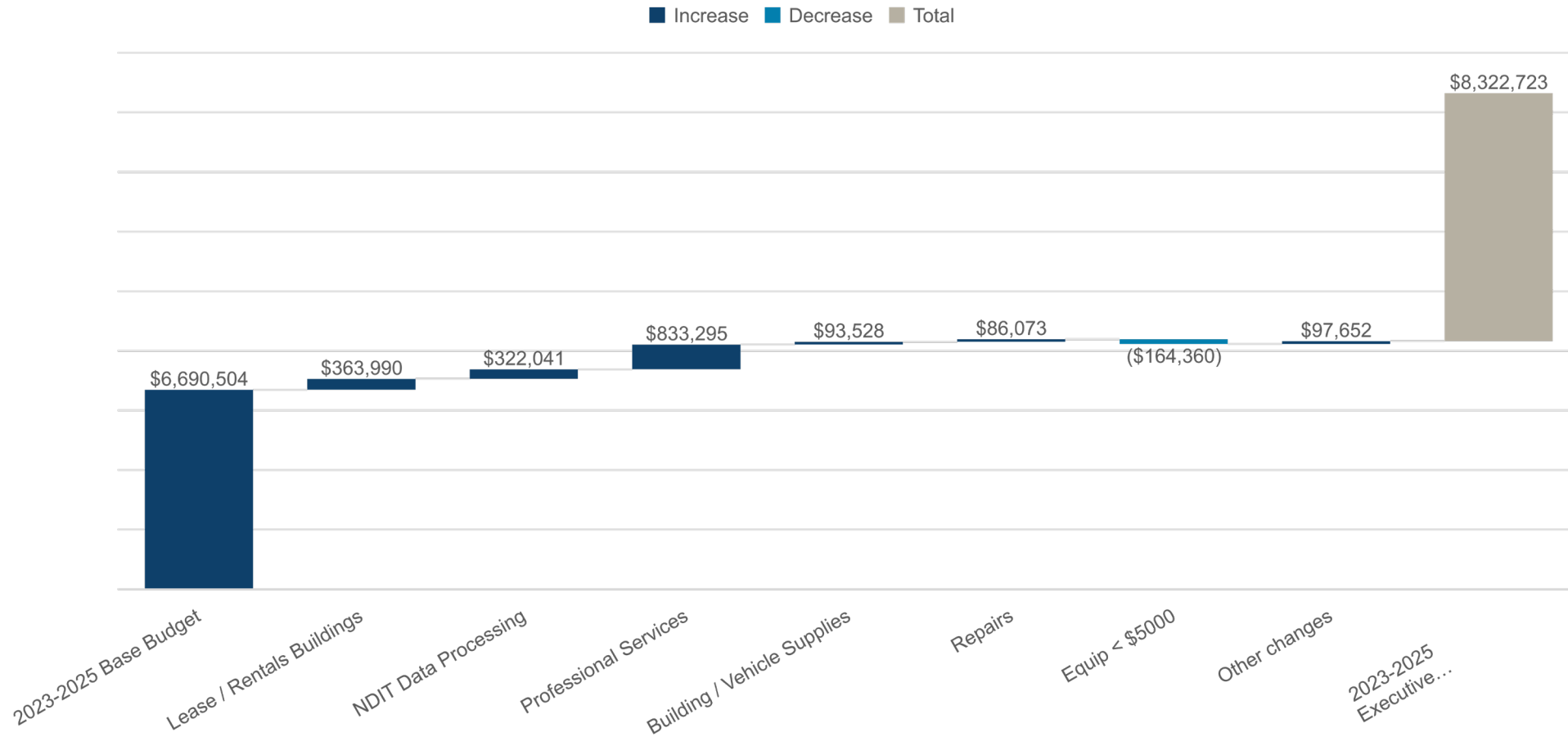
Overview of Funding Changes



Major Salary & Wage Differences



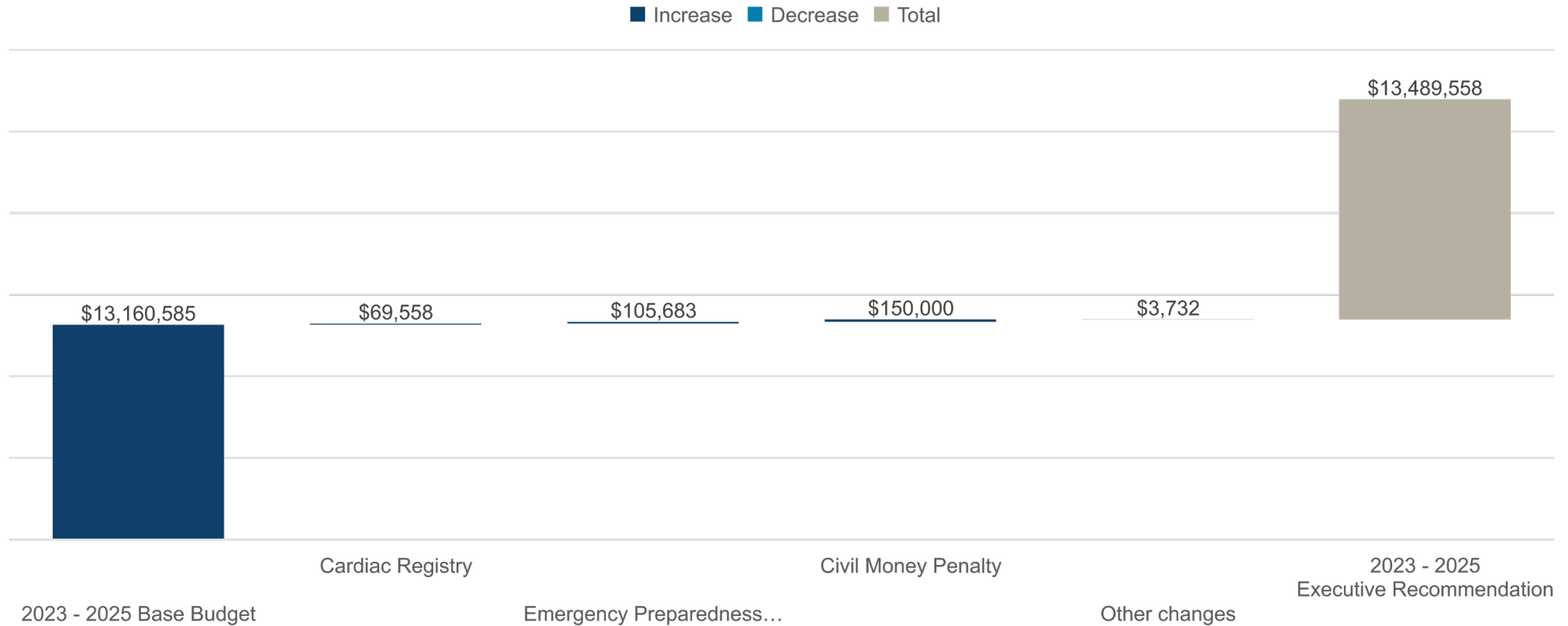
Major Operating Differences



Operating Differences Detail

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Travel	817,840	28,085	845,925
IT - Software/Supp.	85,265	(505)	84,760
Professional Supplies & Materials	60,457	(16,001)	44,456
Food & Clothing	2,577	(1,304)	1,273
Buildings/Vehicle Maintenance Supplies	108,268	93,528	201,796
Miscellaneous Supplies	42,726	(15,532)	27,194
Office Supplies	45,693	(10,249)	35,444
Postage	27,651	(6,891)	20,760
Printing	46,972	(18,167)	28,805
IT Equip Under \$5000	113,860	(112,860)	1,000
Other Equip Under \$5000	51,500	(51,500)	-
Utilities	58,603	11,000	69,603
Insurance	108,400	28,000	136,400
Lease/Rentals - Equipment	33,045	11,617	44,662
Lease \Rentals-- Buildings./Land Repairs	1,284,548	363,990	1,648,538
IT-Data Processing	846,830	322,041	1,168,871
IT-Telephone	267,258	-	267,258
IT - Contractual Services	606,000	84,154	690,154
Professional Development	107,959	-	107,959
Operating Fees & Services	243,853	3,800	247,653
Professional Services	1,047,940	833,295	1,881,235
Medical, Dental, and Optical	508,385	(355)	508,030
Total Operating	\$ 6,690,504	\$ 1,632,219	\$ 8,322,723

Major Grant Differences



Grant Detail

North Dakota Department of Health & Human Services
Public Health Division
Health Response & Licensure
2023-25 Executive Recommendation
Grant Line Item Detail

Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Public Health Emergency Preparedness	4,230,313	4,230,313	105,683	4,335,996		4,335,996	
Hospital Preparedness Program	779,272	779,272	-	779,272		779,272	
Emergency Medical Systems Stroke Registry & Data Extraction	228,000	228,000	3,732	231,732	231,732		
Emergency Medical Systems Training Grants for Local Ambulance	846,000	846,000	-	846,000	846,000		
Emergency Medical Systems Rural Assistance Grants for Local Ambulance	6,875,000	6,875,000	-	6,875,000	5,750,000		1,125,000
Emergency Medical Systems Cardiac Registry	52,000	52,000	69,558	121,558	121,558		
Civil Money Penalty Fund – projects with personal impact on individuals -LTC facilities	150,000	150,000	150,000	300,000			300,000
Total Grants	\$ 13,160,585	\$ 13,160,585	\$ 328,973	\$ 13,489,558	\$ 6,949,290	\$ 5,115,268	\$ 1,425,000

COVID Detail

**North Dakota Department of Health
Health Response and Licensure
2023-25 Executive Recommendation
COVID Line Item Detail**

Description	Award Amount	Granted to Local Public Health	Expenditures Biennium to Date November 30, 2022	Remaining	Start Date	End Date	2023-25 Executive Budget Rec	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Cooperative Agreement for Emergency Response: Public Health Crisis Response	5,457,007	840,000	183,320	5,273,687	7/1/2021	6/30/2024	2,644,109	-	2,644,109	-
	5,457,007	840,000	183,320	5,273,687			2,644,109	-	2,644,109	-

Summary and Key Takeaways

- **Provides a Safety Net**
- **We do this through:**
 - **Emergency response plans, responders, equipment and supplies.**
 - **Provision of information.**
 - **Fair and reasonable establishment and enforcement of regulations.**





THANK YOU

Tim Wiedrich | Director, Health Response and Licensure | twiedric@nd.gov | (701) 328-2388

I am a survivor of domestic violence. I have experienced violence in my personal relationships. I didn't not understand what was happening to me as not being acceptable. I knew it hurt but when you've experienced pain as I had at such a young age, you tend to acclimate to the situation at hand. My mother was an alcoholic and so was my stepfather. I was removed from her care because of DV and her drinking. I witnessed very violent fights, some that included, poles, bottles being thrown and even an ax being swung. After it all me having to help clean blood from the floors and walls. Then the house was full of snuggling, kisses and hugs. I was removed from the home because of DV and of course alcohol was involved so that became the root cause of our removal. I did address my mother later in life asking her why she just didn't stop drinking. She told me she didn't like to drink but it was the only thing that would allow her to not think about the things she went through growing up. She was a victim of DV in her home by her mother my grandmother who also was a victim to her husband and father my great grandfather. This is generational or intergenerational violence. You don't just wake up one day and decide that your going to hurt the people you love. There are hidden traumas in peoples lives that if they are not dealt with they reared they ugly heads.

The foster homes that I was placed in were home that also had issues with DV. I witnessed fighting and of course drinking. I became the outlet for one of my guardians to release her own traumas upon. I was beaten on many occasions and one time I ducked taped and placed in a crawl pit while my sister was taken to hospital for being hit over then head with a cast iron pan. In my personal research of my past gaurdians, I found that each one of them had trauma in their lives. Whether it was domestic violence, sexual abuse, rape, each had traumas that were hidden away that where left undealt with and later came out negatively as adults.

As an adult I made poor choices in relationships, well 2 relationships. First one I was only 18 and was with him for 10 years of hell. I ran with my kids the second I had a chance back to my foster father who was a police officer. He helped me and I got back on my feet and went back to school. I was considering transferring to UND and met another guy. He seemed sweet of course (eye roll) but he liked to drink and id occasionally go with him but end up leaving him since I did have 2 children to care for and school. I became pregnant for him and then he moved in with me. He was a great dad and worked, I felt secure in having him there. While I was pregnant, he began drinking excessively and became violent. I addressed him about it he start pushing me, small things, eventually in relationship id wake up to him hitting me cause I had hid my wallet and he wanted money to drink. My children would wake hearing him yelling or me trying to fight him off. I had him removed from my home by the police and then had a protection order in place, per my dad of course, despite the order he kicked my door in I was sleeping on the couch and he came straight for me. So much anger in his eyes he started punching and threw me across the kitchen floor, mind you im about 8 months pregnant, I got up as fast as I could and grabbed the phone and called 911. He ripped the phone out the wall and threw me to the floor. He began kicking my unborn child saying he didn't want me to be its mother. I was protected my baby the best I could he then processed to wrap the phone cord around my throat. My then 6 yr old daughter is behind him hitting him with her fist and 9 year old son has a bat. He began pushing, hitting them and my daughters head goes through the wall. Police rush in and he is put in handcuffs and taken away. Im at hospital with children and baby is okay we spend the night there. And we go home. I had to submit a new order because the order in place didn't apply off the reservation. I relocated to Grand Forks thinking I could start over, while long story short I had stockholms and took him back. He had convinced me he had changed and I needed the help. I started working and took a break from college so I had 12 hr shift. Id

come home in the morning or evening depending on the shift and finding him drunk or past out. You get the idea, I had felt so down about myself and seeing other relationships that seemed happy and loving definitely nothing like mine. I was so beaten not only physically but also spiritually. I was done, life had won and I attempted my own life. Obviously I'm still here. After seeking God and knowing I had an outlet I packed what I could and took my kid out while he was passed out. We went to CVIC I rang the bell and said We need help. The door buzzed, and The children and I were escorted inside into a room. They were given toys, coloring books and snacks to busy them while another worker took me to another room to talk to me. It was the exact same building in grand forks, same rooms different faces. Shelter house they had was full, but I was helped with a hotel for a few nights, protection order, they referred me for housing, I met a few times for counseling, but I was referred out to another agency later. They had a donation closet where we were able to help me with diapers, wipes, clothing and personal items. Its amazing to see the number of programs that are offered at the present versus when I went for help almost 18 years ago. I have referred a number of people that are in the same saturation to CVIC.

He on the other hand is still struggling. He also did not just wake up and decide to be a bully. He was a product of DV and was abused as a child and hasn't to this dealt with it but now has an alcohol addiction. . I was empowered so much by CVIC that I was completely done. I had found the person you see before you today. I am strong, outspoken, a business owner, an author and more importantly advocate for those who need a voice. If we can stop interpersonal violence before it starts can you imagine the kind of world or at least communities we would have. Love is not supposed to hurt. Thank you for taking the time to hear me. Questions?



**ND Department of Health and Human Services
Health Professional Loan Repayment Program
Executive Recommendation 2023 - 2025**

Description	2021-23 Final Legislatively Approved Budget			2023 - 2025 Executive Recommendation			Change from 2021 -23 Final Budget to 2023-25 Recommendation		
	General Fund	Community Health Trust Fund	Total	General Fund	Community Health Trust Fund	Total	General Fund	Community Health Trust Fund	Total
Dental	180,000	360,000	540,000	225,200	360,000	585,200	45,200	-	45,200
Medical	708,220	-	708,220	645,500	-	645,500	(62,720)	-	(62,720)
Behavioral Health	157,625	234,500	392,125	293,980	234,500	528,480	136,355	-	136,355
Veterinarians	480,000	-	480,000	480,000	-	480,000	-	-	-
Total	<u>1,525,845</u>	<u>594,500</u>	<u>2,120,345</u>	<u>1,644,680</u>	<u>594,500</u>	<u>2,239,180</u>	<u>118,835</u>	<u>-</u>	<u>118,835</u>

Testimony
House Bill 1004
House Appropriations Committee—Human Resources Division
January 19, 2023
Southwestern District Health Unit

Good morning, Chairman Nelson and members of the Human Resources Division of the House Appropriations Committee. My name is Sherry Adams and I am the Executive Officer for Southwestern District Health Unit (SWDHU). My health unit covers the eight counties of the Southwest which includes Adams, Billings, Golden Valley, Bowman, Slope, Dunn, Hettinger and Stark. I am in support of House Bill 1004 which includes an additional \$2,750,000 state aid in the Governor's budget, bringing the local public health state aid total to \$8,000,000.

Local and state governmental public health agencies are recognized nationally as having the primary responsibility for promoting and protecting the public's health. Local public health units serve as the foundation to the public health system as the boots on the ground.

State Aid is our only flexible funding and fills gaps not covered by other funding sources. Southwestern District Health Unit relies on

State Aid Funding for a multitude of services to meet our annual community needs which, in part, is identified in our Community Health Needs Assessments.

I am extremely grateful for this increase which will serve our communities across North Dakota. Thank you for this opportunity to share my comments. I would be happy to answer any questions you may have.



Public Health
Prevent. Promote. Protect.

North Dakota SACCHO

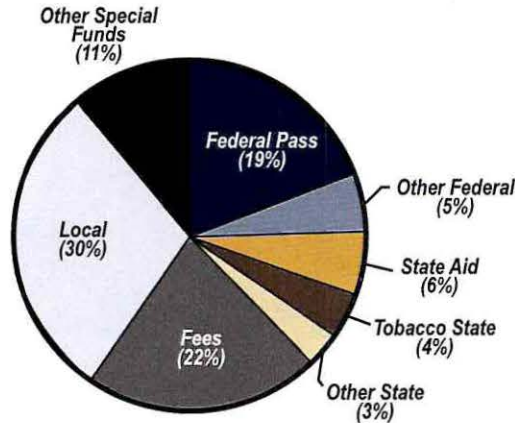
North Dakota State Association of City & County Health Officials

LOCAL PUBLIC HEALTH PRIORITIES 2023-2025

* STATE AID FUNDING

Local public health units are seeking \$8,000,000 in the Department of Health and Human Service budget for State Aid.

Local Public Health Unit Revenues by Category - Calendar Year 2021
(23 of 28 Units responding)



State Aid provides funding for:

- Immunizations
- Tobacco Assessments & Treatment
- Maternal & Child Health
- Emergency Preparedness & Response
- Public Health Nurse Home Visits
- Community-Based Services
- School Health
- Injury Prevention
- Jail Health
- Agency Administration
- Environmental Health
- Grant Match Dollars

* ENVIRONMENTAL HEALTH

Improper installation of onsite wastewater systems is a health threat to all of North Dakota's citizens and natural water resources. Local public health units support the development and adoption of updated statewide onsite wastewater treatment standards and for uniform statewide educational requirements for licensed installers.

* BEHAVIORAL HEALTH

Local public health units support investments and efforts for additional community-based behavioral health services.

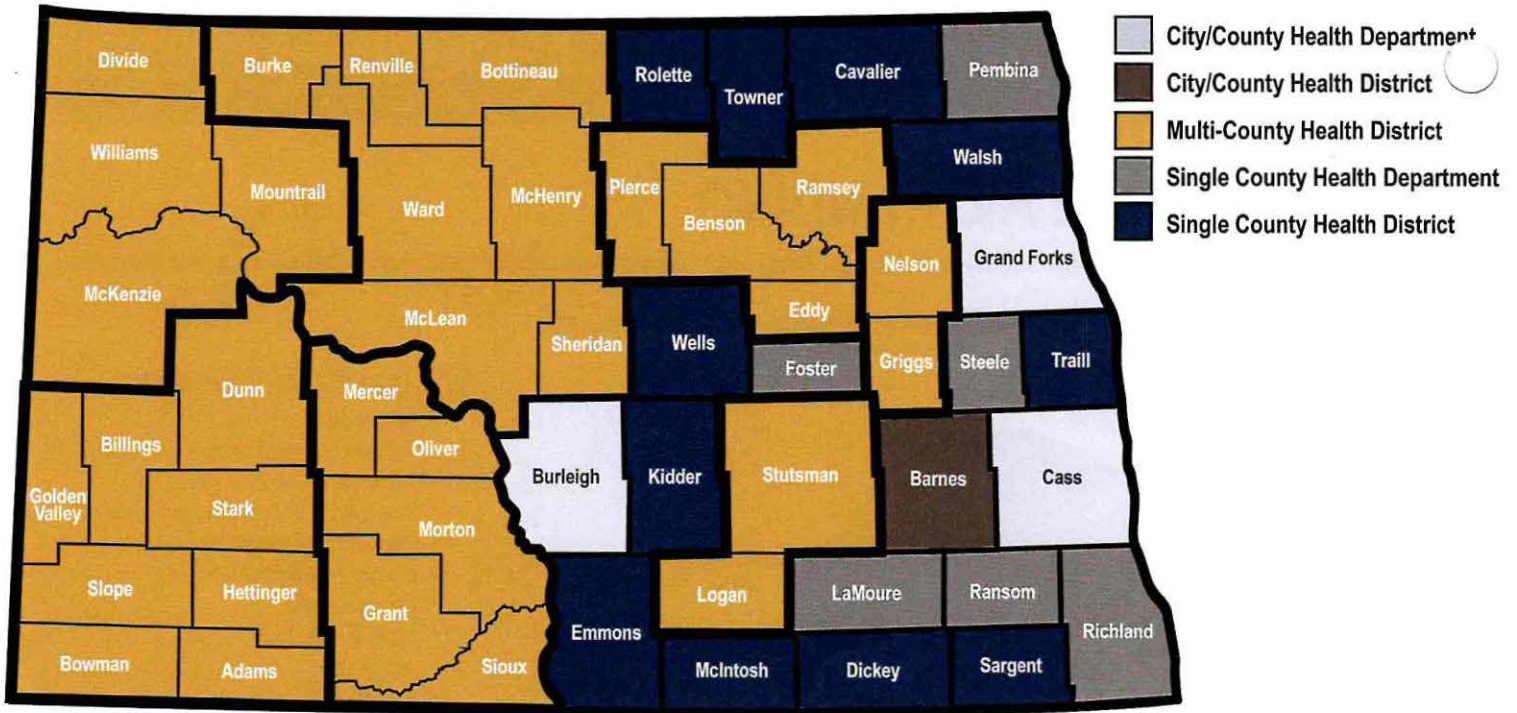
* TOBACCO PREVENTION & EDUCATION SUBSTANCE USE PREVENTION

- Support for tobacco prevention and education legislation includes: a comprehensive approach towards tobacco tax increase, e-cig and internet sales tax increase and sustaining indoor smoke free air law.
- Local public health units support investments in substance use prevention activities and initiatives including efforts to decrease access to vaping products and reduce substance abuse deaths.



PREVENT. PROMOTE. PROTECT.

North Dakota Local Public Health Units



Local Public Health Contacts

Bismarck-Burleigh Public Health	Renaë Moch	rmoch@bismarcknd.gov	(701) 355-1540
Cavalier County Health District	Stephanie Welsh	stwelsh@nd.gov	(701) 256-2402
Central Valley Health District	Kara Falk	kfalk@nd.gov	(701) 252-8130
City-County Health District	Theresa Will	twill@barnescounty.us	(701) 845-8518
Custer Health Unit	Erin Ourada	erin.ourada@custerhealth.com	(701) 667-3370
Dickey County Health District	Roxanne Holm	rholm@nd.gov	(701) 349-4348
Emmons County Public Health	Lisa Edholm-Moch	ledholmmoch@nd.gov	(701) 254-4027
Fargo/Cass Public Health	Desi Fleming	dfleming@fargond.gov	(701) 241-1360
First District Health Unit	Lisa Clute	lclute@nd.gov	(701) 852-1376
Foster County Public Health	Lisa Hilbert	lhilbert@nd.gov	(701) 652-3087
Grand Forks Public Health Dept	Debbie Swanson	dswanson@grandforksgov.com	(701) 787-8100
Kidder County District Health Unit	Janel Brousseau	jabrousseau@nd.gov	(701) 475-2582
Lake Region District Health Unit	Ashley Peterson	asmpeterson@nd.gov	(701) 662-7038
LaMoure County Public Health Dept	Jessica Duffy	jduffy@nd.gov	(701) 883-5356
McIntosh District Health Unit	Cheryl Reis-Schilling	crschilling@nd.gov	(701) 288-3957
Nelson-Griggs District Health Unit	Cassandra Schock	cschock@nd.gov	(701) 322-5624
Pembina County Health Dept	Rachel Ramsay	rramsay@nd.gov	(701) 265-4248
Ransom County Public Health Dept	Brenna Welton	brwelton@nd.gov	(701) 683-6140
Richland County Health Dept	Kayla Carlson	kcarlson@co.richland.nd.us	(701) 642-7735
Rolette County Public Health Dist	Barbara Frydenlund	bfrydenlund@nd.gov	(701) 477-5646
Sargent County District Health Unit	Brenda Peterson	bkpeterson@nd.gov	(701) 724-3725
Southwestern District Health Unit	Sherry Adams	sladams@nd.gov	(701) 483-0171
Steele County Public Health Dept	Emily Stoppler	estoppler@nd.gov	(701) 524-2060
Towner County Public Health Dist	Majusta Kleven	mdkleven@nd.gov	(701) 968-4353
Traill District Health Unit	Brenda Stallman	brenda.stallman@co.traill.nd.us	(701) 636-4434
Upper Missouri District Health Unit	Javayne Oyloe	joyloe@umdh.org	(701) 774-6400
Walsh County Health District	Allen Anderson	allenanderson@nd.gov	(701) 352-5139
Wells County District Health Unit	Caitlyn Roemmich	cmroemmich@nd.gov	(701) 324-5259

Core public health functions are those activities that lay the groundwork for healthy communities. They protect us from disease and injury we cannot prevent, and help us change behavior which could cause us harm. Core functions do not happen in doctor's offices. These functions provide us with a healthy community to keep us out of the doctors' offices.

PRINCIPLES AND CHARACTERISTICS OF PUBLIC HEALTH

PUBLIC HEALTH FOCUS

- Population based
- Environmental health
- Risk factors (statistical probability)
- Reduce risk in target group
- Broad definition of health
- Prevention, promotion, protection
- Health as an individual and societal responsibility
- Long term responsibilities/outcomes
- Life to years
- Enact, enable, engineer, educate
- Collaborate/facilitate
- Social justice/social responsibility

MEDICAL CARE FOCUS

- Focus on the individual
- Personal health
- Signs and symptoms (actual case)
- Cure, reduce disability in individual
- Focus on specific condition
- Treatment, therapy
- Health as an individual responsibility
- Acute/short term responsibilities
- Years to life
- Educate, enable
- Competitive
- Market justice/reimbursement driven



Executive Offices
1622 East Interstate Avenue
Bismarck, ND 58503



701-221-0567
ndemsa.office@ndemsa.org
www.ndemsa.org

Testimony
House Bill 1004
House Appropriations Committee – Human Resources Division
Thursday, January 19 2023; 2 p.m.
North Dakota Emergency Medical Services Association

Good morning, Chairman Nelson and members of the committee. My name is Adam Parker, I am the chairman of the North Dakota Emergency Medical Services Association's advocacy committee. I am here today in support of HB 1004.

The EMS unit'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 \$1,750 per call while the average reimbursement averages only \$750. Therefore, for ambulance to be sustainable they require a combination of local and state support along with the insurance reimbursements they receive. The legislature determines the disbursement of the state grant through a formula contained in HB 1294. Last biennium the appropriation was funded at only 29% of the formulas calculation. Based on our estimates, the legislature would need to appropriate approximately \$15 million to fully fund the formula for this biennium.

The Rural EMS Assistance Grant benefits approximately 89 ambulances across the state. EMS faces several challenges, including reimbursement, workforce challenges, and closures of neighboring ambulance services. Therefore, to ensure ambulance service sustainability across North Dakota it is important to provide adequate funding.

The budget contains an additional \$846,000 allocated for training grants. These grants are important to offset the cost of recruiting and training EMS providers across the state.

Additionally, the budget includes costs associated with purchasing ESO Solutions, a charting and data repository program, for all ambulance services. The state has previously paid for this, however the costs have increased significantly and the contract is set for renewal. The costs for each ambulance to purchase charting software separately only increases the cost more and services would be stuck to bear the cost.

Lastly, the EMS association wants to note the EMS unit has the least staff than any other state EMS office in the country, while they manage more programs than is typical of an EMS office. Therefore, the EMS association supports increasing the FTE's for the EMS unit to help ensure the EMS system receives necessary attention as we partner to develop and sustain an EMS system in North Dakota.

Executive Offices
1622 East Interstate Avenue
Bismarck, ND 58503



701-221-0567
ndemsa.office@ndemsa.org
www.ndemsa.org

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.



House Bill 1004

Additional Detail

Dirk D. Wilke, Executive Director

Department of Health and Human Services

Public Health Division | January 23, 2023



Health & Human Services

FTE Vacancies

FTE	Position Description	Date Vacated	Number of Months Vacant	Date Expected to be Filled	Current Status
1.00	Admin Assistant III	12/5/2022	1	2/23	In recruitment process
1.00	HCF Plans Reviewer	12/15/2022	1	2/23	In recruitment process
1.00	Epidemiologist	11/23/2022	2	1/16	Filled
1.00	Comp Cancer Program Manager	9/26/2022	4	2/23	Currently interviewing
1.00	Epidemiologist NDIIS Analyst	7/5/2022	6	2/23	Offer extended

5.0 Total

Vital Records Fee Collection

Description	2019-21	2021-23 Projected Estimate
Collections	2,887,088	2,787,255
Special Fund Appropriation	2,167,028	2,335,836
General Fund Turnback	720,060	451,419



Operating Differences Detail

Administrative

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Travel	54,448	66,352	120,800
IT - Software/Supp.	28,131	-	28,131
Professional Supplies & Materials	19,192	42,000	61,192
Buildings/Vehicle Maintenance			
Supplies	2,922	-	2,922
Miscellaneous Supplies	5,376	3,000	8,376
Office Supplies	12,297	(2,950)	9,347
Postage	15,145	300	15,445
Printing	25,776	(10,000)	15,776
IT Equip Under \$5000	13,150	(13,150)	-
Insurance	33,560	9,000	42,560
Lease/Rentals - Equipment	8,255	(2,000)	6,255
Lease \Rentals-- Buildings./Land	1,610	3,680	5,290
Repairs	7,801	(6,000)	1,801
IT-Data Processing	319,340	699,726	1,019,066
IT-Telephone	38,153	2,932	41,085
IT - Contractual Services	293,433	6,567	300,000
Professional Development	77,719	100	77,819
Operating Fees & Services	64,973	15,027	80,000
Professional Services	70,000	55,388	125,388
Total Operating	1,091,281	869,972	1,961,253

Operating Differences Detail

Disease Control and Forensic Pathology

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Travel	238,441	(7,241)	231,200
IT - Software/Supp.	38,457	(2,000)	36,457
Professional Supplies & Materials	58,932	-	58,932
Buildings/Vehicle Maintenance Supplies	12,990	248	13,238
Miscellaneous Supplies	6,283	686	6,969
Office Supplies	25,254	60	25,314
Postage	125,640	75,535	201,175
Printing	60,183	20,000	80,183
IT Equip Under \$5000	24,850	(24,850)	-
Utilities	84,562	-	84,562
Lease/Rentals - Equipment	10,341	400	10,741
Lease/Rentals-- Buildings./Land	46,508	52,322	98,830
Repairs	45,450	65,400	110,850
IT-Data Processing	458,035	227,732	685,767
IT-Telephone	69,610	60	69,670
IT - Contractual Services	1,178,875	1,426,292	2,605,167
Professional Development	67,480	-	67,480
Operating Fees & Services	72,479	800	73,279
Professional Services	3,598,370	698,070	4,296,440
Medical, Dental, and Optical	4,626,325	-	4,626,325
Total Operating	10,849,065	2,533,514	13,382,579

Grant Detail

Disease Control and Forensic Pathology

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Immunization Program to LPHU and Other Immunization Partners	1,760,000	-	1,760,000	(10,000)	1,750,000		1,750,000	
Immunization Program to NDSU	300,000	-	300,000	300,000	600,000		600,000	
Epidemiology and Laboratory Capacity for Vector Control and Mosquito Net	35,000	-	35,000	(30,000)	5,000		5,000	
Ryan White Case Management Contracts	1,368,000	-	1,368,000	1,432,000	2,800,000		2,800,000	
HIV / Hepatitis C Prevention - CTR Contracts to LPHU for patient testing/rapid testing	376,000	-	376,000	24,000	400,000	50,000	350,000	
TB Surveillance contracts to LPHU	71,600	-	71,600	8,400	80,000		80,000	
Hepatitis with Family Healthcare - provider education and treatment management	240,000	-	240,000	(60,000)	180,000		180,000	
Integrated HIV Prevention and Care Advisory Board Community Based Education	-	-	-	100,000	100,000		100,000	
Epidemiology and Laboratory Capacity for Antimicrobial Resistance and Antibiotic Stewardship Expert to NDSU	-	-	-	260,000	260,000		260,000	
Total Grants	4,150,600	-	4,150,600	2,024,400	6,175,000	50,000	6,125,000	-

Operating Differences Detail

Health Statistics and Performance

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Travel	73,763	40,677	114,440
IT - Software/Supp.	79,641	59,600	139,241
Professional Supplies & Materials	82,322	(3,172)	79,150
Buildings/Vehicle Maintenance Supplies	1,792	3,708	5,500
Miscellaneous Supplies	8,200	(1,285)	6,915
Office Supplies	76,466	(10,000)	66,466
Postage	225,479	12,000	237,479
Printing	31,002	(406)	30,596
IT Equip Under \$5000	34,700	(7,200)	27,500
Other Equip Under \$5000	-	1,300	1,300
Office Equip Under \$5000	-	3,000	3,000
Lease/Rentals - Equipment	4,114	3,090	7,204
Lease \Rentals-- Buildings./Land	159,857	(14,943)	144,914
Repairs	3,133	3,500	6,633
IT-Data Processing	349,810	994,014	1,343,824
IT-Telephone	24,555	6,000	30,555
IT - Contractual Services	183,680	-	183,680
Professional Development	51,245	163	51,408
Operating Fees & Services	36,103	(258)	35,845
Professional Services	1,171,255	273,374	1,444,629
Medical, Dental, and Optical		22,500	22,500
Total Operating	2,597,117	1,385,662	3,982,779

Grant Detail

Health Statistics and Performance

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Pregnancy Risk Assessment Monitoring System (PRAMS)	345,000	50,000	395,000	-	395,000	-	395,000	-
YRBS - Survey	-	200,000	200,000	-	200,000		200,000	
National Violent Death Reporting System (NVDRS)	-	30,000	30,000	-	30,000		30,000	
Local Public Health State Aid	5,250,000	-	5,250,000	2,750,000	8,000,000	4,725,000		3,275,000
Health and Human Service funding for Primary Care passed through to UND PCO	165,244	(165,244)	-	-	-			
Preventive Health Block Grant - Local Public Health Unit Regional Coordination	97,000	87,000	184,000	-	184,000		184,000	
Dental Loan Repayment Program	540,000	45,200	585,200	-	585,200	225,200		360,000
Medical Loan Repayment Program	708,220	(62,720)	645,500	-	645,500	645,500		
Behavioral Health Loan Repayment Program	392,125	136,355	528,480	-	528,480	293,980		234,500
Veterinarian Loan Repayment Program	480,000	-	480,000	-	480,000	480,000		
Federal State Loan Repayment Program (SLRP)	1,080,000	420,000	1,500,000	-	1,500,000		1,500,000	
Total Grants	9,057,589	740,591	9,798,180	2,750,000	12,548,180	6,369,680	2,309,000	3,869,500

Operating Differences Detail

Healthy and Safe Communities

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Travel	373,686	215,358	589,044
IT - Software/Supp.	27,329	11,676	39,005
Professional Supplies & Materials	263,169	(30,226)	232,943
Food & Clothing	203,138	-	203,138
Buildings/Vehicle Maintenance Supplies	9,093	(3,666)	5,427
Miscellaneous Supplies	48,258	77,316	125,574
Office Supplies	44,333	(8,610)	35,723
Postage	48,933	(224)	48,709
Printing	199,341	(25,181)	174,160
IT Equip Under \$5000	48,042	(22,082)	25,960
Other Equip Under \$5000	-	6,025	6,025
Office Equip Under \$5000	-	1,300	1,300
Lease/Rentals - Equipment	30,940	(12,225)	18,715
Lease \Rentals-- Buildings./Land	201,445	(92,582)	108,863
Repairs	14,133	-	14,133
IT-Data Processing	213,930	167,846	381,776
IT-Telephone	89,678	-	89,678
IT - Contractual Services	320,280	(212,200)	108,080
Professional Development	138,934	1,300	140,234
Operating Fees & Services	302,910	(68,715)	234,195
Professional Services	4,130,268	(331,169)	3,799,099
Medical, Dental, and Optical	162,147	(87,100)	75,047
Total Operating	6,869,987	(413,159)	6,456,828

Grant Detail

Healthy and Safe Communities (1)

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Health Promotion and Chronic Disease Prevention								
Cancer Program Funding to Community Based Organizations / State Cancer Coalition	370,000	(240,000)	130,000	-	130,000		70,000	60,000
Cancer Program Federally Qualified Health Center Collaborative	395,000	(195,000)	200,000	-	200,000		100,000	100,000
Colorectal Grants including Follow Up to Local Enrollment Sites	50,000	97,500	147,500	-	147,500			147,500
Women's Way Tribal Community Clinical Linkages/Screening - Standing Rock	150,000	(75,000)	75,000	-	75,000		75,000	
Women's Way Local Coordinating Units	1,839,000	(299,525)	1,539,475	-	1,539,475		1,319,475	220,000
Women's Way Community Clinical Linkages Grants	75,000	(25,000)	50,000	-	50,000		50,000	
Women's Way Employer Group and Rural Healthcare Delivery System - Evidence Based Intervention (EBI) Grants	145,000	(95,000)	50,000	-	50,000		50,000	
Women's Way - Grants to Tribes for Tobacco Best Practices	92,000	(92,000)	-	-	-			

Grant Detail

Healthy and Safe Communities (2)

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Pregnancy Risk Assessment Monitoring System (PRAMS) to NDSU- Funding Support	31,000	(31,000)	-	-	-			
Donated Dental Services	50,000	-	50,000	-	50,000	50,000		
Mobile Dental Care	100,000	-	100,000	-	100,000	100,000		
Diabetes, Heart Disease and Stroke Program Implementation	2,200,000	400,000	2,600,000	-	2,600,000		2,600,000	
Oral Health Disease Prevention and Workforce Activities	591,000	59,000	650,000	-	650,000		650,000	
Alzheimer's Disease Program Initiative	-	300,000	300,000	-	300,000		300,000	
Preventive Health Block Grant - Community Grants for Chronic Disease Prevention and Control to Local Public Health & Program Evaluation	682,000	(32,000)	650,000	-	650,000		650,000	
Title V / Community Engagement								
Community Engagement Grants	325,848	(150,848)	175,000	-	175,000	175,000		
Telehealth for Pediatric Mental Health Care Access	890,000	-	890,000	-	890,000	89,000	801,000	
Community Health Equity and Social Determinants	-	500,000	500,000	-	500,000		500,000	
Maternal Child Health (MCH) programs - NDSU	100,000	(100,000)	-	-	-	-	-	

Grant Detail

Healthy and Safe Communities (3)

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Family Health & Wellness								
Domestic and Sexual Violence	2,250,000	-	2,250,000	2,686,285	4,936,285	4,596,285		340,000
Domestic Violence Offender Treatment Program	300,000	-	300,000	700,000	1,000,000			1,000,000
Family Violence	1,458,724	143,478	1,602,202	-	1,602,202		1,602,202	
Rape Prevention and Education	593,388	9,142	602,530	-	602,530	200,000	402,530	
Sexual Assault Services	720,385	1,189,115	1,909,500	-	1,909,500		1,909,500	
Services Training Officers Prosecutors Violence Against Women Formula (STOP VAWA) Grants	1,572,025	51,575	1,623,600	-	1,623,600		1,623,600	
Safe Havens	425,000	-	425,000	-	425,000	425,000		
Child Passenger Safety Outreach	94,000	41,000	135,000	-	135,000		135,000	
Maternal and Child Health (MCH) - Impact Teen Drivers Program	6,250	(6,250)	-	-	-	-	-	-
MCH - Disbursed to Schools	400,100	(400,100)	-	-	-	-	-	-
CORE State Violence and Injury Prevention Program (SVIPP)	180,000	(180,000)						
Prevention of Sexual Abuse of Children	563,430	-	563,430	-	563,430	281,715		281,715
Family Planning	2,415,923	3,191,030	5,606,953	-	5,606,953		5,606,953	
MCH Nutrition and Physical Activity Grants to LPU, Tribes, Univ.	825,040	754,960	1,580,000	-	1,580,000	507,400	1,072,600	

Grant Detail

Healthy and Safe Communities (4)

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Women, Infant & Children Program (WIC) Site Grants	7,602,025	172,975	7,775,000	-	7,775,000		7,775,000	
WIC Peer Counseling	250,600	59,400	310,000	-	310,000		310,000	
Preventive Health Block Grant - Breast Feeding Mini Grants	5,000	(5,000)	-	-	-			
Breast and Cervical Cancer for Community Based Breast Feeding / Nutrition	150,000	(150,000)	-	-	-			
Obesity Prevention	-	800,000	800,000	-	800,000		800,000	
Special Health Services								
MCH - Multidisciplinary Clinics, Specialty Care Diagnostic & Treatment Program, Grants to County Social Services	1,120,605	(195,573)	925,032	-	925,032	397,764	527,268	
Catastrophic Relief Funds (Health care providers and Health Systems)	75,000	-	75,000	-	75,000	75,000		
Fetal Alcohol Syndrome Grant	350,458	-	350,458	-	350,458	350,458		
Newborn Screening	-	200,000	200,000	-	200,000		200,000	
Totals	29,443,801	5,696,879	35,140,680	3,386,285	38,526,965	7,247,622	29,130,128	2,149,215

Grant Detail

Healthy and Safe Communities – Tobacco (5)

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Grants to Local Public Health Units	6,250,000		6,250,000	-	6,250,000			6,250,000
Grants to Health Systems	1,159,000		1,159,000	-	1,159,000			1,159,000
Grants to Tribes	508,000		508,000	-	508,000		508,000	
Statewide coalition capacity building - Tobacco Free North Dakota	404,000		404,000	-	404,000			404,000
NDQuits Cessation Program with Pharmacies	-		-	500,000	500,000			500,000
Youth Vaping and Nicotine Prevention	-		-	300,000	300,000			300,000
Tobacco Grant for Pregnancy Risk Assessment Monitoring System (PRAMS) to NDSU	20,000		20,000	-	20,000		20,000	
NDQuits - UND	646,496		646,496	-	646,496			646,496
Synar Program - grants for Tobacco Compliance Checks	75,000		75,000	-	75,000	75,000		
Total Grants	9,062,496	-	9,062,496	800,000	9,862,496	75,000	528,000	9,259,496

COVID Funding Across Multiple Sections

Grant	Award Amount	Expenditures Biennium to date thru 11/30/22	Remaining	Start Date	End Date
FEMA	54,540,000	49,515,422	5,024,578	3/1/20	Unknown
PHP Crisis Grant 2 - Workforce grants	5,457,007	183,320	5,273,687	7/1/21	6/30/24
ELC Care Act COVID 19	5,075,000	1,762,735	3,312,265	4/23/20	7/31/24
ELC Care Enhanced Act COVID 19	52,621,819	15,794,542	36,827,277	4/23/20	7/31/24
ELC COVID19 Infection Control	904,829	151,801	753,028	5/28/20	7/31/24
ELC COVID Supp AMD	131,000	101,873	29,127	12/16/20	7/31/24
ELC COVID Suppl PHL	515,000	260,409	254,591	12/16/20	7/31/24
ELC COVID Suppl Traveler's Health	200,000	131,590	68,410	1/14/21	7/31/24
ELC COVID Enhancing Expansion	43,863,056	2,416,112	41,446,944	1/14/21	7/31/24
ELC - School Testing	22,952,934	2,405,959	20,546,975	4/1/21	7/31/24
COVID ELC AMD (round 2)	1,318,662	424,547	894,115	5/12/21	7/31/24
COVID ELC PHL (round 2)	142,473	50,830	91,643	5/12/21	7/31/24
Immunization COVID 19	240,831	325	240,506	6/5/20	6/30/25
Immunization COVID19 Vaccine Services	584,919	177,166	407,753	9/23/20	6/30/25
Immunization COVID19 Immunization Warp Speed	7,395,665	4,267,714	3,127,951	1/15/21	6/30/25
Immunization COVID4	29,297,083	7,400,553	21,896,530	3/31/21	6/30/25
Immunization COVID19 Vaccine Confidence Strategy and Media Campaign	559,478	500,000	59,478	5/3/21	6/30/25
Immunization COVID	2,451,143	0	2,451,143	3/31/21	6/30/25
Immunization COVID IIS	340,730	20,655	320,075	7/1/22	6/30/25
Immunization COVID Ukrainian	20,780	0	20,780	7/1/22	6/30/25
Medicaid CARES FY23	100,000	2,250	97,750	10/1/22	9/30/23
COVID-19 Health Disparities	31,278,243	8,687,058	22,591,185	6/1/21	5/31/24
Family Violence- ARP Testing (COVID-19 related)	1,288,954	153,691	1,135,263	10/1/20	9/30/25
Family Violence- ARP Sexual Assault (COVID-19 related)	890,649	46,693	843,956	10/1/20	9/30/25
ELC COVD Traveler's Health Year 2	200,000	87,935	112,065	10/26/21	7/31/24
ELC					
COVID-19 HIS	75,101	65,476	9,625	8/1/21	7/31/24
ELC COVID-19 VPD	98,280	42,827	55,453	8/1/21	7/31/24
ELC COVID-19 Data Modernization	2,949,394	805,426	2,143,968	8/1/21	7/31/24
ELC COVID-19 HAI / AR	1,190,000	14,053	1,175,947	8/1/21	7/31/24
ELC COVID-19 HAI/Leadership	4,464	0	4,464	8/1/21	7/31/24
ELC COVID-19 HAI/Antimicrobial Resistance	2,526,937	81,817	2,445,120	8/1/21	7/31/24
ELC COVID-19 HAI SNF Strike Team	1,270,273	9,739	1,260,534	8/1/21	7/31/24
ELC COVID-19 HAI LTC NA Strike Team	1,216,364	13,253	1,203,111	8/1/21	7/31/24
ELC COVID-19 Homelessness	449,760	48,597	401,163	8/1/21	7/31/24
Infrastructure Workforce and Data Systems A1	8,433,656	0	8,433,656	12/1/22	11/30/27
Infrastructure Workforce and Data Systems A2	495,924	0	495,924	12/1/22	11/30/27
Total	281,080,408	95,624,368	185,456,040		

Federal COVID Funding Across the Division

Highlights

Disease Control & Forensic Pathology	<ul style="list-style-type: none"> Continuing programs and education for all immunizations. Data modernization (Maven, NDIIS systems). Infection control measures for dental offices, hospitals, long-term care, dialysis units, etc. Grants to partners including University System, LPHU, etc. Provide direct support for long-term care (e.g., air purifiers.); professional development for CNAs to encourage retention. 	36,070,638
Healthy & Safe Communities	<ul style="list-style-type: none"> Continuing contracts with LPHU to address health disparities, preventative healthcare and infrastructure. UND and NDSU contracts - tribal initiatives, ambassador program & study of hospital accessibility needs. Family Violence/Sexual Assault - supportive services, shelter options, supplies, needs assessment and continuity of services. 	15,632,196
Laboratory Services	<ul style="list-style-type: none"> 5-year maintenance agreements on lab equipment. Data modernization (LIMS system). Lab supplies used for multiple testing needs. Support for schools and daycares (e.g., HEPA filters, test kits). 	38,198,913
Health Statistics & Performance	<ul style="list-style-type: none"> Continuing contracts with universities - graduate assistants, specific data analysis projects. Preventative healthcare grants to LPHU. Data modernization and enhancement (PRMS for dads, BRFSS for health equity). Vital Records EVERS system. 	5,294,668
Health Response & Licensure	<ul style="list-style-type: none"> Cooperative Agreement for Emergency Response: Public Health Crisis Response. 	2,644,109

Total Executive Budget Recommendation for COVID Lines 97,840,524



THANK YOU

Dirk Wilke | Executive Director, Public Health Division | ddwilke@nd.gov |

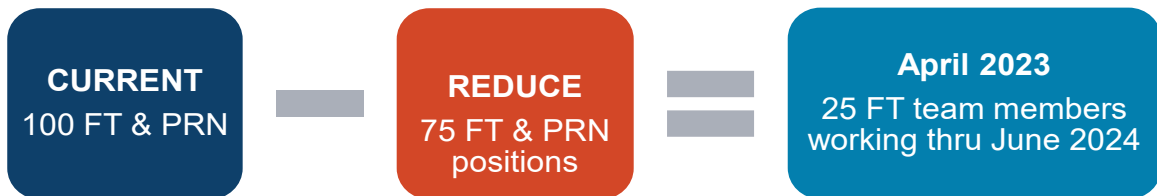


Public Health Crisis Response Grant Workforce

February 2023

BACKGROUND

Currently, there are 49 full-time and 51 part-time/as-needed (PRN) team members serving in emergency response across North Dakota. Utilizing federal funding to support ongoing response needs the Public Health Division proposes reducing personnel, effective April 1, 2023, from 100 to 25 full-time hourly positions. The new team includes 10 medical support credentialed staff (i.e., RN and LPN, CNA, EMT); 12 couriers (transporting vaccine, monoclonal antibodies, lab specimens, setting up, taking down, cleaning, repairing, replacing medical equipment such as trailers, tents, supply stations, defibrillators, iv pumps), and 3 HHS Department Operations Center (DOC) team members (scheduling testing, vaccination and other public health/medical events, scheduling staff, receiving requests for assistance). This team would end concurrently with the federal funding, expected June 30, 2024.



The 25 team members are paid only for hours worked and are actively engaged daily to assist local public health units, hospitals, long-term care facilities and other medical facilities in the provision of services to the public, medical facility residents and patients. They also contribute to a state of improved readiness for future emergencies by documenting lessons learned from the COVID response, creating and conducting training and returning medical equipment and supplies to operational levels.

This is 100% federal COVID grant funded. This is an opportunity to leverage federal funding to ensure statewide readiness.

BENEFITS FOR NORTH DAKOTA

The team of nurses, EMTs, and paramedics assists in schools, medical facilities, long-term care facilities, local public health agencies or other health and medical facilities in North Dakota. The team provides critical support for daily and emergency operations.

The centralized team allows resources to be dispatched to emerging and changing needs across the state. These services include providing gap staffing for long-term care facilities and partnering with local public health to assist with testing and vaccination, coordinating fit testing for emergency response, and improving public health and medical disaster readiness.

SERVICES PROVIDED - DETAILS

Gap Staffing

- Staff shortages at long-term care facilities is a challenge. The team provides critical support for these facilities which serve vulnerable North Dakotans. Since the start of the pandemic, the Public Health Division has assisted multiple long-term care facilities with staffing shortages. In 2022, more than 1,000 direct patient care shifts were filled by Department staff, these shifts would otherwise have gone without staff.

Testing & Vaccination

- The Centers for Medicare & Medicaid Services (CMS) have ongoing mandates for testing in long-term care facilities. The team assists, statewide, with efforts for testing onsite and eases burdens for facility compliance.
- The team also assists statewide to meet demands for COVID-19 vaccine and can expand to support need for routine wellness, influenza and school-age vaccinations. In 2021, the Department hosted more than 2,200 clinics.

Respirator Fit Testing

- A fit test is a test protocol conducted to verify that a respirator is both comfortable and provides the wearer with the expected protection.
- The Occupational Safety and Health Administration (OSHA) (29 CFR 1910.134) requires an annual fit test to confirm the fit of any respirator that forms a tight seal on the wearer's face before it is used in the workplace. Once a fit test has been done to determine the best respirator model and size for a particular user, a user seal check should be done every time the respirator is to be worn to ensure an adequate seal is achieved.
- The team helps facilities statewide conduct and maintain fit test standards.

Improving Public Health and Medical Disaster Readiness

- Lessons were learned from the almost three-year COVID response that must be documented in writing and incorporated into our response systems for future emergencies
- The team will develop and revise public health and medical disaster response procedures and protocols.
- Training and exercises will be delivered (through distance learning, in-person room and hands-on at medical facility locations such as hospitals and long-term care facilities). Training topics will include but are not limited to operating mass vaccination sites, conducting mass testing sites, long-term care and hospital disease outbreak control, tiered hospital surge, handling increased death rates, providing pharmaceutical, and medical material supply and distribution including cold chain operations.
- The team will work on efforts to repair, replace and replenish medical supplies and equipment including but not limited to fit testing machines, cold chain refrigerators and freezers, durable medical equipment such as defibrillators and ventilators, medical tents, heaters and air conditioners, mobile medical units, and disposable medical supplies such as masks, gowns and syringes.

Department of Health and Human Services Public Health Division														Fully Funded budget items																			
Comparison of Agency Base, Decision Package Requests vs Recommend Funding, and Total Executive Budget																		Partial or different funded															
																		Unfunded budget item															
																		Decision Package Request and Recommendation															
																		Public Health Division 2021-23 Base Budget				HHS Requests				Executive Budget Funding of Decision Package				Executive Budget Recommendation			
Description	FTE	Total	General Funds	Special Funds	FTE	Total	General Funds	Special Funds	FTE	Total	General Funds	Special Funds	FTE	Total	General Funds	Special Funds																	
Funding for Safe Havens / Safe Parenting time/exchanges		425,000	425,000			1,775,000	1,775,000			-				-	425,000	425,000	-																
Domestic Violence Offender Treatment program grants		300,000		300,000		1,150,000		1,150,000		700,000		700,000		-	1,000,000	-	1,000,000																
Domestic Violence/Rape Crisis (DV/RC) Program Specialist		-			1.0	231,830	231,830			-				-	-	-	-																
Grants for Sexual Violence Primary prevention programs		200,000	200,000			3,800,000	3,800,000			-				-	200,000	200,000	-																
Grants to Domestic Violence/Sexual Assault agencies		2,250,000	1,910,000	340,000		8,090,000	8,090,000			2,686,285	2,686,285			-	4,936,285	4,596,285	340,000																
Totals	-	3,175,000	2,535,000	640,000	1.0	15,046,830	13,896,830	1,150,000	-	3,386,285	2,686,285	700,000	-	6,561,285	5,221,285	1,340,000																	

CHTF

DVPF
(Marriage License Fees)

Department of Health and Human Services - Public Health - Budget No. 325
House Bill No. 1004
Base Level Funding Changes

	Executive Budget Recommendation				House Version				House Changes to Executive Budget Increase (Decrease) - Executive Budget			
	FTE	General	Other	Total	FTE	General	Other	Total	FTE	General	Other	Total
	Positions	Fund	Funds		Positions	Fund	Funds		Positions	Fund	Funds	
2023-25 Biennium Base Level	210.50	\$38,575,155	\$129,409,112	\$167,984,267	210.50	\$38,575,155	\$129,409,112	\$167,984,267	0.00	\$0	\$0	\$0
2023-25 Ongoing Funding Changes												
Base payroll changes		\$103,733	\$216,068	\$319,801		\$103,733	\$216,068	\$319,801				\$0
Base budget changes, including federal funds and adjustments to transfer funding between the former State Department of Health and former Department of Human Services budgets		1,692,991	106,147,341	107,840,332		1,692,991	106,147,341	107,840,332				0
Salary increase		656,026	2,019,554	2,675,580		488,250	1,513,380	2,001,630		(167,776)	(506,174)	(673,950)
Health insurance increase		260,470	846,616	1,107,086		266,461	866,093	1,132,554		5,991	19,477	25,468
Adds funding to convert 1 temporary position to 1 FTE autopsy technician IV position	1.00	65,094		65,094				0	(1.00)	(65,094)		(65,094)
Adds funding to convert 4 temporary positions to 4 FTE program management III positions	4.00		50,008	50,008				0	(4.00)		(50,008)	(50,008)
Adds funding for ITD rate increases		191,302	1,050,392	1,241,694				0		(191,302)	(1,050,392)	(1,241,694)
Adds funding from the community health trust fund for tobacco treatment and cessation grants			500,000	500,000				0			(500,000)	(500,000)
Adds funding from the community health trust fund for youth vaping prevention grants			300,000	300,000				0			(300,000)	(300,000)
Increases funding for operating expenses in injury prevention		31,000		31,000				0		(31,000)		(31,000)
Adds funding from the community health trust fund to increase local public health state aid to provide a total of \$8,000,000, of which \$4,725,000 is from the general fund and \$3,275,000 is from the community health trust fund			2,750,000	2,750,000				0			(2,750,000)	(2,750,000)
Increases funding for domestic violence prevention to provide a total of \$4,596,285 from the general fund		2,686,285		2,686,285				0		(2,686,285)		(2,686,285)
Increases funding from the community health trust fund for domestic violence offender treatment to provide a total of \$1 million from the community health trust fund			700,000	700,000				0			(700,000)	(700,000)
Increases funding to maintain public health registries		701,553		701,553				0		(701,553)		(701,553)
Adds funding to expand the biomedical cache		20,000		20,000				0		(20,000)		(20,000)

Adds funding for emergency response and preparedness training and exercise		385,000		385,000				0		(385,000)		(385,000)
Total ongoing funding changes	5.00	\$6,793,454	\$114,579,979	\$121,373,433	0.00	\$2,551,435	\$108,742,882	\$111,294,317	(5.00)	(\$4,242,019)	(\$5,837,097)	(\$10,079,116)
One-Time Funding Items												
Adds one-time funding for public health registries		\$69,558		\$69,558				0		(69,558)		(69,558)
Adds one-time funding from federal State Fiscal Recovery Fund for a new laboratory building shared with the Department of Environmental Quality			\$55,120,000	55,120,000				0			(55,120,000)	(55,120,000)
Total one-time funding changes	0.00	\$69,558	\$55,120,000	\$55,189,558	0.00	\$0	\$0	\$0	0.00	(\$69,558)	(\$55,120,000)	(\$55,189,558)
Total Changes to Base Level Funding	5.00	\$6,863,012	\$169,699,979	\$176,562,991	0.00	\$2,551,435	\$108,742,882	\$111,294,317	(5.00)	(\$4,311,577)	(\$60,957,097)	(\$65,268,674)
2023-25 Total Funding	215.50	\$45,438,167	\$299,109,091	\$344,547,258	210.50	\$41,126,590	\$238,151,994	\$279,278,584	(5.00)	(\$4,311,577)	(\$60,957,097)	(\$65,268,674)
<i>Federal funds included in other funds</i>			\$270,392,653				\$213,888,166				(\$56,504,487)	
<i>Total ongoing changes as a percentage of base level</i>	2.4%	17.6%	88.5%	72.3%	0.0%	6.6%	84.0%	66.3%				
<i>Total changes as a percentage of base level</i>	2.4%	17.8%	131.1%	105.1%	0.0%	6.6%	84.0%	66.3%				

Other Sections in Department of Health and Human Services - Public Health - Budget No. 325

Executive Budget Recommendation

House Version

Funding transfer authorization - Line items of House Bill No. 1004 and Senate Bill No. 2012

Section 3 would provide an exemption to allow the Department of Health and Human Services to transfer funding between line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the Department of Health and Human Services approved by the 68th Legislative Assembly. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.

Funding transfer authorization - Line items of House Bill No. 1004 and select subdivisions of Senate Bill No. 2012 to county social services in Senate Bill No. 2012

Section 4 would provide an exemption to allow the Department of Health and Human Services to transfer funding from the line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the Department of Health and Human Services approved by the 68th Legislative Assembly to subdivision 4 of Section 1 of Senate Bill No. 2012. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.

Other Sections in Department of Health and Human Services - Public Health - Budget No. 325

Executive Budget Recommendation

House Version

Transfer of appropriation authority	Section 5 would require the Office of Management and Budget to combine the appropriation authority contained in Section 1 of House Bill No. 1004, Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the Department of Health and Human Services in other bills approved by the 68th Legislative Assembly, into one budget for the Department of Health and Human Services on July 1, 2023. The section would also require the Department of Health and Human Services to submit one budget for the 2025-27 biennium.
Insurance tax distribution fund	Section 6 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services (EMS) grants during the 2023-25 biennium.
Community health trust fund	Section 7 would identify \$19,072,324 from the community health trust fund for various programs and grants during the 2023-25 biennium.
Statewide health strategies initiative exemption - 2021-23 carryover	Section 8 would provide an exemption to allow the department to continue \$3 million of one-time funding, of which \$1.5 million is from the community health trust fund and \$1.5 million is from other funds secured as matching funds, provided for a statewide health strategies initiative during the 2021-23 biennium to the 2023-25 biennium. The amount appropriated from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds.
Public health laboratory capital project exemption - 2021-23 carryover	Section 9 would provide an exemption to allow the department to continue any unexpended funding provided from the federal State Fiscal Recovery Fund during the 2021 Special Legislative Session for the public health laboratory capital project. The section provides any unexpended funds remaining of the \$15 million one-time funding appropriation are available for the public health laboratory capital project during the 2023-25 biennium.

**North Dakota Department of Health & Human Services
Disease Control & Forensic Pathology
2023-25 Executive Budget**

Professional Services

Description	2021-23 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Disease Control Division						
Legal Fees - Attorney General	11,000	-	11,000		11,000	
Media Campaign - Immunization and HIV Prevention	300,000	150,000	450,000		450,000	
Immunization - State Conference		60,000	60,000		60,000	
Misc Prof Fees, Telelanguage, Board of Nursing	100,400	(4,400)	96,000		96,000	
Hepatitis / Other Outbreaks - Case Management	80,000	-	80,000	80,000		
HIV Prevention - Media Campaign	162,000	(162,000)	-			
HIV Prevention - (RAAN)	250,000	(250,000)	-			
HIV Prevention Walk	30,000	-	30,000		30,000	
DC - ELC AR AMS Expert (full time doctoral level), Infection Prevention Coference, Data Modernization Program Administrator	590,000	(550,000)	40,000		40,000	
DC - STD - Public Education and Quality Management Detailing	130,000	120,000	250,000		250,000	
Tuberculosis - Case Management / Contract Pharmacy / Infection Coordinatior	179,000	86,000	265,000		265,000	
DC - Ryan White 340B Consultant, Community Planning & Evaluation		60,000	60,000		60,000	
HIV, Hepatitis and STI Home Test Collection		800,000	800,000		800,000	
DC - CDC Foundation - visualization and dashboard specialist		150,000	150,000		150,000	
Forensic Examiner Division						
Legal Fees - Attorney General	3,500	-	3,500	3,500		
UND Pathology Department	1,625,270	130,022	1,755,292	755,292		1,000,000
Sanford Health / National Medical Services	68,000	(43,000)	25,000	25,000		
Misc. Medical Fees and Genetic Testing	4,200	21,000	25,200	25,200		
Metro Area Ambulance	15,000	7,000	22,000	22,000		
AXIS Forensic Toxicology	50,000	123,448	173,448	173,448		
Total Professional Services	\$ 3,598,370	\$ 698,070	\$ 4,296,440	\$ 1,084,440	\$ 2,212,000	\$ 1,000,000

IT Contracts

Description	2021-23 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Consilience Maintenance / Enhancements - Electronic Lab Reporting	392,000	(91,000)	301,000	100,000	201,000	
Blue Cross Blue Shield of North Dakota - Immunization Registry	686,875	(36,875)	650,000		650,000	
Mass Vaccination Software - Maryland Partnership for Prevention	40,000	260,000	300,000		300,000	
NDIIS Modernization		794,167	794,167		794,167	
Ryan White Patient Engagement Application and Management		450,000	450,000		450,000	
Forensic Examiner - Electronic Medical Record System	60,000	-	60,000	60,000		
Forensic Examiner - IT Service Contracts		50,000	50,000	50,000		
Total IT Contracts	\$ 1,178,875	\$ 1,426,292	\$ 2,605,167	\$ 210,000	\$ 2,395,167	\$ -

**North Dakota Department of Health & Human Services
Health Response & Licensure
2023-25 Executive Budget**

Professional Services

Description	2021-23 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Health Alert Network Consulting	12,200	-	12,200		12,200	
Sanford Biomedical Services	50,000	50,000	100,000		100,000	
Concordance Healthcare Solutions	5,200		5,200		5,200	
Trauma Contracts	310,955	-	310,955	310,955		
Cardiac / Stroke Site Visits & Training	121,758	3,242	125,000	125,000		
Stroke / Cardiac Services - Helmsley	327,500	(327,500)	-			
Training Institute / Site Visits		18,000	18,000	18,000		
Legal Fees - Attorney General	60,500	3,000	63,500	30,500	22,500	10,500
Southwestern District Health Unit - Inspections	2,500	-	2,500			2,500
Professional services long term care facilities surveys	150,000	-	150,000	37,500	112,500	
Miscellaneous Professional Services	7,327	-	7,327	2,327	4,500	500
Learning Management System - Course content design		385,000	385,000	385,000		
State Trauma Data Repository		176,000	176,000	176,000		
Electronic Patient Care Reporting (ePCR) System for EMS		261,352	261,352	261,352		
Hospital Trauma Registry		152,118	152,118	152,118		
Cardiac Arrest Registry for Enhanced Survival		21,000	21,000	21,000		
Cardiac Registry		69,558	69,558	69,558		
PulsePoint (Direct notification to community responders data application)		21,525	21,525	21,525		
Total Professional Services	\$ 1,047,940	\$ 833,295	\$ 1,881,235	\$ 1,610,835	\$ 256,900	\$ 13,500

IT Contracts

Description	2021-23 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Health Alert Network	140,000	-	140,000		140,000	
Inventory Management System	30,000	(10,000)	20,000		20,000	
Health Care Standard	48,000	-	48,000		48,000	
Inventory Management System	30,000	(30,000)	-			
Trauma Maintenance Clinical Data Management	34,000	-	34,000	34,000		
Emergency Medical Systems - Data System Maint	180,000	-	180,000	150,000	30,000	
Emergency Medical Systems - Personal & Service Registry	37,000	14,154	51,154	51,154		
Nurse Aide Registry Information Management System	37,000	-	37,000	3,700	33,300	
Health Licensing Registry			80,000	40,000		40,000
Food & Lodging Licensing System - Maintenance / Enhancements	100,000	-	100,000	39,200	30,000	30,800
		-	-			
Total IT Contracts	\$ 636,000	\$ (25,846)	\$ 690,154	\$ 318,054	\$ 301,300	\$ 70,800

**North Dakota Department of Health & Human Services
Healthy & Safe Communities
2023-25 Executive Budget**

Professional Services

Description	2021-23 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Legal - Attorney General	22,250	-	22,250	3,650	16,100	2,500
Behavioral Risk Factor Surveillance System (BRFSS) - Survey Support	99,000	(81,000)	18,000		18,000	
Health Promotion and Chronic Disease Prevention						
Colorectal Cancer Screening Initiative - Provider Training	20,000	-	20,000			20,000
Colorectal Cancer Screening Initiative - Blue Cross Blue Shield North Dakota	100,000	-	100,000			100,000
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	1,800,000	(263,750)	1,536,250		1,536,250	
Women's Way - Patient Navigation Services	96,750	(96,750)	-			
Women's Way - Media / Educational Campaign	232,000	(82,000)	150,000		150,000	
Cancer Program Funding - Graphic Support	37,800	52,200	90,000		90,000	
Cancer Program Funding - Training	132,500	(127,500)	5,000		5,000	
Diabetes and Hypertension - Media / Educational Campaign	50,000	16,000	66,000		66,000	
CDC Oral Health - Data Collection and Analysis	36,560	(36,560)	-			
Dental Services for School Sealant Program	100,000	(100,000)	-			
Diabetes and Hypertension - Conference Coordination	20,000	(20,000)	-			
Centers for Disease Control and Prevention (CDC) State Actions to	12,560	(12,560)	-			
Diabetes and Hypertension - Pharmacy Consultant	-	50,000	50,000		50,000	
Health Promotion and Chronic Disease Prevention - Tobacco Prevention						
NDQUITS/Vendor Media (Odney currently)	1,230,720	-	1,230,720		400,000	830,720
Tobacco Prevention Control Program (TPCP) - Program Evaluation Professional Data Analytics (PDA)	520,000	-	520,000			520,000
Youth Tobacco Survey (Winkelman Consulting)	85,000	-	85,000			85,000
Adult Tobacco Survey	108,000	-	108,000			108,000
NDQUITS/Vendor - National Jewish Health	1,000,000	-	1,000,000			1,000,000
Title V & Community Engagement						
Maternal and Child Health (MCH) - Misc. Services (e.g., Media, Communications)	102,348	(102,348)	-			
Health Equity - Training and Evaluation	25,000	(25,000)	-			
MCH - On-line Connections Directory	100,000	-	100,000		100,000	

Family Health & Wellness						
Poison Control Hotline	269,000	31,000	300,000	300,000		
Child Passenger Safety Outreach	51,000	39,000	90,000		90,000	
Sexual Violence Prevention and Education - Empowerment Evaluator	20,000	(20,000)	-			
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)	-			
CORE SVIPP - Prevent Child Abuse North Dakota (PCAND)	112,000	(112,000)	-			
Family Planning - Clinical Consultant	18,000	1,501	19,501		19,501	
Family Planning - Medical Director	5,600	800	6,400		6,400	
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	26,000	2,000	28,000		28,000	
WIC Training / Professional Development	12,500	(2,500)	10,000		10,000	
WIC - Automated Appointment Reminder System (One Call)	16,500	500	17,000		17,000	
WIC - Management Information System (MIS) support - Apgar	80,000	(26,000)	54,000		54,000	
WIC Shopper App	21,300	23,700	45,000		45,000	
National WIC Media / Outreach Campaign	20,400	(8,800)	11,600		11,600	
ASPHN Capacity Building Program (Nutrition)	-	60,000	60,000		60,000	
Maternal and Child Health (MCH) - Misc. Services (e.g., Media, Communications)	-	102,348	102,348	44,010	58,338	
Special Health Services		-				
Newborn Screening Medical Consultation	51,160	-	51,160	51,160		
MCH Newborn Screening - Genetic Counseling	8,840	(8,840)	-			
Newborn Screening-Genetic Counseling (using general funds)	-	8,840	8,840	8,840		
MCH Graphic Design / Resource Development	20,000	-	20,000	8,600	11,400	
Special Health Services (SHS) Technical Assistance, Training, and Education	20,000	-	20,000	8,600	11,400	
Newborn Screening Long-Term Follow-UP for Severe Combined Immunodeficiency and Other Newborn Screening Conditions	-	16,550	16,550		16,550	
Newborn Screening Health Care Provider Education and Quality Improvement Initiatives	160,000	240,000	400,000		400,000	
Newborn Screening IT-related New Projects	-	200,000	200,000		200,000	
Total Professional Services	\$ 7,091,988	\$ (331,169)	\$ 6,760,819	\$ 433,460	\$ 3,533,139	\$ 2,794,220

IT Contracts

Description	2021-23 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Health Promotion and Chronic Disease Prevention						
Cancer Program Funding - Database Maintenance and Upgrades	6,680	-	6,680		1,680	5,000
Program Reporting System (PRS) Maintenance	10,000	-	10,000		10,000	
MAVEN for Oral Health Program	10,000	-	10,000		10,000	
Health Promotion and Chronic Disease Prevention - Tobacco Prevention						
Marketing & Advertising Business Unlimited (MABU) (tobacco prevention and control)	10,000	-	10,000		10,000	
Family Health & Wellness						
System Maintenance & Operations - WIC consortium (LegeNDS)	206,720	(206,720)	-			
WIC EBT - Ecard support	45,000	5,000	50,000		50,000	
Special Health Services						
Website Maintenance - Newborn Screening	1,680	(1,680)	-			
Database Development / Maintenance - Special Health Services and Newborn Screening - MAVEN	40,200	(10,000)	30,200	12,986	17,214	
Subscription to Electronic Portal for Ages & Stages for Cleft Clinics	-	1,200	1,200	516	684	
Total IT Contracts	\$ 330,280	\$ (212,200)	\$ 118,080	\$ 13,502	\$ 99,578	\$ 5,000

**North Dakota Department of Health & Human Services
Health Statistics & Performance
2023-25 Executive Budget**

Professional Services

Description	2021-23 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Public Health Accreditation Board / Reaccreditation	27,200	6,549	33,749	12,000	21,749	
National Assn Public Hlth Stats & Info - State & Territorial Exchange of Vital Events (STEVE) System		14,500	14,500			14,500
Behavioral Risk Factor Surveillance System (BRFSS) - Behavior Risk Survey - University of Pittsburgh	650,000	341,430	991,430		991,430	
Pregnancy Risk Assessment Monitoring System (PRAMS) Call-back - University of Missouri	85,000	15,000	100,000		100,000	
National Violent Death Reporting System (NVDRS)	60,000	-	60,000		60,000	
National Institute for Occupational Safety and Health (NIOSH)	120,000	90,000	210,000		210,000	
North Dakota Health Information Network (NDHIN)	217,065	(217,065)	-			
Legal	11,990	22,960	34,950	7,450	20,000	7,500
Total Professional Services	\$ 1,171,255	\$ 273,374	\$ 1,444,629	\$ 19,450	\$ 1,403,179	\$ 22,000

IT Contracts

Description	2021-23 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Agency MABU - Website	1,680	-	1,680		1,680	
Conduent (MAVEN) - Database for Autism/Chronic Disease / National Violent Death Reporting System (NVDRS) / National Institute for Occupational Safety and Health (NIOSH)	82,000	-	82,000		82,000	
Software Technology Group - Indicator Based Information System (IBIS) for BRFSS	100,000	-	100,000		50,000	50,000
Total IT Contracts	\$ 183,680	\$ -	\$ 183,680	\$ -	\$ 133,680	\$ 50,000

**North Dakota Department of Health & Human Services
Laboratory Services
2023-25 Executive Budget**

Professional Services

Description	2021-23 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Legal Fees - Attorney General	15,000	-	15,000	9,000		6,000
Lab Proficiency Testing	25,000	-	25,000	15,000		10,000
Association of Public Health Laboratories	2,000	-	2,000	1,200		800
Total Professional Services	\$ 42,000	\$ -	\$ 42,000	\$ 25,200	\$ -	\$ 16,800

**North Dakota Department of Health & Human Services
Health Response & Licensure
2023-25 Executive Budget
Capital Asset Equipment**

Description/Narrative	Quantity	Base Price	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Emergency Response Health & Medical Trailers (24')	2	25,000	50,000		50,000	
RFID System for State Medical Cache	1	45,000	45,000		45,000	
Morgue Trailer (53')	1	150,000	150,000		150,000	
Field Deployable Vehicle Maintenance Tents	4	34,250	137,000		137,000	
Emergency Generators (250 kw)	2	150,000	300,000		300,000	
Automated (Robot) Forklift	1	10,000	10,000		10,000	
Mobile Radios - Motorola APX 8000	50	5,500	275,000		275,000	
32' Flatbed Trailer (med cache equip transport)	1	7,800	7,800		7,800	
Trauma Man	1	20,000	20,000	20,000		
			-			
Total Capital Asset Equipment			\$ 994,800	\$ 20,000	\$ 974,800	\$ -

**North Dakota Department of Health & Human Services
Lab Services
2023-25 Executive Budget
Extraordinary Repairs**

Description	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Replace exterior windows	100,000			100,000
Replace failing VAV	69,000			69,000
Repair water damaged sheetrock	20,000			20,000
Total LabServices Extraordinary Repairs	\$ 189,000	\$ -	\$ -	\$ 189,000

Legislative Intent: It is the intent of the 68th Legislative Assembly that the public health division of the department of health and human services shall first offer \$870,000 (the equivalent cost of ten medical staff) from the Federal COVID-19 Public Health Crisis Response Grant for Public Health Workforce as grant funding to local public health units, with an application deadline of December 31, 2023. All funds remaining after the deadline will be available to the department for workforce efforts per federal grant guidance.

23.0233.01002
Title.

Prepared by the Legislative Council staff for
the House Appropriations - Human Resources
Division Committee

Fiscal No. 1

February 10, 2023

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004

Page 1, line 2, after "services" insert "; to create and enact a new section to chapter 54-27 of the North Dakota Century Code, relating to the deposit of judgment funds; to provide for a legislative management report; to provide for a transfer; and to provide for an exemption"

Page 1, replace lines 10 through 24 with:

"	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and wages	\$41,362,968	\$5,511,774	\$46,874,742
Operating expenses	31,242,543	6,478,670	37,721,213
Capital assets	1,796,393	(326,613)	1,469,780
Grants	55,812,575	15,857,570	71,670,145
Tobacco prevention	13,410,022	850,459	14,260,481
Women, infants, and children food payments	19,900,000	0	19,900,000
COVID-19	4,459,766	93,353,091	97,812,857
Public health laboratory capital project	<u>0</u>	<u>55,120,000</u>	<u>55,120,000</u>
Total all funds	\$167,984,267	\$176,844,951	\$344,829,218
Less estimated income	<u>129,409,112</u>	<u>170,213,282</u>	<u>299,622,394</u>
Total general fund	\$38,575,155	\$6,631,669	\$45,206,824
Full-time equivalent positions	210.50	5.00	215.50"

Page 2, line 2, after "biennium" insert "and the 2023-25 biennium one-time funding items included in the appropriation in section 1 of this Act"

Page 2, replace lines 4 through 12 with:

"Vital records system technology upgrades	\$275,000	\$0
Statewide health strategies initiative	3,000,000	0
COVID-19 response	9,262,341	0
Forensic examiner upgrades	910,000	0
COVID-19 response - House Bill No. 1395	87,290,597	0
Public health laboratory capital project	<u>15,000,000</u>	<u>55,120,000</u>
Total all funds	\$115,737,938	\$55,120,000
Less estimated income	<u>110,209,662</u>	<u>55,120,000</u>
Total general fund	\$5,528,276	\$0

The 2023-25 biennium one-time funding amounts are not a part of the entity's base budget for the 2025-27 biennium. The department of health and human services shall report to the appropriations committees of the sixty-ninth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within section 1 of this Act, subdivisions 1, 2, and 3 of section 1 of Senate Bill No. 2012, and any other

appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made in excess of \$50,000 and to the appropriations committees of the sixty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority from line items within section 1 of this Act, subdivisions 1, 2, and 3 of Senate Bill No. 2012, and any other appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly to subdivision 4 of Senate Bill No. 2012, for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made in excess of \$50,000 and to the appropriations committees of the sixty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 5. TRANSFER OF APPROPRIATION AUTHORITY. Section 1 of this Act and section 1 of Senate Bill No. 2012 includes appropriation authority for the department of health and human services for the biennium beginning July 1, 2023, and ending June 30, 2025. On July 1, 2023, the office of management and budget shall combine the appropriation authority contained in section 1 of this Act and section 1 of Senate Bill No. 2012, and any other appropriation authority for the department of health and human services in other bills approved by the sixty-eighth legislative assembly, into one budget for the department of health and human services. The department of health and human services shall submit one budget request for the biennium beginning July 1, 2025, and ending June 30, 2027."

Page 2, replace line 21 with:

"Domestic violence offender treatment	1,000,000
Domestic violence prevention	1,000,000"

Page 2, replace line 24 with:

"Local public health state aid	3,275,000"
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Page 2, replace lines 27 and 28 with:

"Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000"

Page 2, replace line 31 with:

"Total community health trust fund	\$20,072,324
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SECTION 8. A new section to chapter 54-27 of the North Dakota Century Code is created and enacted as follows:

Deposit of JUUL Labs, Inc., judgment funds.

Eighty percent of any funds received by the state under the consent judgment adopted by the south central judicial district court in its consent judgment entered December 8, 2022, [Civil No. 08-2022-CV-02972] in State of North Dakota, ex rel. Drew H. Wrigley v. JUUL Labs, Inc., must be deposited in the community health trust fund.

SECTION 9. TRANSFER - ATTORNEY GENERAL REFUND FUND TO COMMUNITY HEALTH TRUST FUND. The attorney general shall transfer eighty percent of any funds deposited in the attorney general refund fund during the biennium beginning July 1, 2021, and ending June 30, 2023, relating to the consent judgment entered December 8, 2022, [Civil No. 08-2022-CV-02972] in State of North Dakota, ex rel. Drew H. Wrigley v. JUUL Labs, Inc., to the community health trust fund on July 1, 2023.

SECTION 10. USE OF PUBLIC HEALTH CRISIS RESPONSE GRANT FUNDS. The public health division of the department of health and human services shall use \$870,000 of funding made available through the federal COVID-19 public health crisis response grant for public health workforce to provide grants to local public health units. To be eligible to receive a grant, local public health units must apply for this grant funding by December 31, 2023. Any public health workforce funds not awarded to local public health units may be used by the department of health and human services for workforce efforts pursuant to federal grant guidance.

SECTION 11. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall establish a laboratory building steering committee to oversee the design and construction of the laboratory building project for the biennium beginning July 1, 2023, and ending June 30, 2025. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 12. EXEMPTION - 2021-23 BIENNIUM APPROPRIATION - STATEWIDE HEALTH STRATEGIES. The sum of \$3,000,000, of which \$1,500,000 is from the community health trust fund and \$1,500,000 is from other income derived from matching funds, appropriated for statewide health strategies in section 1 of chapter 32 of the 2021 Session Laws, is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available for statewide health strategies initiatives during the biennium beginning July 1, 2023, and ending June 30, 2025. The amount appropriated from the community health trust fund is contingent on the department of health and human services securing dollar-for-dollar matching funds.

SECTION 13. EXEMPTION - 2021-23 BIENNIUM APPROPRIATION - PUBLIC HEALTH LABORATORY CAPITAL PROJECT. The sum of \$15,000,000 of federal funds, derived from the state fiscal recovery fund, appropriated for a public health laboratory capital project in subdivision 7 of section 1 of chapter 550 of the 2021 Special Session Session Laws, is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available for the public health laboratory capital project during the biennium beginning July 1, 2023, and ending June 30, 2025."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - DHHS - Health Services - House Action

	Base Budget	House Changes	House Version
Salaries and wages	\$41,362,968	\$5,511,774	\$46,874,742
Operating expenses	31,242,543	6,478,670	37,721,213
Capital assets	1,796,393	(326,613)	1,469,780
Grants	55,812,575	15,857,570	71,670,145
Tobacco prevention	13,410,022	850,459	14,260,481
WIC food payments	19,900,000		19,900,000
COVID-19 response	4,459,766	93,353,091	97,812,857
State laboratory		55,120,000	55,120,000
Total all funds	\$167,984,267	\$176,844,951	\$344,829,218
Less estimated income	129,409,112	170,213,282	299,622,394
General fund	\$38,575,155	\$6,631,669	\$45,206,824
FTE	210.50	5.00	215.50

Department 350 - DHHS - Health Services - Detail of House Changes

	Adjusts Funding for Cost to Continue Salaries¹	Adjusts Base Budget Funding²	Adds Funding for Salary and Benefit Increases³	Adds 1 FTE Autopsy Technician⁴	Adds 4 FTE Program Management Positions⁵	Increases Funding for Information Technology⁶
Salaries and wages	\$319,801	\$2,167,308	\$2,909,563	\$65,094	\$50,008	
Operating expenses		4,099,423				\$1,241,694
Capital assets		(326,613)				
Grants		8,721,285				
Tobacco prevention		(24,358)	74,817			
WIC food payments						
COVID-19 response		93,203,287	149,804			
State laboratory						
Total all funds	\$319,801	\$107,840,332	\$3,134,184	\$65,094	\$50,008	\$1,241,694
Less estimated income	216,068	106,147,341	2,379,473	0	50,008	1,050,392
General fund	\$103,733	\$1,692,991	\$754,711	\$65,094	\$0	\$191,302
FTE	0.00	0.00	0.00	1.00	4.00	0.00

	Adds Funding for Injury Prevention⁷	Increases Funding for Public Health Registries⁸	Increases Funding for the Biomedical Cache⁹	Adds Funding for Emergency Response and Preparedness¹⁰	Increases Funding for Local Public State Aid¹¹	Increases Funding for Domestic Violence Prevention¹²
Salaries and wages	\$31,000	\$701,553	\$20,000	\$385,000		
Operating expenses						
Capital assets						
Grants					\$2,750,000	\$3,686,285
Tobacco prevention						
WIC food payments						
COVID-19 response						
State laboratory						
Total all funds	\$31,000	\$701,553	\$20,000	\$385,000	\$2,750,000	\$3,686,285
Less estimated income	0	0	0	0	2,750,000	1,000,000
General fund	\$31,000	\$701,553	\$20,000	\$385,000	\$0	\$2,686,285
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Increases Funding for Domestic Violence Offender Treatment¹³	Adds Funding for Tobacco Treatment and Cessation Grants¹⁴	Add Funding for Youth Vaping Prevention Grants¹⁵	Adds Funding for Laboratory Building¹⁶	Total House Changes
Salaries and wages					\$5,511,774
Operating expenses					6,478,670
Capital assets					(326,613)
Grants	\$700,000				15,857,570
Tobacco prevention		\$500,000	\$300,000		850,459
WIC food payments					
COVID-19 response					93,353,091
State laboratory				\$55,120,000	55,120,000
Total all funds	\$700,000	\$500,000	\$300,000	\$55,120,000	\$176,844,951
Less estimated income	<u>700,000</u>	<u>500,000</u>	<u>300,000</u>	<u>55,120,000</u>	<u>170,213,282</u>
General fund	\$0	\$0	\$0	\$0	\$6,631,669
FTE	0.00	0.00	0.00	0.00	5.00

¹ Funding is added for cost to continue salary increases.

² Funding is added, including funding from federal and special funds, for base budget changes and adjustments to transfer funding between the former State Department of Health and former Department of Human Services budgets.

³ The following funding is added for 2023-25 biennium salary adjustments of 4 percent on July 1, 2023, and 4 percent on July 1, 2024, and increases in health insurance premiums from \$1,429 to \$1,648 per month:

	General Fund	Other Funds	Total
Salary increase	\$488,250	\$1,513,380	\$2,001,630
Health insurance increase	<u>266,461</u>	<u>866,093</u>	<u>1,132,554</u>
Total	\$754,711	\$2,379,473	\$3,134,184

⁴ Funding is added to convert 1 temporary position to 1 FTE autopsy technician IV position.

⁵ Funding from federal funds is added to convert 4 temporary positions to 4 FTE program management III positions to serve as tribal liaisons.

⁶ Funding is added for Information Technology Department rate increases.

⁷ Funding related to injury prevention is increased for the poison control hotline.

⁸ Funding is added for inflationary increases relating to public health registries.

⁹ Funding is added to expand the biomedical cache.

¹⁰ Funding is added for emergency response and preparedness training and exercise.

¹¹ Funding is added from the community health trust fund to increase local public health state aid to provide a total of \$8,000,000, of which \$4,725,000 is from the general fund and \$3,275,000 is from the community health trust fund.

¹² Funding for domestic violence prevention is increased to provide a total of \$5,936,285, of which \$4,596,285 is from the general fund, \$1,000,000 is from the community health trust fund, and \$340,000 is from the domestic violence and sexual assault prevention fund which receives revenue from marriage license fees.

¹³ Funding from the community health trust fund is increased for domestic violence offender treatment to provide a total of \$1 million from the fund.

¹⁴ Funding from the community health trust fund is added for a NDQuits cessation program with pharmacies.

¹⁵ Funding from the community health trust fund is added for youth vaping and nicotine prevention grants.

¹⁶ One-time funding from the federal State Fiscal Recovery Fund is added for a new laboratory building shared with the Department of Environmental Quality.

This amendment also:

- Adds a section to provide an exemption to allow the Department of Health and Human Services to transfer funding between line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any other appropriation authority for the Department of Health and Human Services approved by the 68th Legislative Assembly;
- Adds a section to provide an exemption to allow the Department of Health and Human Services to transfer funding from the line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any other appropriation authority for the Department of Health and Human Services approved by the 68th Legislative Assembly to subdivision 4 of Section 1 of Senate Bill No. 2012;
- Adds a section to require the Office of Management and Budget to combine the appropriation authority contained in Section 1 of House Bill No. 1004, Section 1 of Senate Bill No. 2012, and any other appropriation authority for the Department of Health and Human Services into one budget. The section also requires the Department of Health and Human Services to submit one budget request for the 2025-27 biennium;
- Amends the section related to estimated income provided from the community health trust fund to provide funding of \$20,072,324 from the fund for various programs and grants during the 2023-25 biennium;
- Adds a section to provide the statutory changes to require 80 percent of the funds received by the state as a result of the JUUL Labs, Inc. lawsuit settlement be deposited in the community health trust fund;
- Adds a section to require the Attorney General transfer 80 percent of the JUUL settlement proceeds received during the 2021-23 biennium and deposited in the refund fund to the community health trust fund;
- Adds a section to require the department to first make available \$870,000 from the federal COVID-19 public health crisis response grant to local public health units. Funding not requested by December 31, 2023, will be available to the department for workforce efforts pursuant to grant guidance;
- Adds a section of legislative intent to provide the Laboratory Building Steering Committee include representation from the Department of Health and Human Services, Department of Environmental Quality, Office of Management and Budget, Governor's office, and the Legislative Assembly;
- Adds a section to provide an exemption to allow the department to continue \$3 million of one-time funding, of which \$1.5 million is from the community health trust fund and \$1.5 million is from other funds secured as matching funds, provided for a statewide health strategies initiative during the 2021-23 biennium to the 2023-25 biennium. The amount appropriated from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds; and
- Adds a section to provide an exemption to allow the department to continue any unexpended funding provided from the federal State Fiscal Recovery Fund during the 2021 special legislative session for the public health laboratory capital project. The section provides any unexpended funds remaining of the \$15 million one-time funding appropriation are available for the public health laboratory capital project during the 2023-25 biennium.

23.0233.01002
Title.

Prepared by the Legislative Council staff for
the House Appropriations - Human Resources
Division Committee

Fiscal No. 1

February 10, 2023

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004

Page 1, line 2, after "services" insert "; to create and enact a new section to chapter 54-27 of the North Dakota Century Code, relating to the deposit of judgment funds; to provide for a legislative management report; to provide for a transfer; and to provide for an exemption"

Page 1, replace lines 10 through 24 with:

"	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and wages	\$41,362,968	\$5,511,774	\$46,874,742
Operating expenses	31,242,543	6,478,670	37,721,213
Capital assets	1,796,393	(326,613)	1,469,780
Grants	55,812,575	15,857,570	71,670,145
Tobacco prevention	13,410,022	850,459	14,260,481
Women, infants, and children food payments	19,900,000	0	19,900,000
COVID-19	4,459,766	93,353,091	97,812,857
Public health laboratory capital project	<u>0</u>	<u>55,120,000</u>	<u>55,120,000</u>
Total all funds	\$167,984,267	\$176,844,951	\$344,829,218
Less estimated income	<u>129,409,112</u>	<u>170,213,282</u>	<u>299,622,394</u>
Total general fund	\$38,575,155	\$6,631,669	\$45,206,824
Full-time equivalent positions	210.50	5.00	215.50"

Page 2, line 2, after "biennium" insert "and the 2023-25 biennium one-time funding items included in the appropriation in section 1 of this Act"

Page 2, replace lines 4 through 12 with:

"Vital records system technology upgrades	\$275,000	\$0
Statewide health strategies initiative	3,000,000	0
COVID-19 response	9,262,341	0
Forensic examiner upgrades	910,000	0
COVID-19 response - House Bill No. 1395	87,290,597	0
Public health laboratory capital project	<u>15,000,000</u>	<u>55,120,000</u>
Total all funds	\$115,737,938	\$55,120,000
Less estimated income	<u>110,209,662</u>	<u>55,120,000</u>
Total general fund	\$5,528,276	\$0

The 2023-25 biennium one-time funding amounts are not a part of the entity's base budget for the 2025-27 biennium. The department of health and human services shall report to the appropriations committees of the sixty-ninth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within section 1 of this Act, subdivisions 1, 2, and 3 of section 1 of Senate Bill No. 2012, and any other

appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made in excess of \$50,000 and to the appropriations committees of the sixty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority from line items within section 1 of this Act, subdivisions 1, 2, and 3 of Senate Bill No. 2012, and any other appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly to subdivision 4 of Senate Bill No. 2012, for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made in excess of \$50,000 and to the appropriations committees of the sixty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 5. TRANSFER OF APPROPRIATION AUTHORITY. Section 1 of this Act and section 1 of Senate Bill No. 2012 includes appropriation authority for the department of health and human services for the biennium beginning July 1, 2023, and ending June 30, 2025. On July 1, 2023, the office of management and budget shall combine the appropriation authority contained in section 1 of this Act and section 1 of Senate Bill No. 2012, and any other appropriation authority for the department of health and human services in other bills approved by the sixty-eighth legislative assembly, into one budget for the department of health and human services. The department of health and human services shall submit one budget request for the biennium beginning July 1, 2025, and ending June 30, 2027."

Page 2, replace line 21 with:

"Domestic violence offender treatment	1,000,000
Domestic violence prevention	1,000,000"

Page 2, replace line 24 with:

"Local public health state aid	3,275,000"
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Page 2, replace lines 27 and 28 with:

"Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000"

Page 2, replace line 31 with:

"Total community health trust fund	\$20,072,324
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SECTION 8. A new section to chapter 54-27 of the North Dakota Century Code is created and enacted as follows:

Deposit of JUUL Labs, Inc., judgment funds.

Eighty percent of any funds received by the state under the consent judgment adopted by the south central judicial district court in its consent judgment entered December 8, 2022, [Civil No. 08-2022-CV-02972] in State of North Dakota, ex rel. Drew H. Wrigley v. JUUL Labs, Inc., must be deposited in the community health trust fund.

SECTION 9. TRANSFER - ATTORNEY GENERAL REFUND FUND TO COMMUNITY HEALTH TRUST FUND. The attorney general shall transfer eighty percent of any funds deposited in the attorney general refund fund during the biennium beginning July 1, 2021, and ending June 30, 2023, relating to the consent judgment entered December 8, 2022, [Civil No. 08-2022-CV-02972] in State of North Dakota, ex rel. Drew H. Wrigley v. JUUL Labs, Inc., to the community health trust fund on July 1, 2023.

SECTION 10. USE OF PUBLIC HEALTH CRISIS RESPONSE GRANT FUNDS. The public health division of the department of health and human services shall use \$870,000 of funding made available through the federal COVID-19 public health crisis response grant for public health workforce to provide grants to local public health units. To be eligible to receive a grant, local public health units must apply for this grant funding by December 31, 2023. Any public health workforce funds not awarded to local public health units may be used by the department of health and human services for workforce efforts pursuant to federal grant guidance.

SECTION 11. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall establish a laboratory building steering committee to oversee the design and construction of the laboratory building project for the biennium beginning July 1, 2023, and ending June 30, 2025. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 12. EXEMPTION - 2021-23 BIENNIUM APPROPRIATION - STATEWIDE HEALTH STRATEGIES. The sum of \$3,000,000, of which \$1,500,000 is from the community health trust fund and \$1,500,000 is from other income derived from matching funds, appropriated for statewide health strategies in section 1 of chapter 32 of the 2021 Session Laws, is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available for statewide health strategies initiatives during the biennium beginning July 1, 2023, and ending June 30, 2025. The amount appropriated from the community health trust fund is contingent on the department of health and human services securing dollar-for-dollar matching funds.

SECTION 13. EXEMPTION - 2021-23 BIENNIUM APPROPRIATION - PUBLIC HEALTH LABORATORY CAPITAL PROJECT. The sum of \$15,000,000 of federal funds, derived from the state fiscal recovery fund, appropriated for a public health laboratory capital project in subdivision 7 of section 1 of chapter 550 of the 2021 Special Session Session Laws, is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available for the public health laboratory capital project during the biennium beginning July 1, 2023, and ending June 30, 2025."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - DHHS - Health Services - House Action

	Base Budget	House Changes	House Version
Salaries and wages	\$41,362,968	\$5,511,774	\$46,874,742
Operating expenses	31,242,543	6,478,670	37,721,213
Capital assets	1,796,393	(326,613)	1,469,780
Grants	55,812,575	15,857,570	71,670,145
Tobacco prevention	13,410,022	850,459	14,260,481
WIC food payments	19,900,000		19,900,000
COVID-19 response	4,459,766	93,353,091	97,812,857
State laboratory		55,120,000	55,120,000
Total all funds	\$167,984,267	\$176,844,951	\$344,829,218
Less estimated income	129,409,112	170,213,282	299,622,394
General fund	\$38,575,155	\$6,631,669	\$45,206,824
FTE	210.50	5.00	215.50

Department 350 - DHHS - Health Services - Detail of House Changes

	Adjusts Funding for Cost to Continue Salaries ¹	Adjusts Base Budget Funding ²	Adds Funding for Salary and Benefit Increases ³	Adds 1 FTE Autopsy Technician ⁴	Adds 4 FTE Program Management Positions ⁵	Increases Funding for Information Technology ⁶
Salaries and wages	\$319,801	\$2,167,308	\$2,909,563	\$65,094	\$50,008	\$1,241,694
Operating expenses		4,099,423				
Capital assets		(326,613)				
Grants		8,721,285				
Tobacco prevention		(24,358)	74,817			
WIC food payments						
COVID-19 response		93,203,287	149,804			
State laboratory						
Total all funds	\$319,801	\$107,840,332	\$3,134,184	\$65,094	\$50,008	\$1,241,694
Less estimated income	216,068	106,147,341	2,379,473	0	50,008	1,050,392
General fund	\$103,733	\$1,692,991	\$754,711	\$65,094	\$0	\$191,302
FTE	0.00	0.00	0.00	1.00	4.00	0.00

	Adds Funding for Injury Prevention ⁷	Increases Funding for Public Health Registries ⁸	Increases Funding for the Biomedical Cache ⁹	Adds Funding for Emergency Response and Preparedness ¹⁰	Increases Funding for Local Public State Aid ¹¹	Increases Funding for Domestic Violence Prevention ¹²
Salaries and wages						
Operating expenses	\$31,000	\$701,553	\$20,000	\$385,000		
Capital assets						
Grants					\$2,750,000	\$3,686,285
Tobacco prevention						
WIC food payments						
COVID-19 response						
State laboratory						
Total all funds	\$31,000	\$701,553	\$20,000	\$385,000	\$2,750,000	\$3,686,285
Less estimated income	0	0	0	0	2,750,000	1,000,000
General fund	\$31,000	\$701,553	\$20,000	\$385,000	\$0	\$2,686,285
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Increases Funding for Domestic Violence Offender Treatment ¹³	Adds Funding for Tobacco Treatment and Cessation Grants ¹⁴	Add Funding for Youth Vaping Prevention Grants ¹⁵	Adds Funding for Laboratory Building ¹⁶	Total House Changes
Salaries and wages					\$5,511,774
Operating expenses					6,478,670
Capital assets					(326,613)
Grants	\$700,000				15,857,570
Tobacco prevention		\$500,000	\$300,000		850,459
WIC food payments					
COVID-19 response					93,353,091
State laboratory				\$55,120,000	55,120,000
Total all funds	\$700,000	\$500,000	\$300,000	\$55,120,000	\$176,844,951
Less estimated income	700,000	500,000	300,000	55,120,000	170,213,282
General fund	\$0	\$0	\$0	\$0	\$6,631,669
FTE	0.00	0.00	0.00	0.00	5.00

¹ Funding is added for cost to continue salary increases.

² Funding is added, including funding from federal and special funds, for base budget changes and adjustments to transfer funding between the former State Department of Health and former Department of Human Services budgets.

³ The following funding is added for 2023-25 biennium salary adjustments of 4 percent on July 1, 2023, and 4 percent on July 1, 2024, and increases in health insurance premiums from \$1,429 to \$1,648 per month:

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- Adds a section to require the Office of Management and Budget to combine the appropriation authority contained in Section 1 of House Bill No. 1004, Section 1 of Senate Bill No. 2012, and any other appropriation authority for the Department of Health and Human Services into one budget. The section also requires the Department of Health and Human Services to submit one budget request for the 2025-27 biennium;
- Amends the section related to estimated income provided from the community health trust fund to provide funding of \$20,072,324 from the fund for various programs and grants during the 2023-25 biennium;
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- Adds a section to provide an exemption to allow the department to continue \$3 million of one-time funding, of which \$1.5 million is from the community health trust fund and \$1.5 million is from other funds secured as matching funds, provided for a statewide health strategies initiative during the 2021-23 biennium to the 2023-25 biennium. The amount appropriated from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds; and
- Adds a section to provide an exemption to allow the department to continue any unexpended funding provided from the federal State Fiscal Recovery Fund during the 2021 special legislative session for the public health laboratory capital project. The section provides any unexpended funds remaining of the \$15 million one-time funding appropriation are available for the public health laboratory capital project during the 2023-25 biennium.



House Bill 1004

Senate Appropriations Committee; Human Resources Division
Senator Dever, Chairman

Department of Health and Human Services
Public Health Division | March 6, 2023



Health & Human Services

Public Health in North Dakota

- 100 years of public health outreach in North Dakota.
- Integration with Human Services to streamline pathways for citizen service.
- Shared agency administration of shared services - separate public health budget/bill.





North Dakota Century Code & Major Statutory Responsibilities

Division of Public Health established in Chapter 23 Health and Safety.

Regulatory responsibility

- *ND Food, Drug, and Cosmetic Act*
Chapter 19-02.1
- *Medical Marijuana statute*
Chapter 19-24.1

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the
FOUNDATIONS
of well-being



Economic
Health



Behavioral
Health



Physical
Health

Ensure everyone has the
opportunity to realize
their **POTENTIAL**



Strong, Stable
Families



Services Closer
to Home



Early Childhood
Experiences

Efficiency
Through
Redesign

High-
Performing
Team

Give everyone the
OPPORTUNITY to
decide to:



Be Healthy

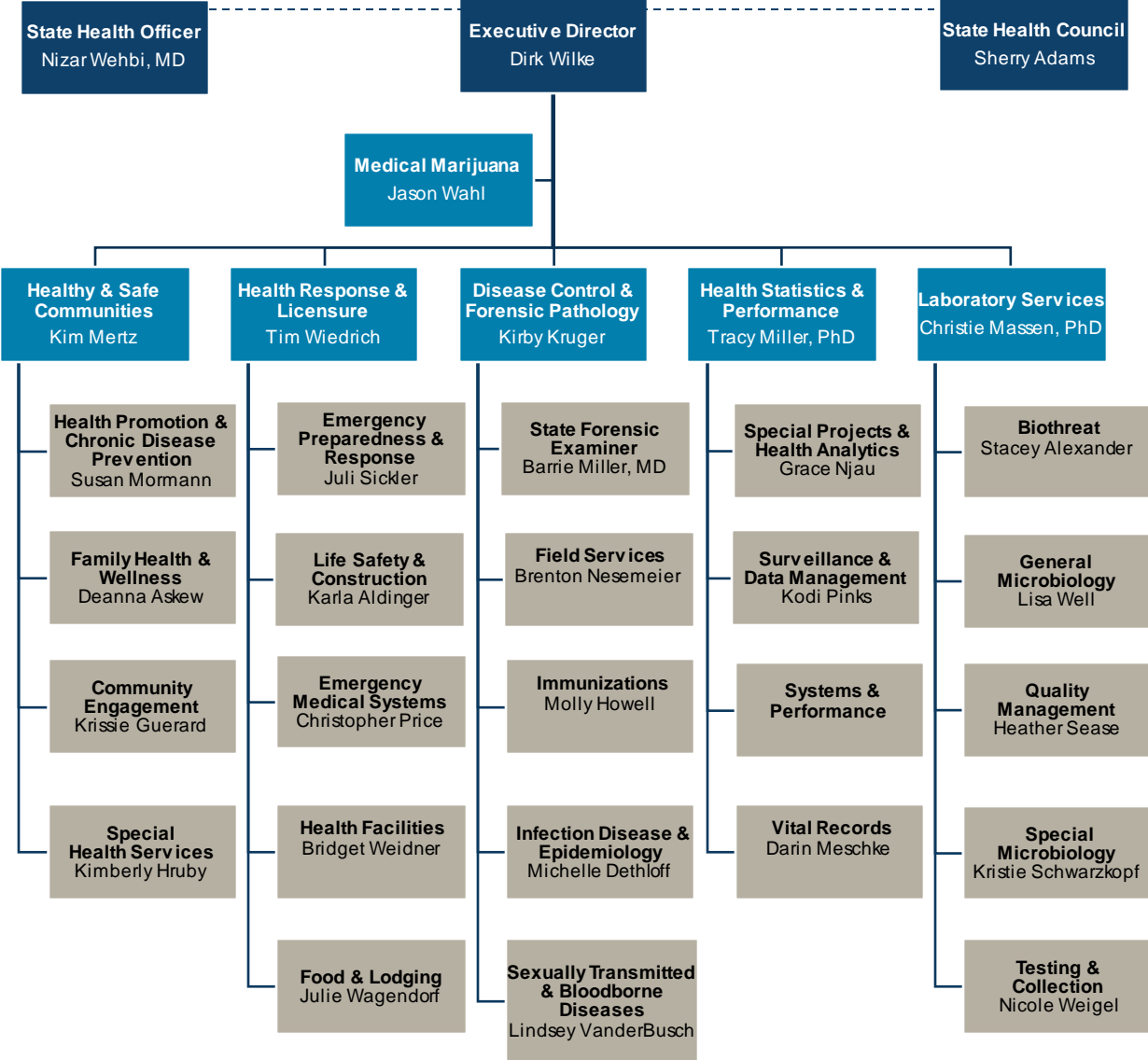


Be Active



Find Disease
Early

Public Health Division Overview



How We Serve North Dakotans



Create Healthy & Vibrant Communities

- Reduce the risk of infectious disease.
- Prevent and reduce chronic diseases.
- Promote safe and sanitary food establishments.
- Support communities in building resiliency.
- Promote community-driven wellness.
- Increase healthy lifestyles and behaviors.

Enhance & Improve Systems of Care

- Improve access to care in underserved and rural areas.
- Enhance health care through technology.
- Ensure access to equitable health and preventative services.
- Enhance quality and safety through regulation and education.
- Promote health in all policies.
- Foster system-level partnerships across continuums of care.

Strengthen Population-based Health Interventions

- Prevent and reduce tobacco and other substance misuse.
- Prevent violence, intentional and unintentional injury.
- Reduce the risk of vaccine-preventable diseases.
- Reduce adverse health outcomes through early detection.
- Promote healthy weight across the lifespan.

Promote Public Health Readiness & Response

- Ensure effective communication systems.
- Maintain systems to sustain medical and emergency services.
- Ensure capacity to detect and respond to hazardous threats.

2021-23 Accomplishments



Agency Integration

Integrated with Human Services
Sept 1, 2022.



SealND!

School-based sealant program provided services in 50 schools, 1,159 students received services and 930 were referred for additional treatment.



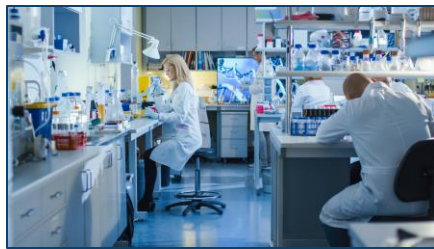
Public Health Accreditation

Achieved national reaccreditation status by the Public Health Accreditation Board demonstrating high-quality practices.



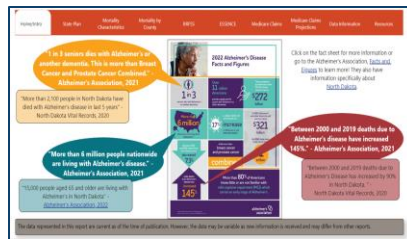
Emergency Operation Missions

Conducted 6,698 missions including 456 public health-led vaccine events, 983 long-term care staffing assistance missions, 1,675 testing missions and 3,584 courier missions.



Laboratory Testing

Since July 2021, performed more than 296,000 diagnostic & environmental tests at State Lab and more than 135,000 tests at static test sites.



New Dashboards

Launched the State Health Assessment, State Alzheimer Dashboard and State Tobacco Dashboard to increase access to data and support state plans.

Challenges Ahead

A Return to Normal Services

- Preventative Screenings.
- Routine Wellness Checks.





A Future of **Continued Progress**

2023-2025 is focused on local services

- Increase State Aid for Local Public Health.
- Increase Funding for Domestic Violence/Rape Crisis Agencies.
- Investment in Tribal Liaisons.

Audit Findings

The audit reviewed testing of compliance and financial records, contact tracing, COVID-19 vaccine storage, handling, and distribution, COVID-19 testing and reporting, and COVID-19 dashboards and information systems.

I	II	III	IV
<p>✓ Reconcile all vaccines in storage on a monthly basis, including verifying the location in ICAM to maintain accurate vaccine inventory records.</p>	<p>✓ Record accurate storage locations in ICAM records and/or properly store vaccines according to manufacturer temperature requirements and monitor vaccine shelf life according to storage temperatures.</p>	<p>✓ Ensure data logger data is identifiable by transport. ✓ Improve training and perform internal monitoring procedures to ensure complete and accurate vaccine chain of custody records and cold chain temperature readings. ✓ Ensure records retention, document internal monitoring procedures, and perform subsequent corrective actions.</p>	<p>✓ Document approval and perform monitoring procedures that ensure lead laboratory technicians review and approve PCR runs with greater than 25% positivity rates for COVID-19 in accordance with their Standard Operating Procedures.</p>
<p><u>ACTION TAKEN:</u> New ICAM system updates and staff training implemented to address recommendations 1-3.</p>			<p><u>ACTION TAKEN:</u> Updated operating procedure.</p>

Budget Comparison

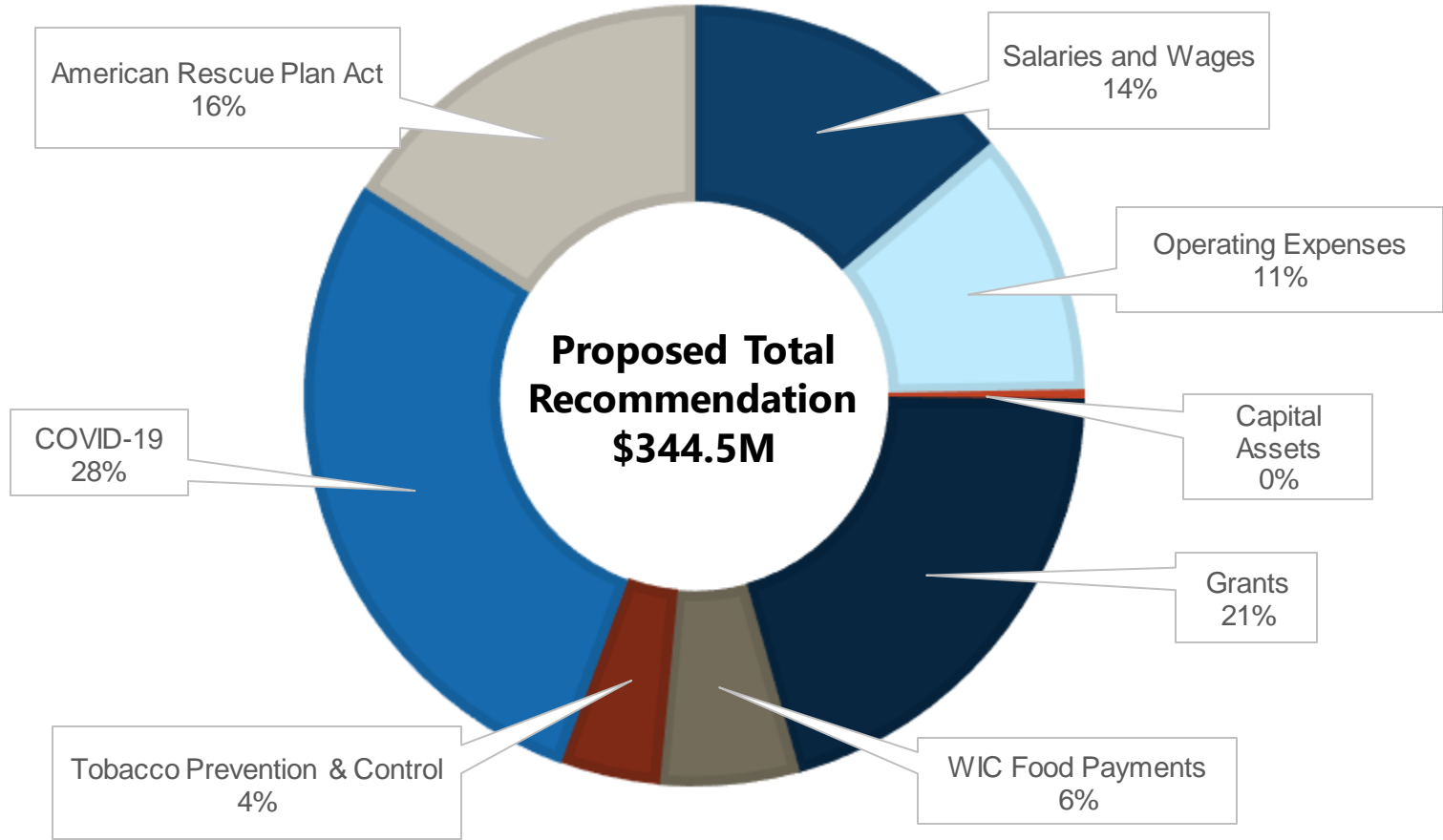
Description	2023-2025 Base Budget	Increase / (Decrease)	2023-2025 Executive Rec.	House Increase / (Decrease)	2023-2025 House Budget
Salaries and Wages	41,362,968	6,118,774	47,481,742	(607,000)	46,874,742
Operating Expenses	31,242,543	6,478,670	37,721,213	0	37,721,213
Capital Assets	1,796,393	(326,613)	1,469,780	0	1,469,780
Grants	55,812,575	14,927,128	70,739,703	930,442	71,670,145
Tobacco Prevention & Control	13,410,022	864,273	14,274,295	(13,814)	14,260,481
WIC Food Payments	19,900,000	0	19,900,000	0	19,900,000
COVID-19	4,459,766	93,380,759	97,840,525	(27,668)	97,812,857
American Rescue Plan Act	0	55,120,000	55,120,000	0	55,120,000
Total By Line Item	167,984,267	176,562,991	344,547,258	281,960	344,829,218

Budget Comparison

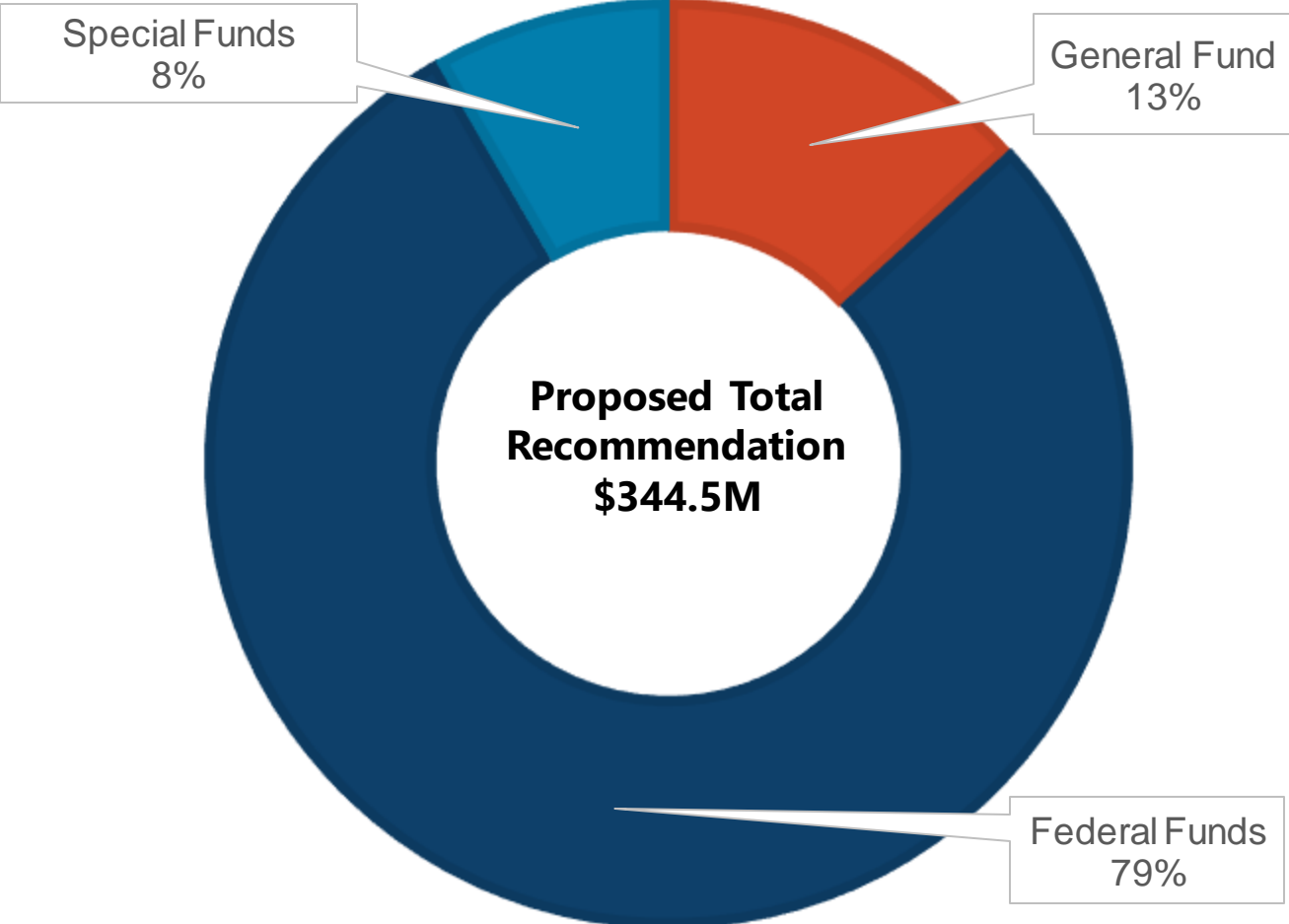
Description	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Rec.	House Increase / (Decrease)	2023-25 House Budget
General Fund	38,575,155	6,863,012	45,438,167	(231,343)	45,206,824
Federal Funds	105,837,535	164,555,118	270,392,653	(408,359)	269,984,294
Special Funds	23,571,577	5,144,861	28,716,438	921,662	29,638,100
Total By Fund	167,984,267	176,562,991	344,547,258	281,960	344,829,218

FTE	210.50	5.00	215.50	0	215.50
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2023-25 Executive Recommendation By Line Item



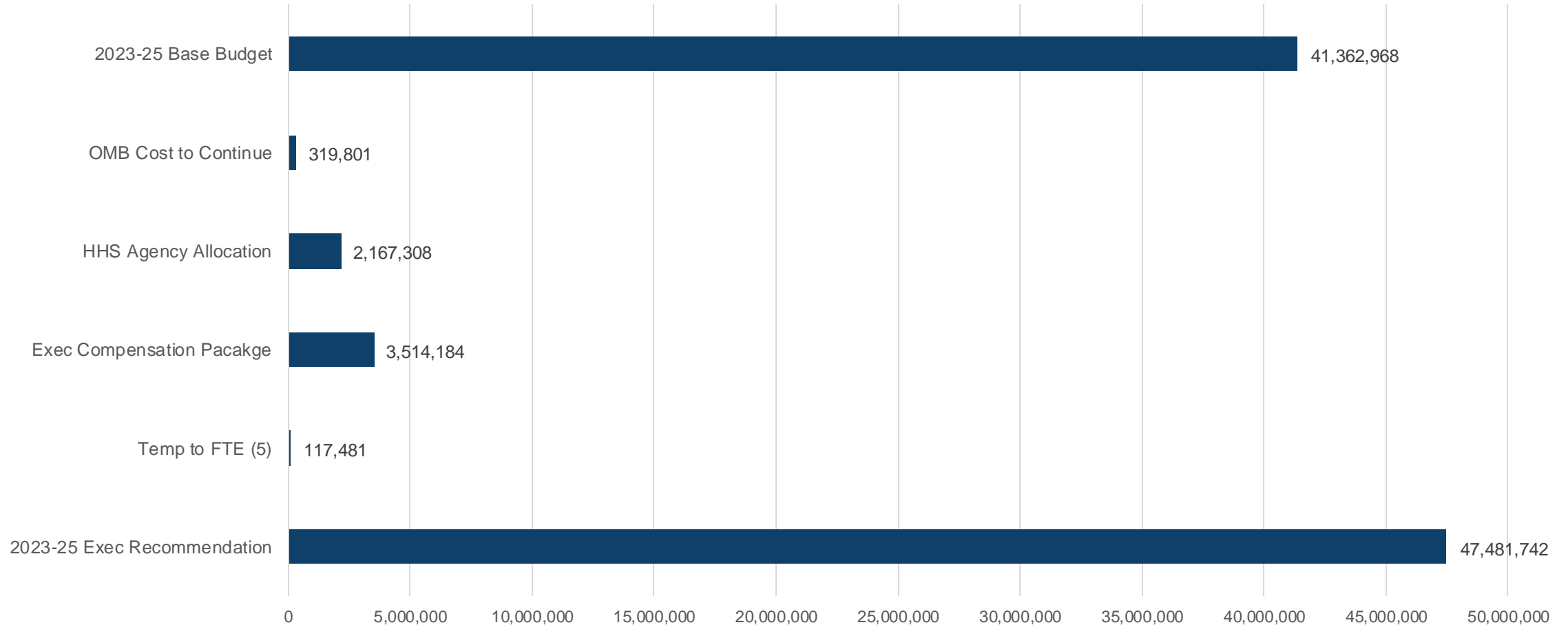
2023-25 Executive Recommendation By Funding Source



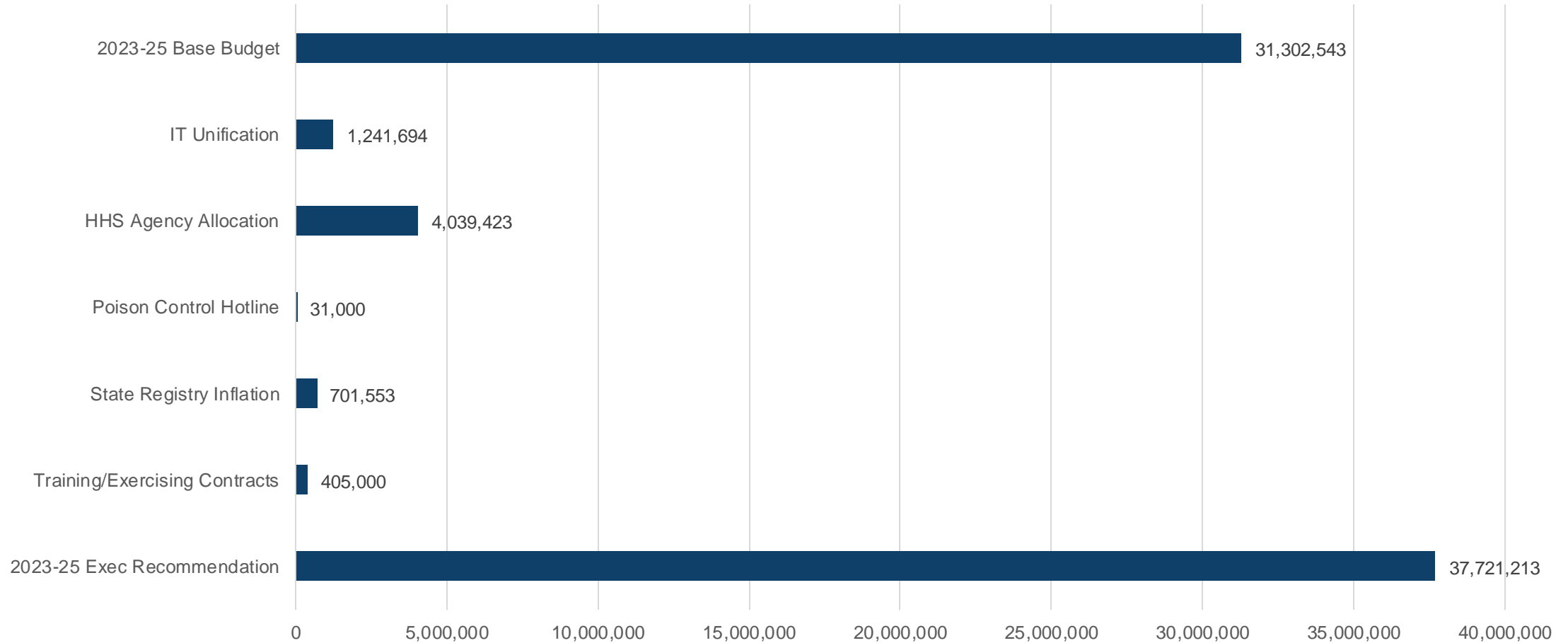
Funding Changes

Description	General Fund	Federal Funds	Special Funds	Total
Base Budget 2023 - 25	38,575,155	105,837,535	23,571,577	167,984,267
OMB Cost to Continue	295,035	1,101,409	165,051	1,561,495
HHS Agency Allocation	1,692,991	12,684,402	259,653	14,637,046
Covid-19 Funding (HB 1394 / 1395)	-	93,203,286	-	93,203,286
Total Adjustments to Base Budget	1,988,026	106,989,097	424,704	109,401,827
Public Health Division Requested Budget	40,563,181	212,826,632	23,996,281	277,386,094
Executive Budget Changes				
Executive Compensation Package	914,117	2,396,013	470,157	3,780,287
Tobacco Treatment Service Grants to ND Pharmacies			500,000	500,000
Youth Vaping/Nicotine Prevention			300,000	300,000
Local Public Health Unit State Aid			2,750,000	2,750,000
Autopsy Technician Temp to FTE	67,473			67,473
Poison Control Hotline	31,000			31,000
Grants to Domestic Violence/Sexual Assault Agencies	2,686,285			2,686,285
Domestic Violence Offender Treatment Program Grants			700,000	700,000
State Registries - Inflationary Increases	771,111			771,111
ARPA Funds - New State Lab		55,120,000		55,120,000
Emergency Preparedness Training/Exercising Contracts	405,000			405,000
Tribal Liaisons Temp to FTE (4)		50,008		50,008
Executive Budget Recommendation	45,438,167	270,392,653	28,716,438	344,547,258
2023-25 House Budget				
Legislative compensation adjustment (6/4 to 4/4)	(161,785)	(408,359)	(78,338)	(648,482)
Remove duplicate registry funding	(69,558)			(69,558)
Increase in support for Domestic Violence prevention grants			1,000,000	1,000,000
2023-25 House Budget	45,206,824	269,984,294	29,638,100	344,829,218

Changes in Salaries and Wages



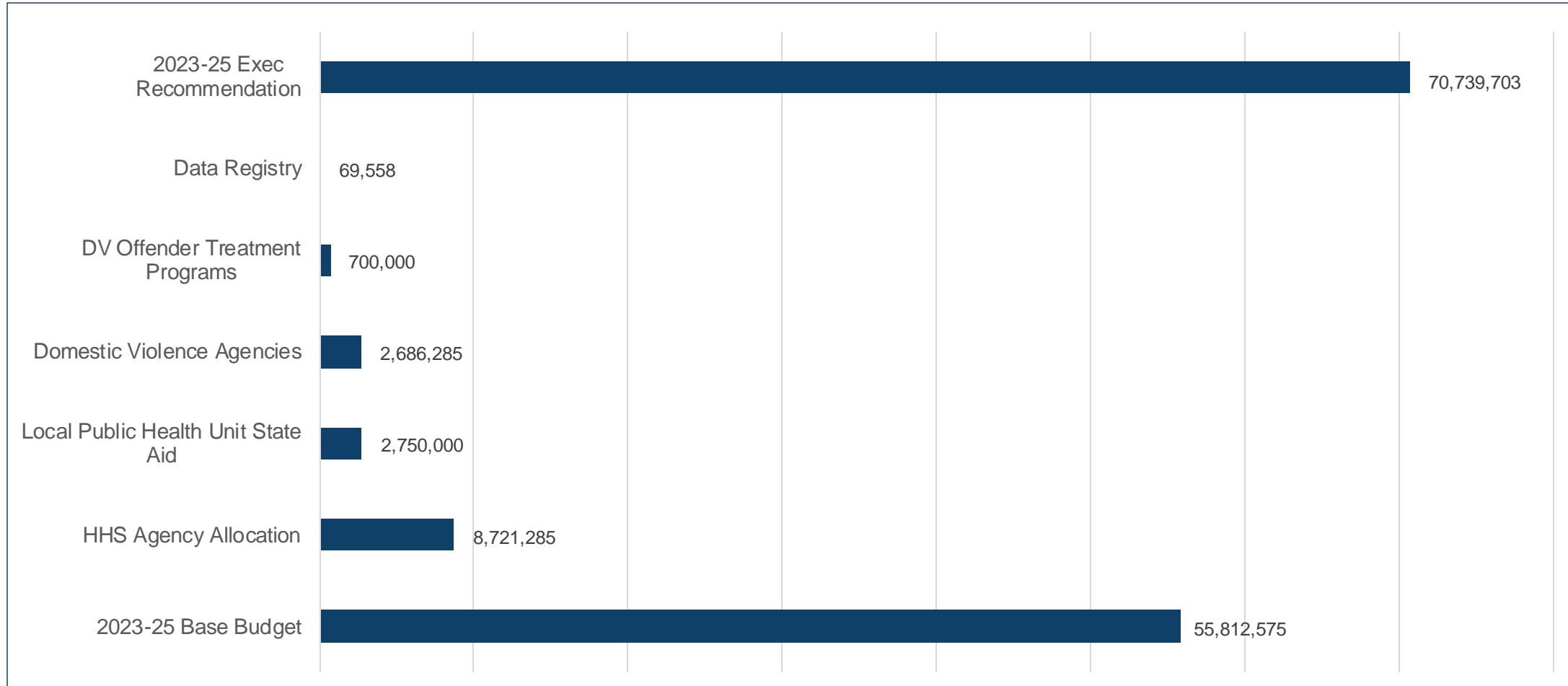
Changes in Operating Expenses



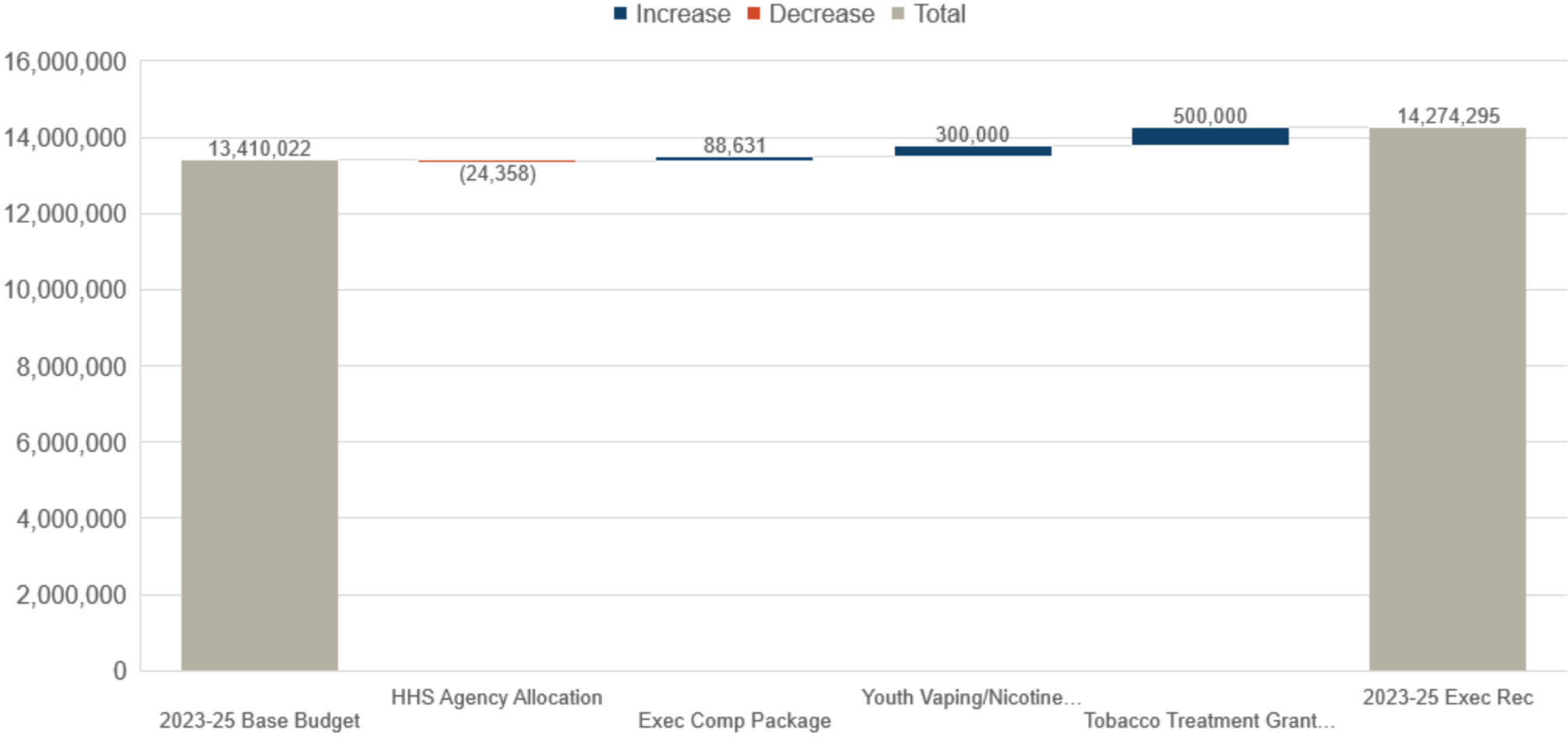
Changes in Capital Assets

Description	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Recommendation	Increase/ (Decrease)	2023-25 House Budget
Capital Assets	1,736,393	(266,613)	1,469,780	0	1,469,780

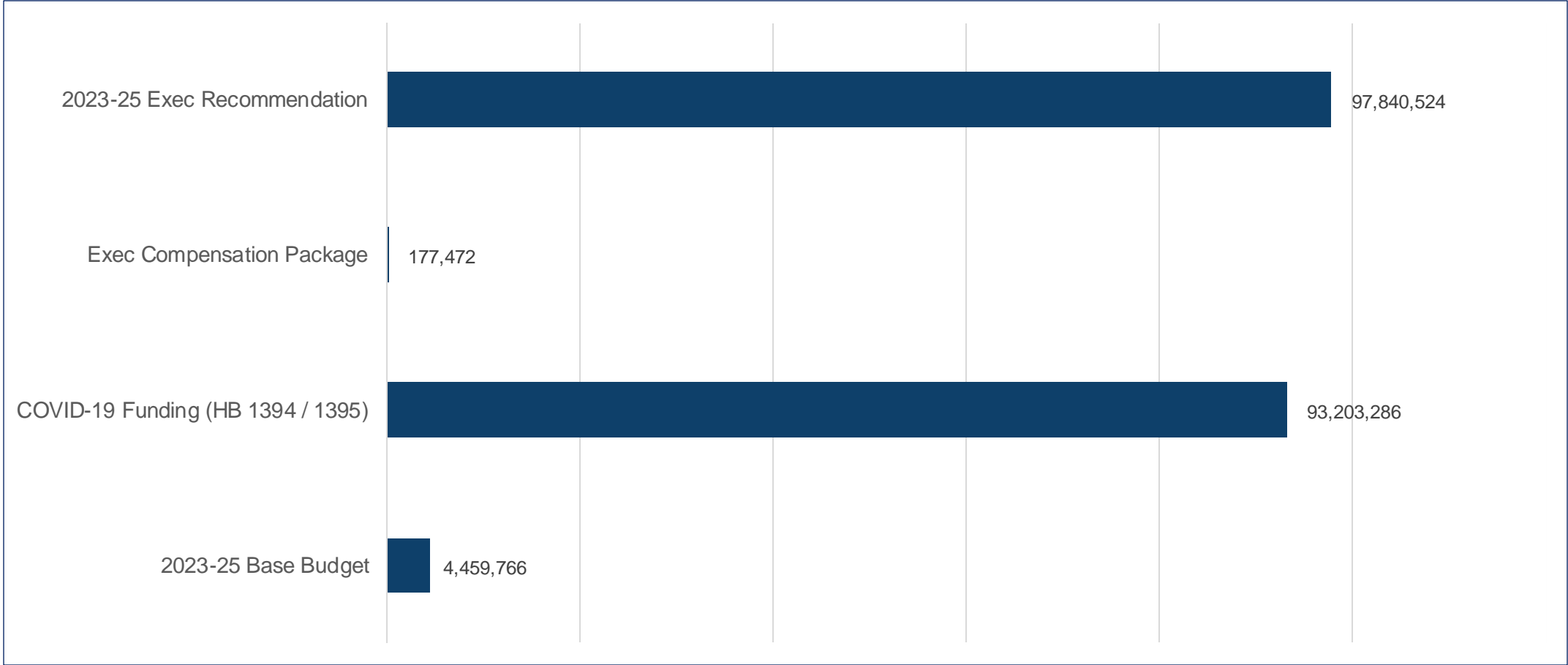
Changes in Grants



Changes in Tobacco Prevention & Control



Changes in COVID-19 Funding



One-time funding 2021-2023



Vital Records System Technology Updates

\$ 275,000



Statewide Health Strategies Initiative

\$3,000,000



COVID-19 Response

\$9,262,341



Forensic Examiner Upgrades

\$ 910,000



COVID-19 response House Bill No. 1395

\$87,290,597

One-time funding 2023-2025

State Laboratory **\$55,120,000**
ARPA Federal Funds



Current facility

The original building was built in 1974.
The addition was built in 2004.

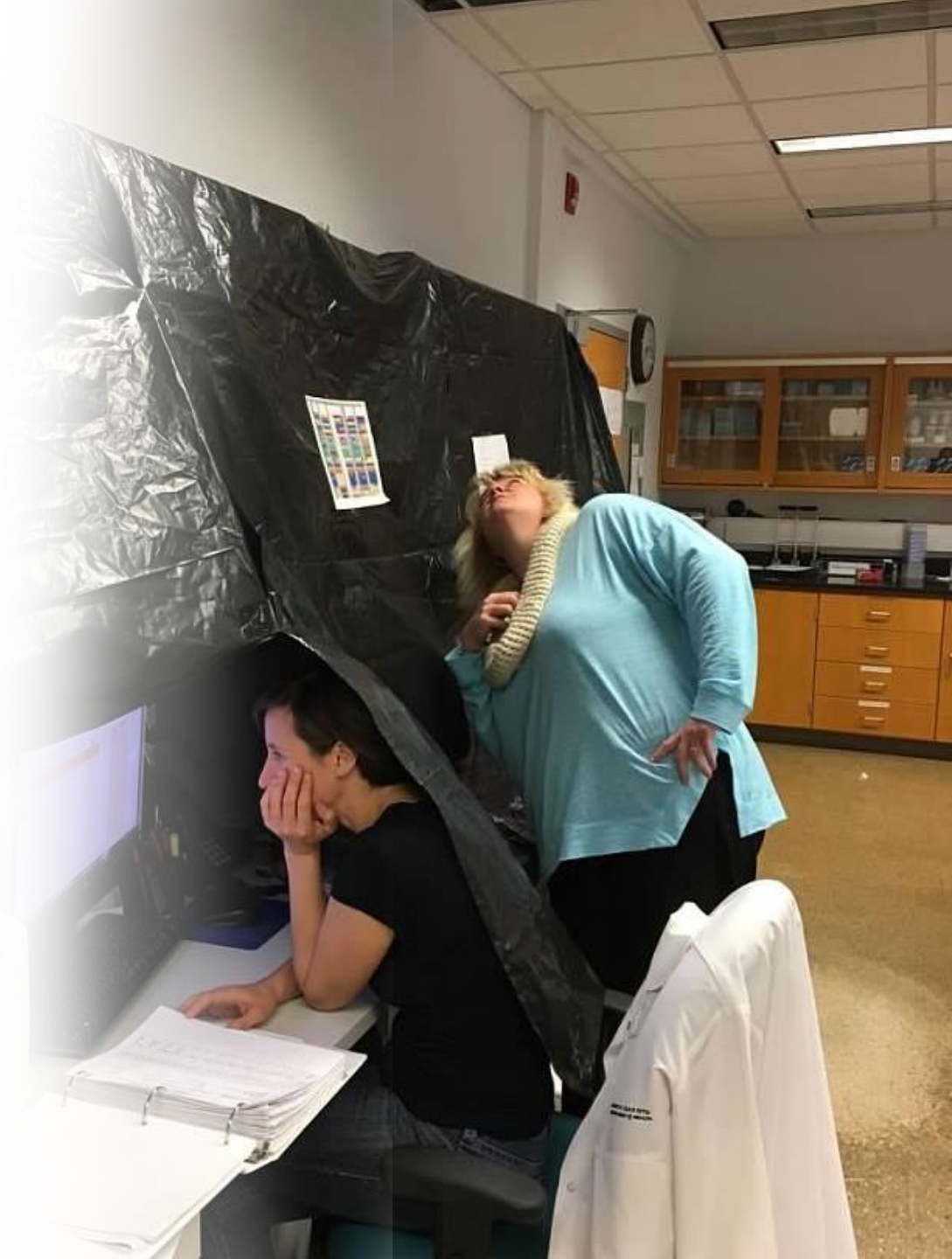
Temporary trailers were added during the pandemic response to support testing needs in the state.



New State Lab

Regional, Ready & Responsive

Will increase the ability to be agile and to respond to changing demands in our region, increase the emergency preparedness of the laboratory, and allow for an expanded test menu in areas of toxicology, chemistry and hematology services.



November 2021 Special Session Appropriations

State Laboratory



Initial Funding - \$15M

- American Rescue Plan Act (ARPA) funding.
- Planning and development phase.



Funds Spent as of 2/1/2023 - \$453,824

- Funds to this point have been spent on the initial study, architect selection, design and operation planning.
- Remaining funds requested to continue through 2023-25; see HB 1004 Section 8 Exemption.
- Total amount is expected to be obligated by December 2024.





Collections

The only area that is expected to experience increased collections is vital records due to requests for birth certificates related to the Real ID mandate.

New Sections

SECTION 3. FUNDING TRANSFERS – EXEMPTION- AUTHORIZATION - REPORT

- Allows transfer of appropriation authority between budget line items within Section 1 HB 1004, Subdivisions 1, 2, and 3 of Section 1 of SB 2012, and any other remaining appropriation authority. The Subdivisions referred to in SB 2012 include Management, Program and Policy and Field Services.
- Must notify Legislative Council of any such transfers made and report to budget section and appropriations committees.

SECTION 4. FUNDING TRANSFERS – EXEMPTION- AUTHORIZATION - REPORT

- Allows transfer of appropriation authority as in Section 3, extending specifically to Subdivision 4: County Social Service Financing.
- Must notify Legislative Council of any such transfers made and report to budget section and appropriations committees.

SECTION 5. TRANSFER OF APPROPRIATION AUTHORITY

- Combines appropriation authority of HB 1004 and SB 2012 into one budget as of July 1, 2023.
- The integrated Department of Health and Human Services will submit a single biennial budget beginning July 1, 2025.

New Sections, cont.

SECTION 8. EXEMPTION- STATEWIDE HEALTH STRATEGIES

- Identifies \$3,000,000 appropriated for the statewide health strategies initiative in chapter 32 of the 2021 Session Laws are not subject to the provisions of section 54-44. 1-11 and are available for the 2023-25 biennium.
- Amount appropriated is contingent on DHHS securing dollar-for-dollar matching funds.

SECTION 9. EXEMPTION – PUBLIC HEALTH LABORATORY CAPITAL PROJECT

- The \$15,000,000 appropriated for this project in chapter 550 of the 2021 Special Session - Session Laws are not subject to the provisions of section 54-44. 1-11 and are available for the 2023-25 biennium.

DHHS Public Health Division Related Bills

Fiscal Impact

Bill	Description
HB 1028	To provide for a community health worker task force; to provide for a legislative management report; and to provide an appropriation.
HB 1390	Relating to the creation of a suicide fatality review commission; and to provide an appropriation.
HB 1477	Relating to rural ambulance service districts; and to provide an appropriation.
HB 1519	A BILL for an Act to provide appropriations to the department of transportation, department of health and human services, department of career and technical education, department of agriculture, and industrial commission for uncrewed aircraft system, autonomous vehicle, or other autonomous technology grants; and to provide a report.
SB 2012	To provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.
SB 2155	A BILL for an Act to provide an appropriation to the department of health and human services for federally qualified health center grants; and to provide for a legislative management study on expanding the number of federally qualified health centers.
SB 2185	A BILL for an Act to provide for an appropriation to the department of health and human services for the development of a pregnancy and parenting resource website; and to declare an emergency.
SB 2201	Relating to medical marijuana certification and application fees; and to provide for a legislative management study regarding the administrative costs of medical marijuana compassion center certification and the impact of those costs on patients.
SB 2344	Relating to the health care professional student loan repayment program; and to provide an appropriation.

DHHS Public Health Division Related Bills

Non-fiscal Impact

Bill	Description
HB 1042	Relating to autopsies, determination of cause of death, and certification of coroner fees in situations involving the unexplained sudden death in infant or child with or without intrinsic or extrinsic factors, or both.
HB 1045	Relating to a life safety survey process of any health care facility licensed by the department of health and human services.
HB 1111	Relating to international health regulations.
HB 1139	Relating to required elements of birth records.
HB 1165	Relating to powers and duties of the department of health and human services public health division, central public health laboratory, and surge staffing; relating to the powers and duties of the department of health and human services, state health officer, state health council and the executive director of the department of health and human.
HB 1200	Relating to COVID-19 vaccinations and emergency-use authorized vaccines for students at institutions of higher education; and to amend and reenact subsection 1 of section 23-07-17.1 and section 23-12-20 of the North Dakota Century Code, relating to school and day care immunizations and COVID-19 vaccination and infection information.
HB 1207	Relating to publication of vaccine adverse event data
HB 1229	Relating to bars and cigar lounges.
HB 1274	Relating to assignment of escrow accounts, sell-through periods after removal of tobacco product manufacturer or brand family from directory, and placing burden on a nonparticipating manufacturer to establish an escrow deposit is not required on certain sales.

DHHS Public Health Division Related Bills

Non-fiscal Impact, cont.

Bill	Description
HB 1297	Relating to correction or amendment of birth records.
HB 1363	Relating to the duty of final disposition.
HB 1365	Relating to the discharge of a rural ambulance service's financial obligations and required formation of rural ambulance service districts without vote; to amend and reenact sections 11-28.3-05, 11-28.3-06, 11-28.3-09, 11-28.3-13, 11-28.3-16, 23-27-04.2, 23-46-04, and 57-15-50 of the North Dakota Century Code, relating to rural ambulance service district formation, levies, and dissolution procedures, ambulance operations areas, state financial assistance for emergency medical services, and county emergency medical service levy.
HB 1412	Relating to licensing requirements and the sale of electronic smoking devices; and to provide a penalty.
HB 1474	Relating to vital statistic collection; and to amend and reenact section 1-01-49 of the North Dakota Century Code, relating to the definition of father, female, male, mother, and sex.
HB 1478	Relating to the self-certification of an individual admitted into the hospice program for the medical use of marijuana; and to amend and reenact section 19-24.1-04.1 of the North Dakota Century Code, relating to designated caregivers and criminal history record check exemptions.
HB 1481	Relating to exempt records of coroners and medical examiners; and to amend and reenact subsection 2 of section 23-02.1-27 and subdivision a of subsection 2 of section 44-04-18.18 of the North Dakota Century Code, relating to access to death records and training of coroner and medical personnel.
HB 1515	Relating to the sale of raw milk directly to a consumer.

DHHS Public Health Division Related Bills

Non-fiscal Impact, cont.

Bill	Description
SB 2068	Relating to the maximum concentration or amount of tetrahydrocannabinol permitted in a thirty-day period.
SB 2078	Relating to the appeals process for a medical marijuana registry identification card for qualified patients and designated caregivers, referral of credible criminal complaints, and the appeals process for a compassion center agent or compassion center.
SB 2085	Relating to system registries for a comprehensive emergency cardiovascular medical system.
SB 2096	Relating to administrative rules, hemp commodities or products, powers of the commissioner, and civil enforcement remedies...
SB 2102	Relating to fingerprint-based criminal history record checks for the department of health and human services, and compassion centers.
SB 2153	Relating to the core functions of public health units.
SB 2274	Relating to vaccination and infection information.
SB 2335	Relating to training and screening for fetal alcohol spectrum disorder, creating a cross-disability advisory council, and establishing an annual day of awareness for fetal alcohol spectrum disorder; and to amend and reenact subsection 3 of section 25-01.2-01 of the North Dakota Century Code, relating to fetal alcohol spectrum disorder.
SB 2379	Relating to homeless youth access to birth records.
SB 2384	Relating to vaccines for respiratory syncytial virus and vaccines developed using messenger ribonucleic acid technology.
SB 2388	Relating to reapplication for registered identification cards for marijuana.

Department of Health and Human Services						Fully Funded budget items				
Public Health Division						Partially or differently funded				
Comparison of Agency Requests to Executive Budget Recommendations						Unfunded budget item				
Description	Public Health Division Requests					Executive Budget Recommendation				
	FTE	Total	General Funds	Federal Funds	Special Funds	FTE	Total	General Funds	Federal Funds	Special Funds
Tobacco Treatment Svc Expansion / NDQC Grant to ND Pharmacies		500,000			500,000		500,000			500,000
Community Health Specialist (Childhood/Adult Obesity Prevention)	1.0	231,830	231,830							
Emergency Medical Services for Children Coord (Temp to FTE)	1.0	11,670		11,670						
Funding for Safe Havens / Safe Parenting time/exchanges		1,775,000	1,775,000				-			
Youth Vaping and Nicotine Prevention Proposal		300,000			300,000		300,000			300,000
Health Facility Surveyors for Basic Care & Assisted Living	4.0	676,120	676,120							
Autopsy Tech (Temp to FTE)	1.0	65,094	65,094			1.00	67,473	67,473		
External-focused Comms (DoH Health Equity)	1.0	188,658	188,658				-			
FTE Addition for Medical Marijuana	1.0	-	-	-	-		-			
Hepatitis Surveillance Epidemiologist (Temp to FTE)	1.0	13,112		13,112			-			
Local Public Health Unit State Aid		2,750,000	2,750,000				2,750,000			2,750,000
Poison Control Hotline		31,000	31,000				31,000	31,000		
Regional Field Epidemiologists (Temp to FTE)	8.0	104,896		104,896			-			
Toxicology testing for controlled substances		105,000	105,000				-			
West Nile Virus Surv Coord & Gen Disease Epidemiologist (Temp to FTE)	1.0	13,866		13,866			-			
Child Sexual Abuse Prev Task Force support		486,285	486,285							
Domestic Violence Offender Treatment program grants		1,150,000			1,150,000		700,000			700,000
Domestic Violence/Rape Crisis (DV/RC) Program Specialist	1.0	231,830	231,830							
Grants for Sexual Violence Primary prevention programs		3,800,000	3,800,000							
Grants to Domestic Violence/Sexual Assault agencies		8,090,000	8,090,000				2,686,285	2,686,285		
Cardiac Registry		69,558	69,558				139,116	139,116		
CARES		40,000	21,000		19,000		21,000	21,000		

Comparison of Public Health Division Request to Executive Budget Recommendation

Department of Health and Human Services

Public Health Division

Comparison of Agency Requests to Executive Budget Recommendations

Fully Funded budget items

Partially or differently funded

Unfunded budget item

Description	Public Health Division Requests					Executive Budget Recommendation				
	FTE	Total	Funds	Federal Funds	Funds	FTE	Total	Funds	Funds	Funds
ePCR for EMS Agencies		261,352	261,352				261,352	261,352		
Epidemiologist - Special Projects	2.0	193,460	193,460				-			
Health Stats & Performance Support Staff	1.0	-					-			
Hospital Trauma Registry		152,118	152,118				152,118	152,118		
PulsePoint		21,525	21,525				21,525	21,525		
Senior Public Health Info Specialist/Data Modernization Lead	1.0	243,492		243,492			-			
StateTrauma Registry		176,000	176,000				176,000	176,000		
EHP II (Food & Lodging Lic) Team Lead	1.0	178,958	178,958							
Oral Health Program public health	1.0	35,000		35,000						
Command and Control - Technology		1,275,000	1,275,000							
Emerg Mgmt Operations Chief / Incident Command		80,000	80,000							
EMS Systems Coordinator		165,646	165,646							
HRL Office Manager (Temp to FTE)	1.0	11,846		11,846						
Lab Facility Manager	1.0	84,186	78,004	6,182						
Laboratory Support Staff	1.0	304,732	299,700	5,032						
Medical Cache - Biomedical Services		20,000	20,000							
Medical Cache - Increase Warehouse Space		80,000	80,000							
Training & Exercising - Contractual		520,000	520,000				405,000	405,000		
Training & Exercising - Technology		250,000	250,000							
Volunteer & Wkforce Coord		136,000	136,000							
Warehouse Support staff	1.0	105,674	105,674							
Health Equity - Tribal Health Liaisons (Temp to FTE)	4.0	50,008		50,008		4.00	50,008		50,008	
Tribal Health Initiative staff	2.0	407,130	407,130							
New Lab Building - Public Health only		39,890,000		39,890,000						
New Lab Building - Shared Facility: Public Health with DEQ		67,120,000		67,120,000			55,120,000		55,120,000	
Totals	36.0	131,896,046	22,921,942	107,505,104	1,469,000	5.0	62,880,877	3,960,869	55,170,008	3,750,000

Comparison of Public Health Division Request to Executive Budget Recommendation

Summary of Federal Funds

Purpose	Amount
Administrative Services	6,551,607
Disease Control	22,595,876
Health Statistics and Performance	6,931,295
Healthy and Safe Communities	41,430,784
WIC Food	19,900,000
Tobacco Prevention	2,111,566
Health Response and Licensure	19,056,065
Laboratory Services	3,252,223
ARPA Funds - New Lab Building	55,120,000
COVID Funds (included in various sections)	93,443,237
TOTAL	270,392,653

COVID Funding Across Multiple Sections

Grant	Award Amount	Expenditures Biennium to date thru 11/30/22	Remaining	Start Date	End Date
FEMA	54,540,000	49,515,422	5,024,578	3/1/20	Unknown
PHP Crisis Grant 2 - Workforce grants	5,457,007	183,320	5,273,687	7/1/21	6/30/24
ELC Care Act COVID 19	5,075,000	1,762,735	3,312,265	4/23/20	7/31/24
ELC Care Enhanced Act COVID 19	52,621,819	15,794,542	36,827,277	4/23/20	7/31/24
ELC COVID19 Infection Control	904,829	151,801	753,028	5/28/20	7/31/24
ELC COVID Supp AMD	131,000	101,873	29,127	12/16/20	7/31/24
ELC COVID Suppl PHL	515,000	260,409	254,591	12/16/20	7/31/24
ELC COVID Suppl Traveler's Health	200,000	131,590	68,410	1/14/21	7/31/24
ELC COVID Enhancing Expansion	43,863,056	2,416,112	41,446,944	1/14/21	7/31/24
ELC - School Testing	22,952,934	2,405,959	20,546,975	4/1/21	7/31/24
COVID ELC AMD (round 2)	1,318,662	424,547	894,115	5/12/21	7/31/24
COVID ELC PHL (round 2)	142,473	50,830	91,643	5/12/21	7/31/24
Immunization COVID 19	240,831	325	240,506	6/5/20	6/30/25
Immunization COVID19 Vaccine Services	584,919	177,166	407,753	9/23/20	6/30/25
Immunization COVID19 Immunization Warp Speed	7,395,665	4,267,714	3,127,951	1/15/21	6/30/25
Immunization COVID4	29,297,083	7,400,553	21,896,530	3/31/21	6/30/25
Immunization COVID19 Vaccine Confidence Strategy and Media Campaign	559,478	500,000	59,478	5/3/21	6/30/25
Immunization COVID	2,451,143	0	2,451,143	3/31/21	6/30/25
Immunization COVID IIS	340,730	20,655	320,075	7/1/22	6/30/25
Immunization COVID Ukrainian	20,780	0	20,780	7/1/22	6/30/25
Medicaid CARES FY23	100,000	2,250	97,750	10/1/22	9/30/23
COVID-19 Health Disparities	31,278,243	8,687,058	22,591,185	6/1/21	5/31/24
Family Violence- ARP Testing (COVID-19 related)	1,288,954	153,691	1,135,263	10/1/20	9/30/25
Family Violence- ARP Sexual Assault (COVID-19 related)	890,649	46,693	843,956	10/1/20	9/30/25
ELC COVID Traveler's Health Year 2	200,000	87,935	112,065	10/26/21	7/31/24
ELC					
COVID-19 HIS	75,101	65,476	9,625	8/1/21	7/31/24
ELC COVID-19 VPD	98,280	42,827	55,453	8/1/21	7/31/24
ELC COVID-19 Data Modernization	2,949,394	805,426	2,143,968	8/1/21	7/31/24
ELC COVID-19 HAI / AR	1,190,000	14,053	1,175,947	8/1/21	7/31/24
ELC COVID-19 HAI/Leadership	4,464	0	4,464	8/1/21	7/31/24
ELC COVID-19 HAI/Antimicrobial Resistance	2,526,937	81,817	2,445,120	8/1/21	7/31/24
ELC COVID-19 HAI SNF Strike Team	1,270,273	9,739	1,260,534	8/1/21	7/31/24
ELC COVID-19 HAI LTC NA Strike Team	1,216,364	13,253	1,203,111	8/1/21	7/31/24
ELC COVID-19 Homelessness	449,760	48,597	401,163	8/1/21	7/31/24
Infrastructure Workforce and Data Systems A1	8,433,656	0	8,433,656	12/1/22	11/30/27
Infrastructure Workforce and Data Systems A2	495,924	0	495,924	12/1/22	11/30/27
Total	281,080,408	95,624,368	185,456,040		

Federal COVID Funding Across the Division

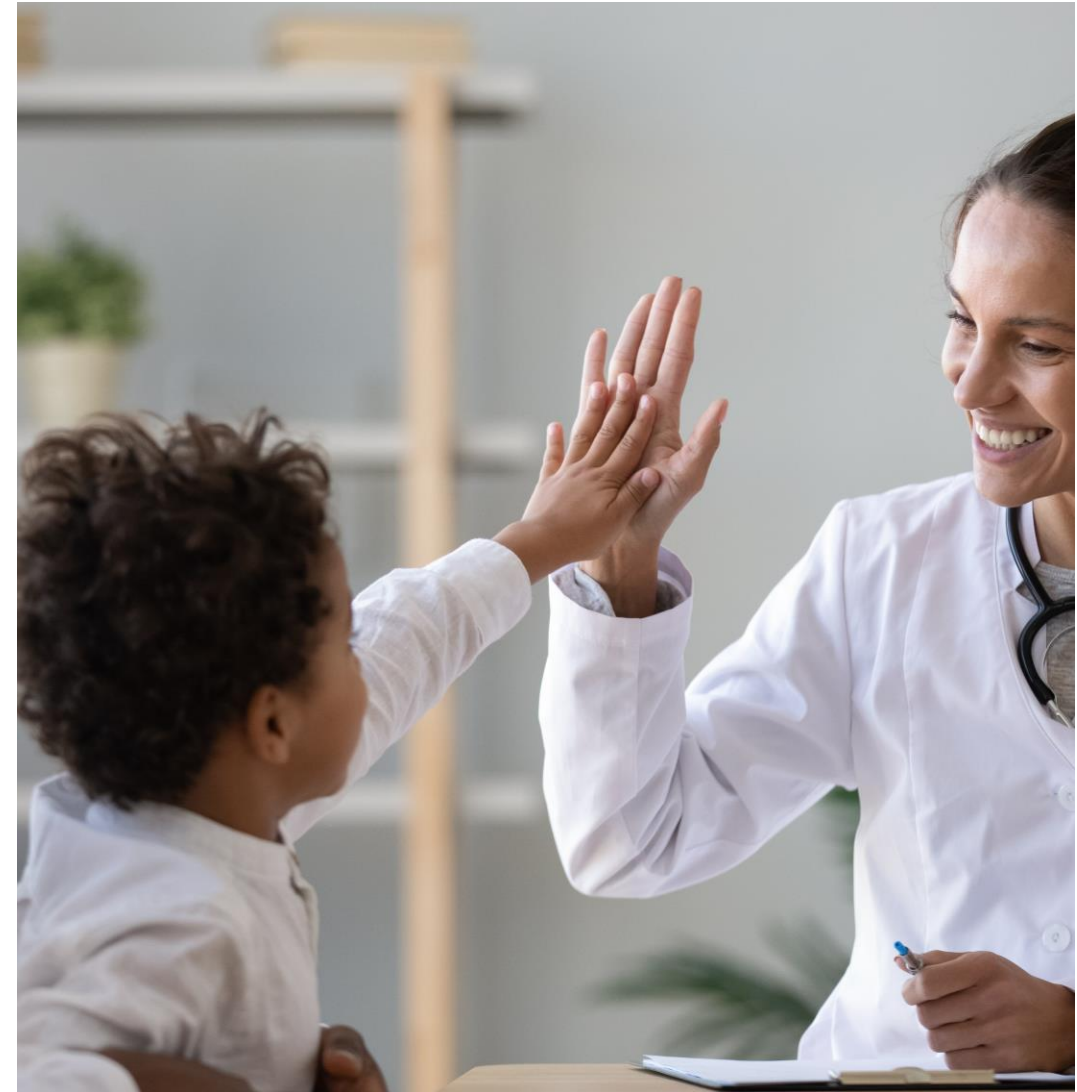
Highlights

Disease Control & Forensic Pathology	<ul style="list-style-type: none"> Continuing programs and education for all immunizations. Data modernization (Maven, NDIS systems). Infection control measures for dental offices, hospitals, long-term care, dialysis units, etc. Grants to partners including University System, LPHU, etc. Provide direct support for long-term care (e.g., air purifiers.); professional development for CNAs to encourage retention. 	36,070,638
Healthy & Safe Communities	<ul style="list-style-type: none"> Continuing contracts with LPHU to address health disparities, preventative healthcare and infrastructure. UND and NDSU contracts - tribal initiatives, ambassador program & study of hospital accessibility needs. Family Violence/Sexual Assault - supportive services, shelter options, supplies, needs assessment and continuity of services. 	15,632,196
Laboratory Services	<ul style="list-style-type: none"> 5-year maintenance agreements on lab equipment. Data modernization (LIMS system). Lab supplies used for multiple testing needs. Support for schools and daycares (e.g., HEPA filters, test kits). 	38,198,913
Health Statistics & Performance	<ul style="list-style-type: none"> Continuing contracts with universities - graduate assistants, specific data analysis projects. Preventative healthcare grants to LPHU. Data modernization and enhancement (PRMS for dads, BRFSS for health equity). Vital Records EVERS system. 	5,294,668
Health Response & Licensure	<ul style="list-style-type: none"> Cooperative Agreement for Emergency Response: Public Health Crisis Response. 	2,644,109

Total Executive Budget Recommendation for COVID Lines 97,840,524

Summary and Key Takeaways

- Strengthen public health capacity at the state and local levels to meet the needs of a growing population.
- Utilize remaining federal funds to return to normal services and encourage preventative care.
- Increase State Aid for local public health units.
- Build a new State Laboratory to serve the needs of North Dakota.





THANK YOU

Dirk D. Wilke, JD, MBA | Executive Director | ddwilke@nd.gov | 328-3256



House Bill 1004

Senate Appropriations Committee; Human Resources Division
Senator Dever, Chairman

Dirk D. Wilke, Executive Director

Public Health Division – Administrative Services | March 6, 2023



Health & Human Services

FTE Vacancies

FTE	Position Description	Date Vacated	Number of Months Vacant	Date Filled / Expected to be Filled	Current Status
1.00	Admin Assistant III 1650	12/5/2022	1	2/23	Filled
1.00	HCF Plans Reviewer 26234	12/15/2022	1	2/23	Filled
1.00	Epidemiologist 1840	11/23/2022	2	1/16	Filled
1.00	Comp Cancer Program Manager 1894	9/26/2022	4	2/23	Filled
1.00	Epidemiologist NDIIS Analyst 27060	7/5/2022	6	2/23	Filled

5.0 Total

Administrative Services



- As part of the HHS agency integration administrative services were moved to shared services and are not part of the organizational chart of the Public Health Division.
- These four administrative divisions have cross-cutting support for all of HHS.
- Early wins include the launch of an integrated website to simplify pathways to information and services and enhanced visibility of open positions.

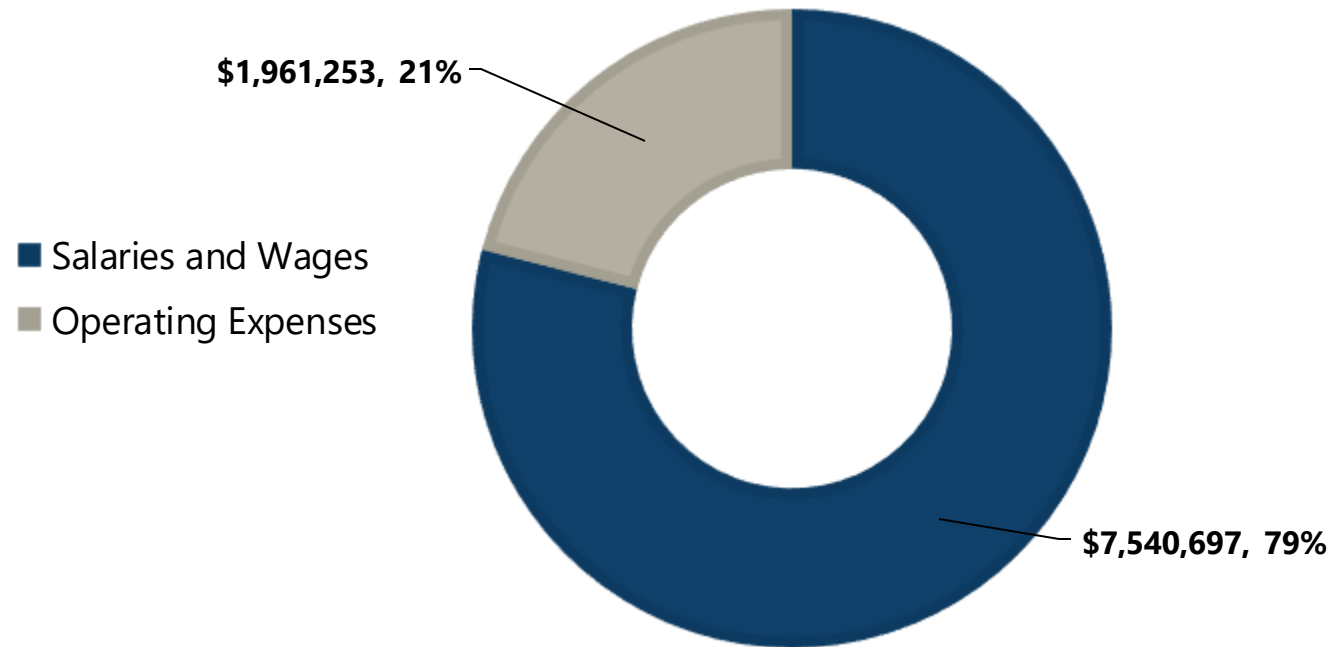


2023-2025 Budget request

The program, systems and workforce support necessary to continue to serve North Dakotans.

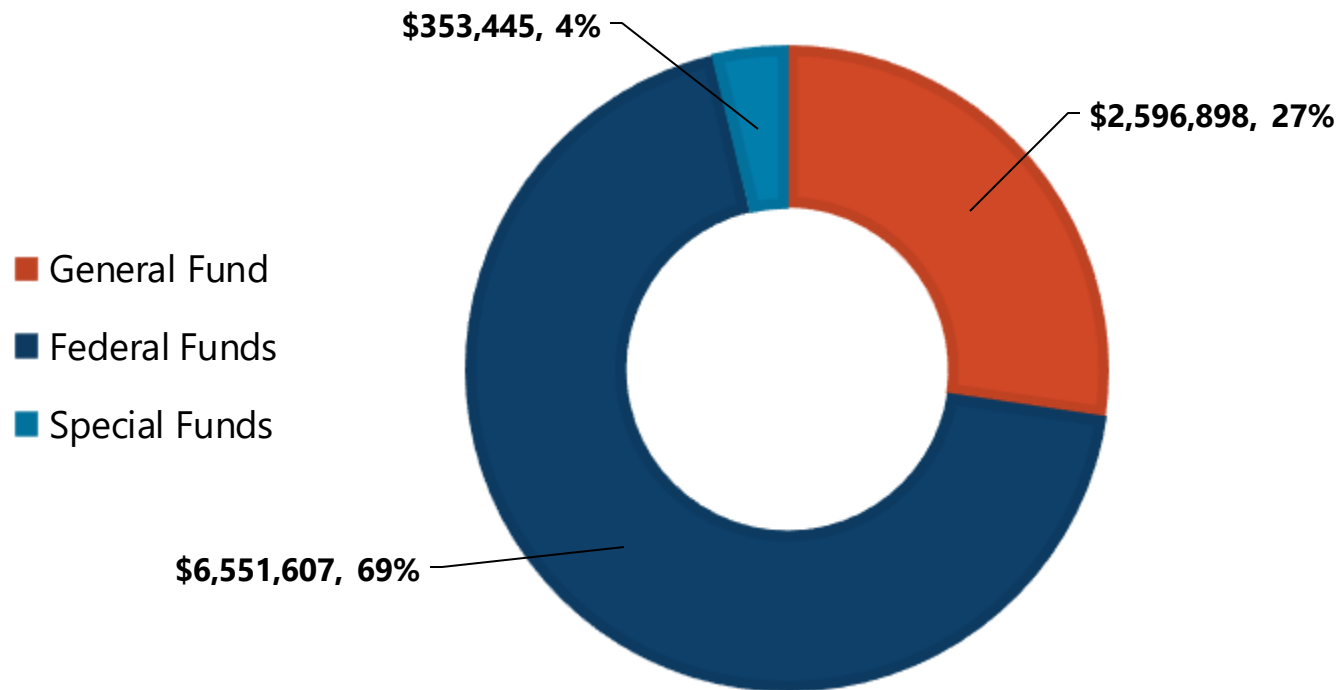
2023-25 Executive Recommendation By Line Item

**CORE BUDGET
\$9.5M**



2023-25 Executive Recommendation By Funding Source

**CORE BUDGET
\$9.5M**

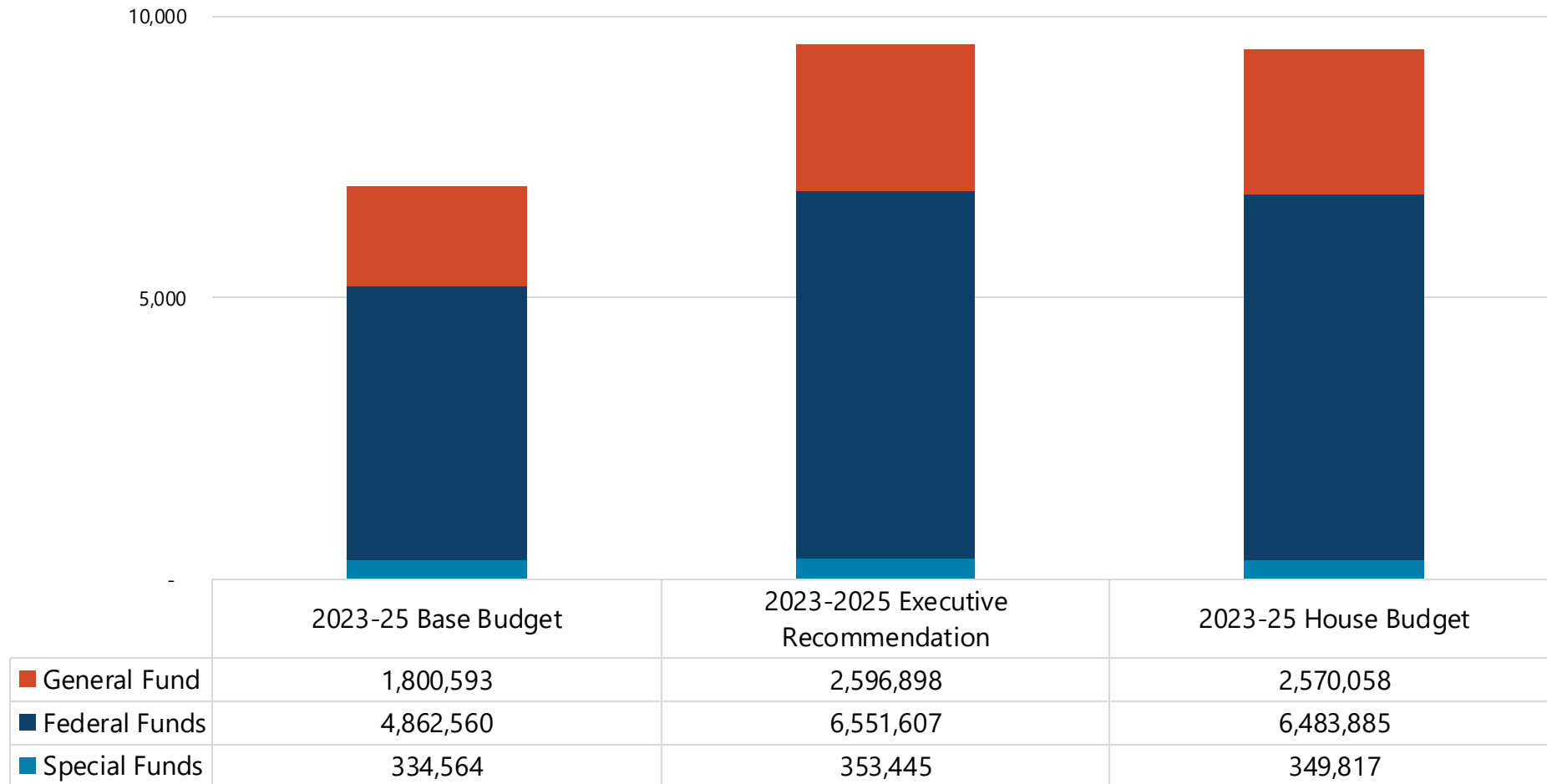


Comparison

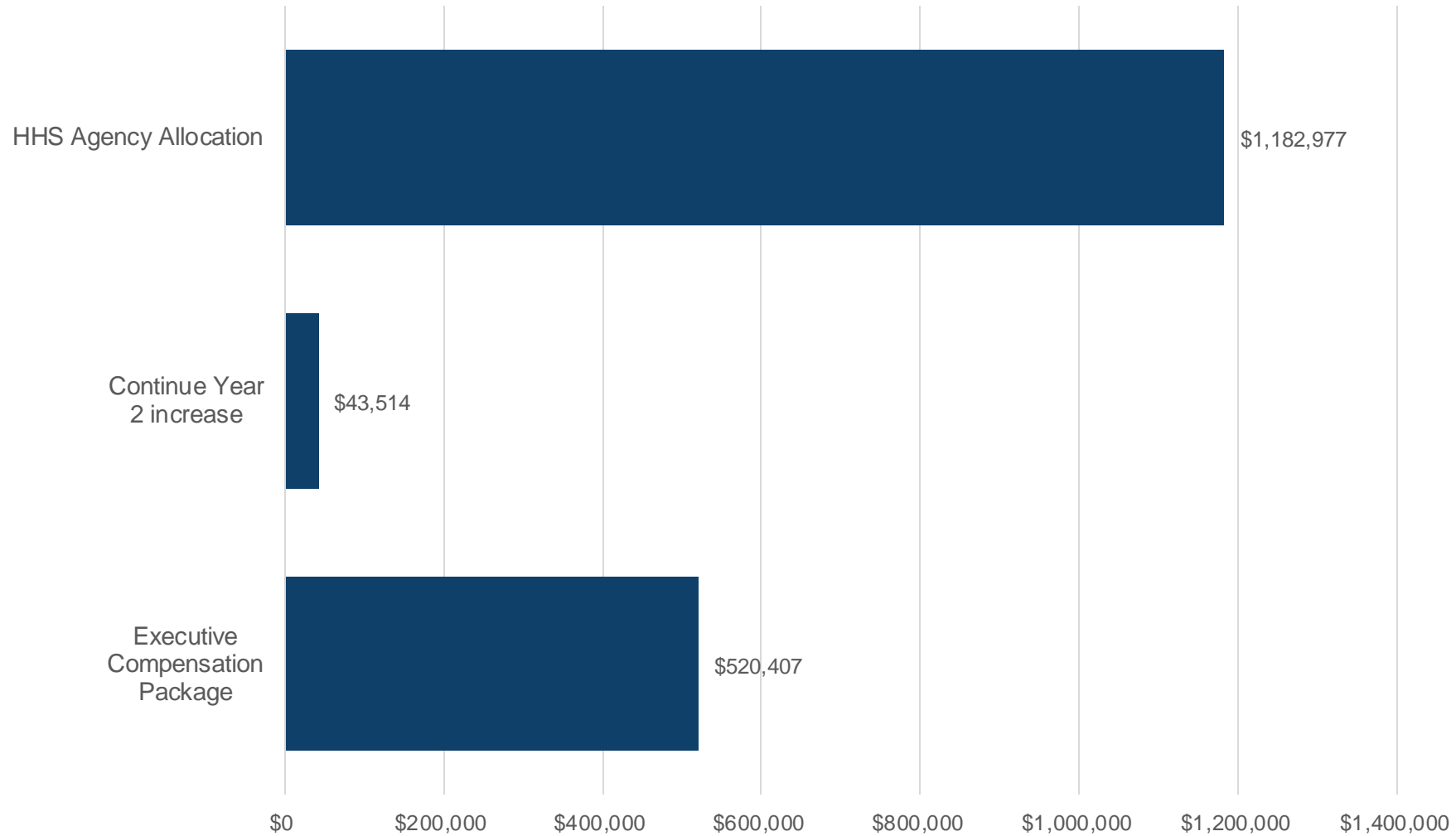
Base Budget to House Budget

Description	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Recommendation	House Increase/ (Decrease)	2023-25 House Budget
Salaries and Wages	5,793,799	1,746,898	7,540,697	(98,190)	7,442,507
Operating Expenses	1,091,281	869,972	1,961,253	0	1,961,253
COVID-19	112,637	(112,637)	0	0	0
FTE	28.5		28.5		28.5

Overview of Funding Changes



Major Salary & Wage Differences



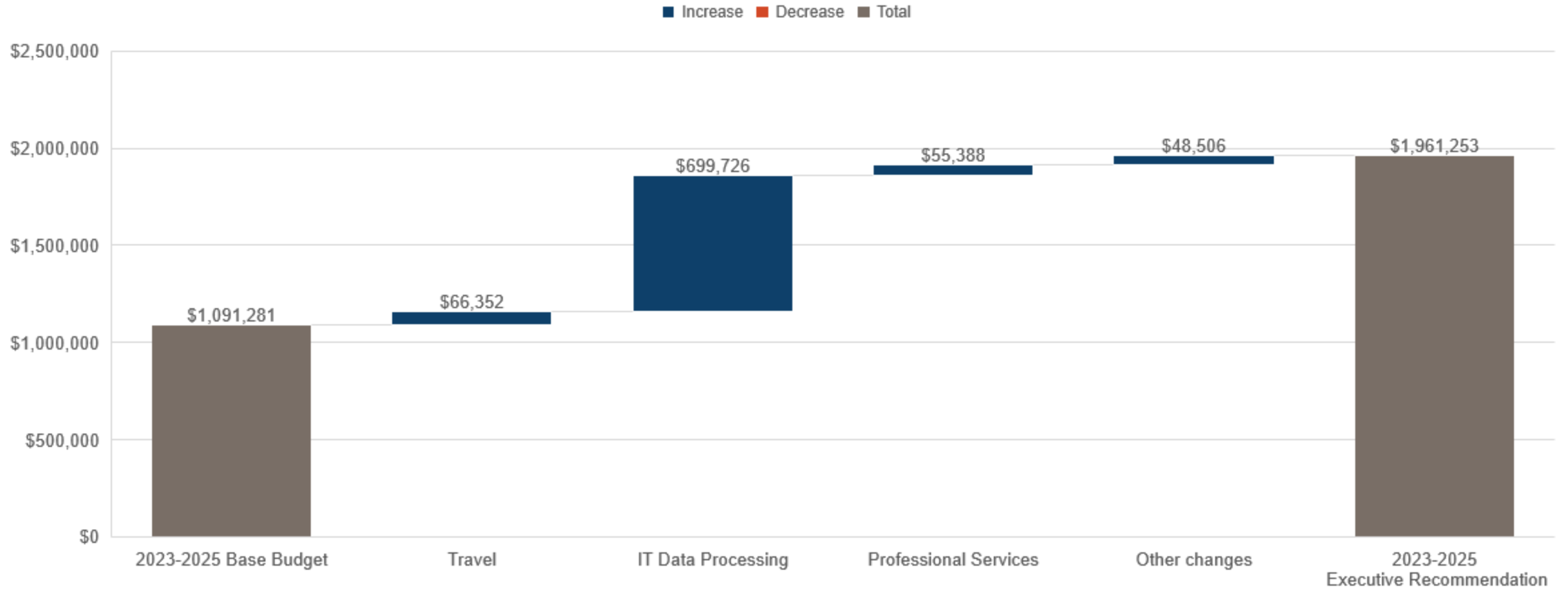
Operating Differences Detail

Description	2023 - 25 Budget Base	Increase/ (Decrease)	2023 - 25 Executive Budget	House Increase/ (Decrease)	2023 - 25 House Budget
Travel	54,448	66,352	120,800	0	120,800
IT - Software/Supp.	28,131	-	28,131	0	28,131
Professional Supplies & Materials	19,192	42,000	61,192	0	61,192
Buildings/Vehicle Maintenance Supplies	2,922	-	2,922	0	2,922
Miscellaneous Supplies	5,376	3,000	8,376	0	8,376
Office Supplies	12,297	(2,950)	9,347	0	9,347
Postage	15,145	300	15,445	0	15,445
Printing	25,776	(10,000)	15,776	0	15,776
IT Equip Under \$5000	13,150	(13,150)	-	0	-
Insurance	33,560	9,000	42,560	0	42,560

Operating Differences Detail, cont.

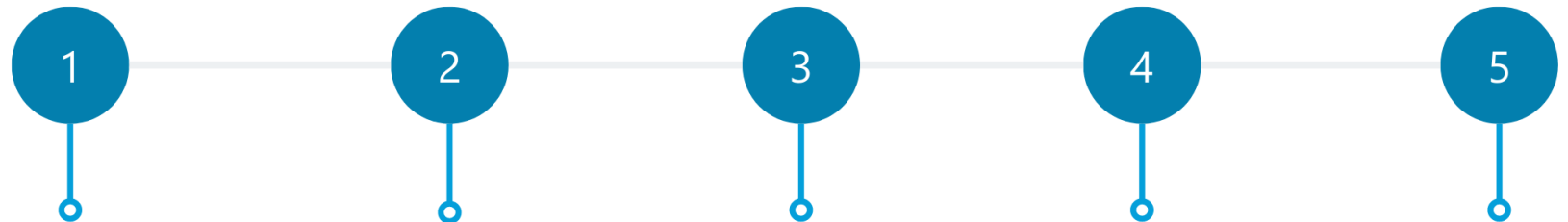
Description	2023 - 25 Budget Base	Increase/ (Decrease)	2023 - 25 Executive Budget	House Increase/ (Decrease)	2023-25 House Budget
Lease/Rentals - Equipment	8,255	(2,000)	6,255	0	6,255
Lease \Rentals-- Buildings./Land	1,610	3,680	5,290	0	5,290
Repairs	7,801	(6,000)	1,801	0	1,801
IT-Data Processing	319,340	699,726	1,019,066	0	1,019,066
IT-Telephone	38,153	2,932	41,085	0	41,085
IT - Contractual Services	293,433	6,567	300,000	0	300,000
Professional Development	77,719	100	77,819	0	77,819
Operating Fees & Services	64,973	15,027	80,000	0	80,000
Professional Services	70,000	55,388	125,388	0	125,388
Total Operating	1,091,281	869,972	1,961,253	0	1,961,253

Major Operating Differences



Medical Marijuana Program

A brief history



2017

New state law requires ND Health Department to establish and implement a Medical Marijuana Program.

2019

Eight regionally placed dispensaries and two manufacturing facilities were opened.
By June 30, 2019, there were 707 registered qualified patients.

2020

By June 30, 2020, there were **3,233 registered qualified patients.**

2021

As of June 30, 2021, there were **5,754 registered qualifying patients.**

2022

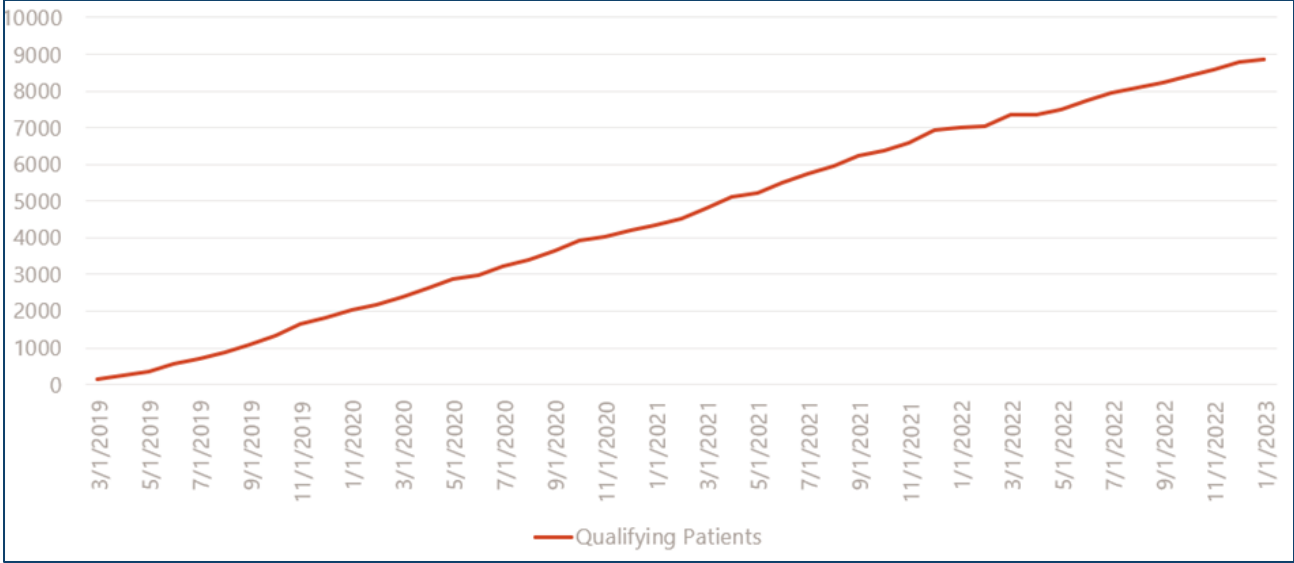
As of June 30, 2022, there were **7,958 registered qualifying patients.**

Medical Marijuana Program, cont.

Authorized Plant Count at Manufacturing Facilities

	July 1, 2021	December 31, 2022
Grassroots	5,000	8,000
Pure Dakota	1,500	3,000
Total	6,500	11,000

Total Number of Registered Qualifying Patients



Total Dispensary Sales (by Fiscal Year)

	2020	2021	2022	2023 (6 months)
Total Sales	\$6,361,000	\$15,336,000	\$19,970,000	\$10,700,000
Percent of Total Sales that were Dried Leaves and Flowers	67%	72%	69%	66%

Medical Marijuana Continuing Appropriation

Status of the Medical Marijuana Fund

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023^
General Funds provided for Start-up	\$345,651	\$331,413	\$0	\$0	\$0	\$0
Revenue	\$95,000	\$928,300	\$743,415	\$1,130,959	\$920,050	\$697,024
Expenditures	(\$363,426)	(\$722,750)	(\$596,510)	(\$657,822)	(\$820,854)	(\$328,370)
Ending Fund Balance	\$77,225	\$614,188	\$761,093	\$1,234,230	\$1,333,426	\$1,702,080

^ Information through December 31, 2022.



THANK YOU

Dirk Wilke | Executive Director | ddwilke@nd.gov |



Office of the State's Attorney

March 2, 2023

Senator Dick Dever, Chair
North Dakota Senate Appropriations Committee
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Senator Dever and Members of the Appropriations Committee,

As state's attorney for Grand Forks County, I have worked with the Community Violence Intervention Center's (CVIC's) crime victim witness team for several years. This team provides advocacy and emotional support to victims of crime. Our relationship throughout the past 10 years, in particular, has enabled us to serve more than twice the victims we did in 2011. In 2022, 1,393 victims and witnesses of crime received case information and support through criminal proceedings, the largest number served in a single year, to-date, and a 14% increase from 2021. CVIC's victim witness specialists attended more than 1,600 court hearings with or on behalf of crime victims in 2022.

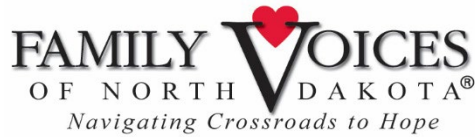
We've also appreciated CVIC's support of domestic violence court and violence intervention in its work with those who use violence. More than 200 men and women participated in New Choices, domestic violence intervention programming, which addresses offenders' use of violence and holds them accountable for causing harm to others. Collectively, these participants are parents of more than 300 children. In reviewing call data two years post completion, we are fortunate in Grand Forks County to experience a 74% reduction in 911 calls for participants who complete the program.

Of the 200 participants, 156 were also enrolled in domestic violence court, a specialized post-sentencing review court, which works in tandem to hold individuals accountable, monitor their sentencing progress and encourage successful completion.

Please consider additional state resources to enable CVIC to continue supporting this important work on behalf of both victims and those who use violence.

Sincerely,

Haley Wamstad
Grand Forks County State's Attorney



Testimony on HB1004
2023 Legislative Session
March 6, 2023

Senator Dever, HR Appropriations Committee Chairperson

Senator Dever 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 HB 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 34,412 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.

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, Newborn Screens, and Medical Home initiatives. 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.

Newborn screening is a very important test that every baby can benefit from. The testing involves a heel prick on a newborn between 24 and 48 hours after birth that can identify certain metabolic or genetic disorders that can cause serious illness, disability or death to the baby if not identified early. Newborn screening is a screening test and if there is an abnormal result, the newborn always requires further testing to confirm whether he or she has a disorder. There is a treatment available for all of the disorders that are screened, although some treatments may be lifelong.

In closing, the SHS Division is a model program that provides a great deal of services with a limited budget. FVND over the years has participated in the Block Grant and Needs Assessment process, which the Division takes very seriously. 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.

Thank you for your consideration

Donene Feist
Family Voices of North Dakota, Director
701-493-2634
fvnd@drtel.net



P.O. Box 3237
Bismarck, ND 58502
701-751-0229
www.tfnd.org

March 9, 2023

8:30 am CST

Senate Appropriations – Human Resources Division Committee for the 68th ND Legislative Assembly

Chairman Bekkedahl, and members of the Senate 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 to 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 morning.

Today I am here to encourage continued, sustainable, and sufficient funding for the State Tobacco Prevention and Control Program in HB 1004, a bill relating to Department of Health and Human Services 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, and a number of our partners, continues to be utilized, along with other stakeholders and DHHS grantees, including ND Local Public Health Units, 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. I've included a booklet of highlights recognizing some of this work as one of my handouts today.

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 these past years, 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.

To help mitigate these detriments and give young people an additional resource to fight nicotine addiction, in April of 2022, TFND, in partnership with Truth Initiative, launched the "This is Quitting" program in North Dakota. "This is Quitting" is a free, confidential, text to quit vaping program meant for youth and young adults aged 13-24. They simply text VAPEFREEND to 88709 and can enroll in 12 weeks of daily interactive, customized, text messages meant to give them tips and support to quit vaping and tobacco products. TFND views sponsoring this program as an

important tool to help our kids, along with the proposed continued funding our comprehensive prevention and cessation programming in North Dakota. I am encouraged to see some increased funding for both youth prevention and cessation treatment in the Governor's recommended budget for this biennium, which so far has been passed by the House. I hope this committee also approves those recommendations and continues to look for further ways to advance good investments in tobacco prevention and control in our state.

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 much more to do, and I think these combined efforts and collaborations are so important to continue to support with our time, talent, and treasure. 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, which has also been signed by the ND Medical Association and the ND Public Health Association.

Again, thank you for this time in front of you, Chairman Bekkedahl, and the Committee. It is very appreciated. Please vote Do Pass with continued funding for Tobacco Prevention and Control included in HB 1004.

May I take any questions?

Heather Austin
Executive Director, Tobacco Free North Dakota
Cell: 701-527-2811
heather@tfnd.org
www.tfnd.org

¹ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.



Public Health
Prevent. Promote. Protect.

BISMARCK BURLEIGH PUBLIC HEALTH

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

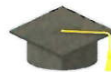
HIGHLIGHTS

- Continued the Big Tobacco Exposed contest- a poster design contest for local college students
- Collaboration with Gateway Pharmacy in Bismarck to have a trained tobacco treatment specialist (TTS)
- Working with Bismarck Public Schools to have schools nurses trained as TTS
- Hosted a round table discussion with area tobacco treatment specialist to discuss potential collaboration
- Continued advocacy and education work with Bismarck BreakFree Youth Board
- Community education and media appearances warning about the dangerous of various tobacco products



100% of K-12 students are covered by tobacco-free school policies:

- 14/14 LEAs or Districts
- 15644 students



100% of college students are covered by tobacco-free campus policies:

- University of Mary
- Bismarck State College
- United Tribes Technical College



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Public Health
Prevent. Promote. Protect.

CENTRAL VALLEY HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Worked with Jamestown City Council to pass a T21 ordinance to align with state and federal law
- Surveyed Jamestown High School Students on youth vaping issues and cessation needs
- Jamestown Park and Rec board adopted a 100% tobacco-free policy for all Jamestown parks and rec sites, with no exceptions
- Tobacco Coordinator is a tobacco treatment specialist



85% of K-12 students are covered by tobacco-free school policies:

- 5/11 LEAs or Districts
- 2784/3220 students



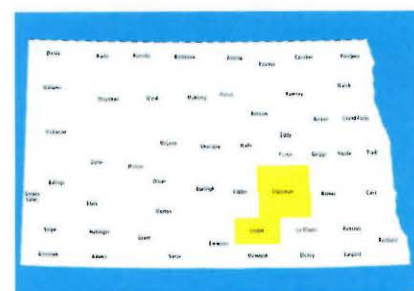
100% of college students are covered by tobacco-free campus policies

- University of Jamestown



Working with Jamestown Police Department to complete local compliance checks

Service Area





Public Health
Prevent. Promote. Protect.
City-County Health District

CITY COUNTY HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Have one staff trained as a tobacco treatment specialist
- Worked with local library to pass a tobacco-free grounds policy
- Authored several articles on various tobacco topics as one piece of education outreach in the community



100% of students are protected with comprehensive tobacco-free school policies:

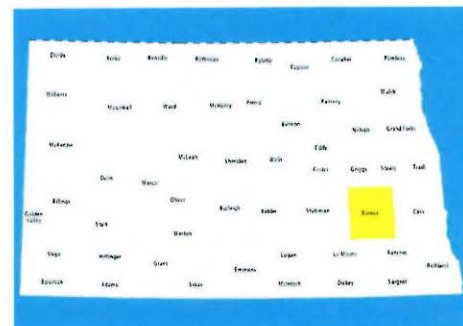
- 5/5 LEA's
- 1678 students



100% of college students are covered by tobacco-free campus policies:

- Valley City State University

Service Area





CUSTER HEALTH

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

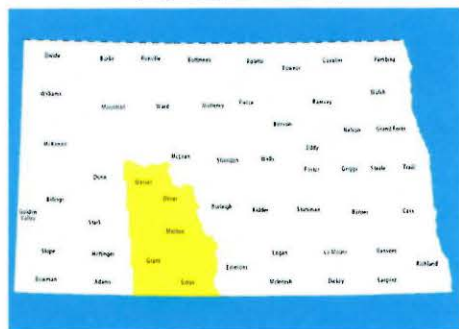
HIGHLIGHTS

- Increased tobacco prevention & cessation messaging via multiple media platforms.
- Consulted with Standing Rock Sioux Tribe Community Health Representatives on tobacco prevention needs & provided tobacco program education, as well as all available cessation resources
- Provided tobacco education at community events such as Capital Pride, multicultural family event & LGBTQ2+ Summit
- Provided tobacco & vaping cessation resources for students & staff at all middle & high schools and offered policy consultation



79% of students are covered by tobacco-free school policies:
- 8/22 LEAs or Districts
- 6457/8131 students

Service Area





Public Health
Prevent. Promote. Protect.

EMMONS COUNTY PUBLIC HEALTH

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Worked with City of Linton to pass a ban on the sale of flavored electronic nicotine devices within city limits
- Created an outreach program with local school for at risk youth
- Provide Covid-19 patients with tobacco cessation information (if applicable)
- Created a community outreach program with a local food pantry to provide cessation services information to population during Heart Month
- Continued cessation collaboration with Linton Hospital
- Safe Night with various state and community partners to promote healthy choices for more than 100 students in Linton
- Worked with policymakers to make all parks and rec areas tobacco-free



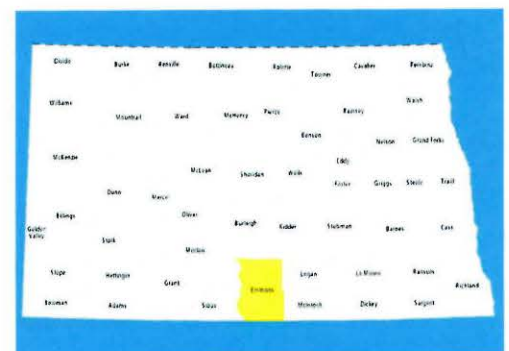
100% of students are covered by tobacco-free school policies:

- 4/4 LEAs or Districts
- 480 students



Tobacco-Free Park and Outdoor Area Policies
100% coverage for all parks and recreation sites

Service Area





Public Health
Prevent. Promote. Protect.

Fargo Cass Public Health

FARGO CASS PUBLIC HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Worked with city councils in Fargo and West Fargo to pass a T21 ordinance to align with state and federal law
- Created a program to train and place tobacco prevention coordinators in Fargo Public Schools
- Partnered with Fargo Public Schools on reformatory justice program to replace suspension for youth caught using tobacco products
- Presented at the Roughrider Health Conference in Medora
- Numerous Television, Radio and Facebook live interviews to spread awareness of tobacco issues within the community



99% of students covered by tobacco-free schools policy:

- 9/13 LEAs or Districts
- 27539/27772 students



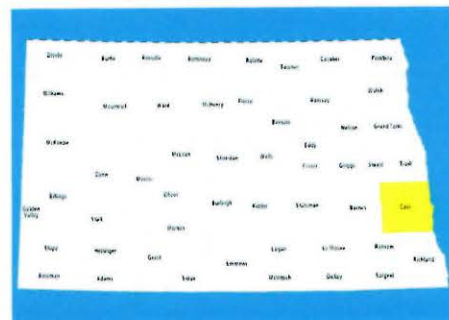
Tobacco-Free Park and Outdoor Area Policies:

- Soul Solutions Recovery Center
- The Market at West Acres
- New Life Center Genesis Program
- Downtown Fargo Street Fair



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area



First District



Health Unit

www.fduh.org

FIRST DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Worked with Minot City council to pass a T21 ordinance to align with federal and state law
- Working with local area partners to address vaping issues through a Vaping Task Force
- Working with Minot Public Schools on passing a tobacco-free grounds policy
- Community outreach at various events throughout service area



44% K-12 students covered by a tobacco-free grounds policy:
- 26/33 LEAs/Districts
- 6902/15693 students



100% of college students are covered by tobacco-free school policies:
- Minot State University
- Dakota College of Bottineau

Service Area





Public Health
Prevent. Promote. Protect.

Foster County Public Health

FOSTER COUNTY PUBLIC HEALTH

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Completed a Community Health Needs Assessment, which shows 80 percent of the community supports a tobacco price increase to fund prevention efforts for all substance use disorders
- Educated community members and policymakers about the importance of smoke-free air laws
- Worked with student advocates to advance smoke-free air law education in the community
- Dedicated education and community outreach for local policy initiatives



100% of K-12 students are covered by tobacco-free school policies:

- 1/1 LEA or District
- 554 Students



Tobacco Free Parks and Outdoor Areas:

- Carrington Youth Center
- Carrington Dental Care
- Carrington Convention & Visitors Bureau
- Carrington City Library
- Foster County Courthouse Park
- Juanita Lake Park

Service Area





Public Health
Prevent. Promote. Protect.

Grand Forks Public Health

GRAND FORKS PUBLIC HEALTH DEPARTMENT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Worked with Grand Forks City Council to pass a T21 ordinance to align with state and federal law
- Worked with officials at Grand Forks Air Base to create a tobacco-free living and environment policy for base housing
- Worked with Grand Forks Public Schools to create a tobacco-free grounds policy
- Increased outreach with local youth to initiate cessation and prevent youth tobacco use



99% of students within Grand Forks County are covered by tobacco-free school policies:

- 12/13 LEAs/Districts
- 9437/9443 students



100% of college students are covered by tobacco-free campus policy at:

- University of North Dakota



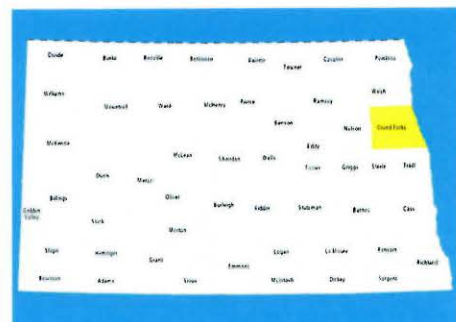
Multi-Unit Housing Policies Added this Year

- HDI Properties- 5 buildings
- Cardinal Point- 176 units



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





KIDDER COUNTY DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Talked with the 4th, 5th, and 6th graders on the hazards of vaping and tobacco use
- Continued community education through social media about the dangers of tobacco products and available cessation services
- News article printed in the Steele Ozone, the county paper, on Quit Week
- Worked with the school system to refer students caught with tobacco products for education and cessation resources



100% of students are covered by tobacco-free school policies:

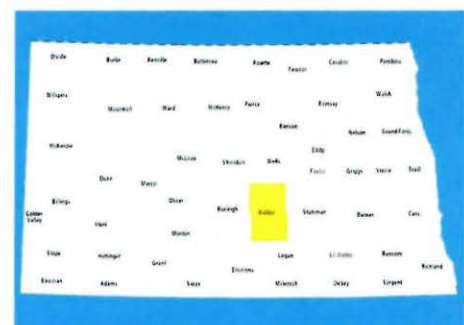
- 1/1 LEA
- 353 students



Tobacco-Free Park and Outdoor Area Policies:

- Steele Park Board
- Coffee Cup Convenience Store and Dog Park

Service Area





Public Health
Prevent. Promote. Protect.

Lake Region District Health Unit

LAKE REGION DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Use the InDepth curriculum in area schools to teach kids about the dangers of Electronic Nicotine Delivery Systems products
- The student resource officer refers students caught with tobacco products for counseling with the coordinator



91% of students are covered by tobacco-free school policies:

- 11/14 LEA's
- 3940/4327 students



100 % of College students are covered by tobacco-free campus policy at:

- Lake Region State College



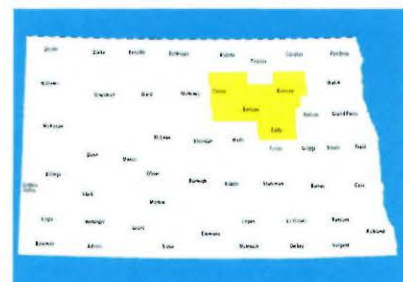
MUH Policies Added:

- Zander Capital Management



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Public Health
Prevent. Promote. Protect.

LAMOURE COUNTY PUBLIC HEALTH DEPARTMENT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Collaboration with Partnership For Success for messaging at 3 of the HS post prom party with displays about dangers related to Substance Use such as Alcohol, Tobacco and Vaping at each post Prom Party
- Continued the consistent messaging to the LaMoure County youth: "Stay Above the Influence" and this was used when working with youth in all areas such as advertising in schools, messaging to youth and on promotional items
- Had one staff member trained as a Trained Tobacco Specialist
- All Establishments who sell tobacco products within the county were visited by LaMoure County Health Tobacco prevention staff. They provided education about new laws and updated signage for businesses



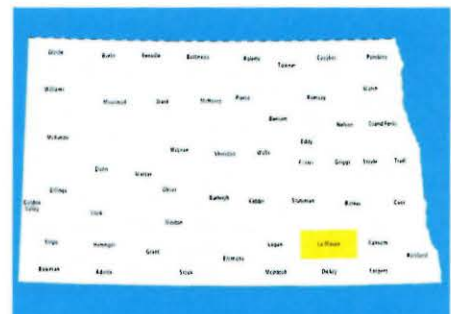
82% of students are covered by tobacco-free school policies:

- 2/3 LEAs/Districts
- 503/616 students



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Public Health
Prevent. Promote. Protect.

NELSON-GRIGGS DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Met with the healthcare providers in our area to promote our onsite Tobacco Treatment Specialist and promote NDQuits



100% of students covered by tobacco-free schools policy:
 - 4/4 LEAs or Districts
 - 871 students

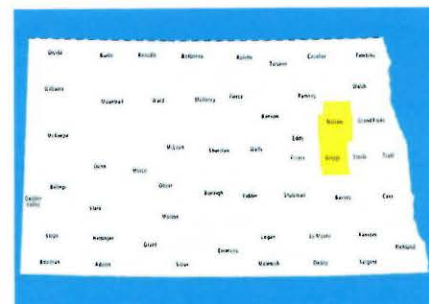
- Participated in the statewide Youth Action Summit with Dakota Prairie students



Tobacco-Free Park and Outdoor Area Policies:
 - Lakota City Park

- Have a trained tobacco treatment specialist on staff
- Yearly presentations to 7th & 8th graders at all high schools about the danger of ENDS and how the tobacco industry targets kids
 Yearly teacher in-service on new ENDS products so they are aware of what to look for
- Yearly teacher in-service training about new ENDS products and how to identify the products and usage in youth

Service Area





Public Health
Prevent. Promote. Protect.

PEMBINA COUNTY HEALTH DEPARTMENT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Completed a community readiness survey, with the results showing residents are concerned about tobacco use and ready to enact better policies at the local level
- Completed a student survey showing high school students are concerned about tobacco use amongst their peers
- Continuing outreach with a local behavioral health coalition to help underserved populations
- Providing cessation outreach to the prison population and giving NDQuits information
- Quarterly educational site visits to businesses regarding the state smoke-free law.



100% of K-12 students are covered by tobacco-free school policies:

- 4/4 LEA's
- 1116 students



Tobacco-Free Park and Outdoor Area Policies:

- Cavalier City Park
- Walhalla City Parks
- Drayton Park Board



MUH Policies added:

- Kendall Properties- 6 Units

Service Area





Public Health
Prevent. Promote. Protect.

RANSOM-SARGENT COLLABORATIVE

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Collaboration between the counties to address tobacco prevention efficiently
- Continued engaging with local SADD chapters for student advocacy and education
- Continued outreach to local clinics to increase the visibility of available tobacco cessation options
- Continued educating students and staff in schools on electronic cigarettes at various school and public events
- Worked with local schools to ensure all students are protected by tobacco-free school policies



100% of students are covered by tobacco-free school policies:

- 6/6 LEAs or Districts
- 1506 students



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Public Health
Prevent. Promote. Protect.
Richland County Health Department

RICHLAND COUNTY HEALTH DEPARTMENT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Worked with Wahpeton City Council to pass a T21 ordinance to align with federal and state law
- Worked with juvenile court system to provide education to youth caught with tobacco products in school
- Trained 38 high school students to be peer educators in the community and schools about the dangers of tobacco products
- Presented to Richland County Schools students and staff about the dangers of all tobacco and electronic products
- Attended the 2022 Youth Action Summits with students
- Partnered with NDSCS to provide in person tobacco cessation services



100% of K-12 students are covered by tobacco-free school policies:
- 8/8 LEAs or Districts
- 2428 students

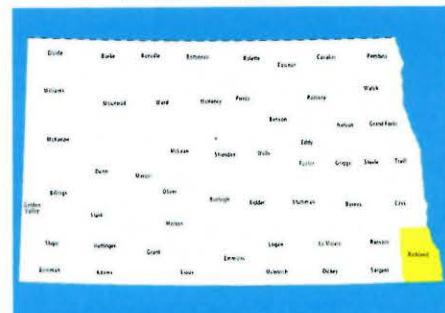


100% of college students are covered by tobacco-free campus policies:
- North Dakota State College of Science



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area



Southwestern District
Health Unit



PublicHealth
Prevent. Promote. Protect.

SOUTHWESTERN DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Worked with Dickinson City Commission to pass a T21 ordinance to align with federal and state law
- Organized and hosted the first Badlands Symposium-an event which trained more than 50 people in tobacco prevention best practices. This event has the potential to become an annual occurrence
- Provided tobacco education classes to youth cited with tobacco products
- Continued youth and school engagement throughout the service area
- Continued to provide retailer training for tobacco retailers



85% of K-12 students in the Southwestern District are covered by tobacco-free school policies:

- 13/19 LEAs or Districts
- 6796/7981 students



100% of college students are covered by tobacco-free campus policies:

- Dickinson State University



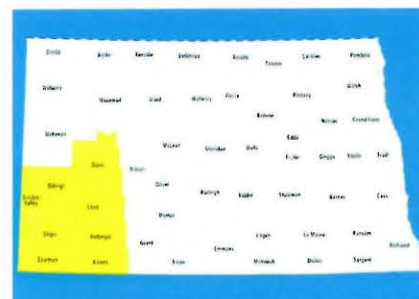
Tobacco-Free Park and Outdoor Area Policies :

- Medora Foundation Parks
- Killdeer Parks



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Public Health
Prevent. Promote. Protect.

TRAIL DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Continue outreach with Mayville State and helped place a TTS trained nurse in the campus health center
- Communicated with dentist offices in the area about possible cessation collaboration
- NDQuits materials are included with the newborn information packets sent to each child born in Traill County



100% of students are covered by tobacco -free school policies:

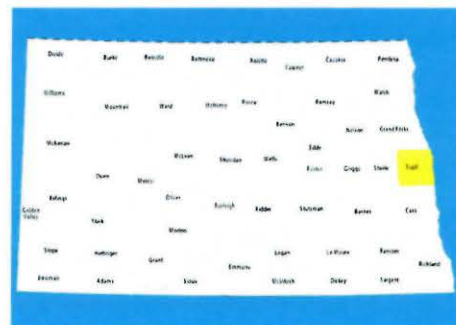
- 4/4 LEA's
- 1363 students



100% of college students are covered by tobacco-free campus policies:

- Mayville State University

Service Area





UPPER MISSOURI DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Williston City Commission adopts Tobacco 21 into local ordinance and updates age to sell tobacco products to 18yo+
- Have 1 staff trained as a tobacco treatment specialist
- Continuing to work with multi-unit housing managers and tenants on tobacco free apartment policies, not covered by the ND Smoke-Free Law
- Partnered with Eckert Youth Substance Abuse Treatment Home for tobacco cessation
- Provided parent education about tobacco products and dangers at Watford City Fair

-Williston State College



91% of K-12 students in Upper Missouri District are covered by tobacco-free school policies:

- 14/17 LEA or Districts
- 10590/11581 students



100% of college students are covered by tobacco-free campus policies:

- Williston State College



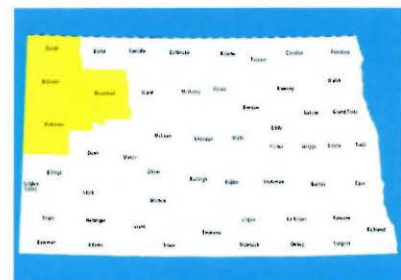
Tobacco-Free Workplaces

- Mountrail Williams Electric Cooperative building achieves LEED Gold Certification, which includes tobacco free workplace policy.



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Public Health
Prevent. Promote. Protect.
Walsh County Health District

WALSH COUNTY HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS

- Working with criminal justice partners to provide tobacco education and cessation to county jail
- All but 2 communities within service area have tobacco-free parks
- Provided T21 education to stakeholders throughout the community
- 740/763 housing units are protected by smoke-free policies
- Actively worked with Walsh County schools to help address the vaping and e-cigarette epidemic
- Worked with St. Gianna's Maternity home to create a Tobacco-free policy
- Implemented new Maternal Tobacco Program for expecting mothers who want to tobacco cessation



100% of students are covered by tobacco-free school policies:

- 4/4 LEAs or Districts
- 1659 students



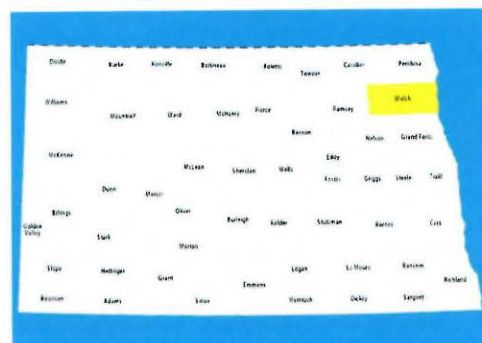
Tobacco-Free Park and Outdoor Area Policies:

- Fairdale parks
- Forest River parks
- Minto parks



Working with local law enforcement agencies to conduct compliance checks on area businesses

Service Area





Resolution to Support a Fully Funded Tobacco Control Program

Adopted by Tobacco Free North Dakota Board of Directors on June 16, 2022

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

Whereas North Dakota currently spends \$6.7 million per year for its tobacco control program; and

Whereas North Dakota's General Fund earned \$49.93 million in tobacco tax collections from 2019-2021, as well as \$65 million as part of the Master Settlement Agreement during the same timeframe; and

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

Whereas an estimated 14,000 North Dakota kids currently under 18 will die prematurely from tobacco related causes; and

Whereas states that make larger investments into tobacco control programs see a reduction in tobacco sales; 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 rates; and

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

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

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

Whereas 23% of high school students (grades 9-12) in the 2021 North Dakota Youth Risk Behavior Survey used tobacco products including cigarettes, cigars, electronic nicotine delivery systems (ENDS) or other smokeless products in the past 30 days, of whom many will develop a lifelong addiction to nicotine/tobacco products; 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 \$916 per year in state and federal taxes from smoking-caused government expenditures; and

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



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TOBACCO FREE NORTH DAKOTA

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

Youth Investment

- We continued our annual Video Essay Contest for high school seniors for the opportunity to win a college scholarship
- In the late fall of 2022, we hosted a special edition contest celebrating the 10th anniversary of North Dakota's smoke-free air law.

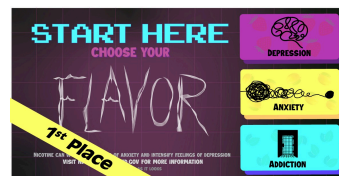
- We continued sponsoring prizes for the annual Bismarck-Burleigh Public Health Big Tobacco Exposed College Graphic Designer Contest



TFND Executive Director Heather Austin with 2021 winner Brooke Benno outside of Bismarck State College



TFND Executive Director Heather Austin with 2022 winner Madeline Erickson



1st place: Emily Salwey Bismarck State College



2nd place: Jakki Honeyman United Tribes Technical College

Youth Action Summits

The summits scheduled for fall 2022 went on as planned, again with hundreds of people attending, including lawmakers from both Bismarck and Fargo. Students in attendance learned the valuable skill of how to talk to their peers about the dangers of nicotine products and how to seek help quitting



Representative Lawrence Klemin, Senator Sean Cleary, and Representative Glenn Bosch at the Bismarck Summit



Representatives Zac Ista, Karla Rose Hanson, and Josh Boschee at the Fargo Summit



Our guest speaker from Truth Initiative during the 2022 summit in Bismarck.



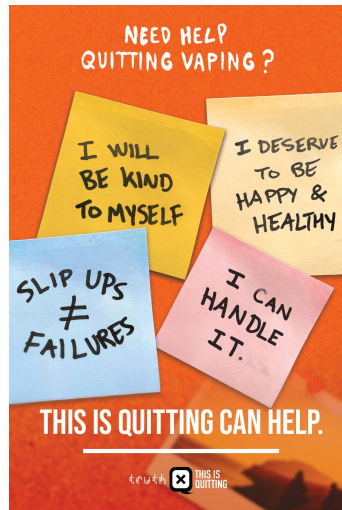
TOBACCO FREE NORTH DAKOTA

TOBACCO PREVENTION AND CONTROL PROGRAM

MAKING A DIFFERENCE

THIS IS QUITTING

On April 1, 2022 in partnership with Truth Initiative, TFND launched "This Is Quitting" in North Dakota. We are one of a handful of states offering this program. TIQ is a text-to-quit resource for people aged 13-24. The program is specifically tailored for this age group and proven more effective than quitting alone. It is free and confidential.



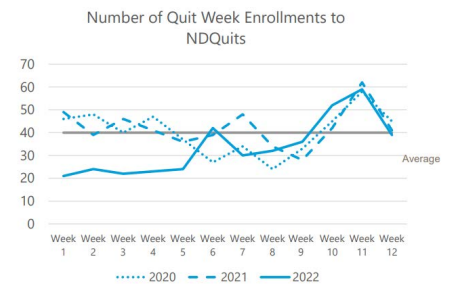
Promotional Material examples

As of November 9, 25 people in the This Is Quitting program. This is a great resource to address youth nicotine dependence.

QUIT WEEK MEDIA CAMPAIGN

Quit Week started in 2020 as a public awareness campaign to promote available cessation resources in North Dakota. The campaign has grown from social media ads to include digital billboards, radio ads, and newspaper ads.

The best news is it works: Quit has shown a marked increase in calls to NDQuits in the time surrounding the campaign.



Example posts

WANT HELP QUITTING VAPING? TRY THIS IS QUITTING, A FREE TEXT-TO-QUIT PROGRAM

“Quitting seems impossible, but it isn’t. You’ll feel like you have your life, body, and wallet back once you quit.”

-Meg, TIQ User

CONFIDENTIAL HELP

Your quitting journey stays between you and TIQ.

ADVICE FROM REAL PEOPLE

You'll receive tips and motivation from TIQ's built-in support system of successful quitters.

SCIENCE-BACKED & EFFECTIVE

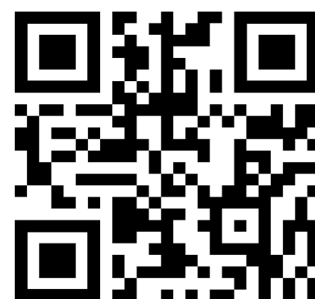
Created by a team of quitting experts, TIQ has helped hundreds of thousands of young people quit vaping.

24/7 SUPPORT

TIQ is there whenever you need help with stress, slips, or cravings — no matter the time of day.

TEXT VAPEFREEND TO 88709

TO JOIN THE HUNDREDS OF THOUSANDS OF YOUNG PEOPLE GETTING HELP FROM **THIS IS QUITTING.**





House Bill 1004

Senate Appropriations Committee; Human Resources Division
Senator Dever, Chairman

Kirby Kruger, Section Director

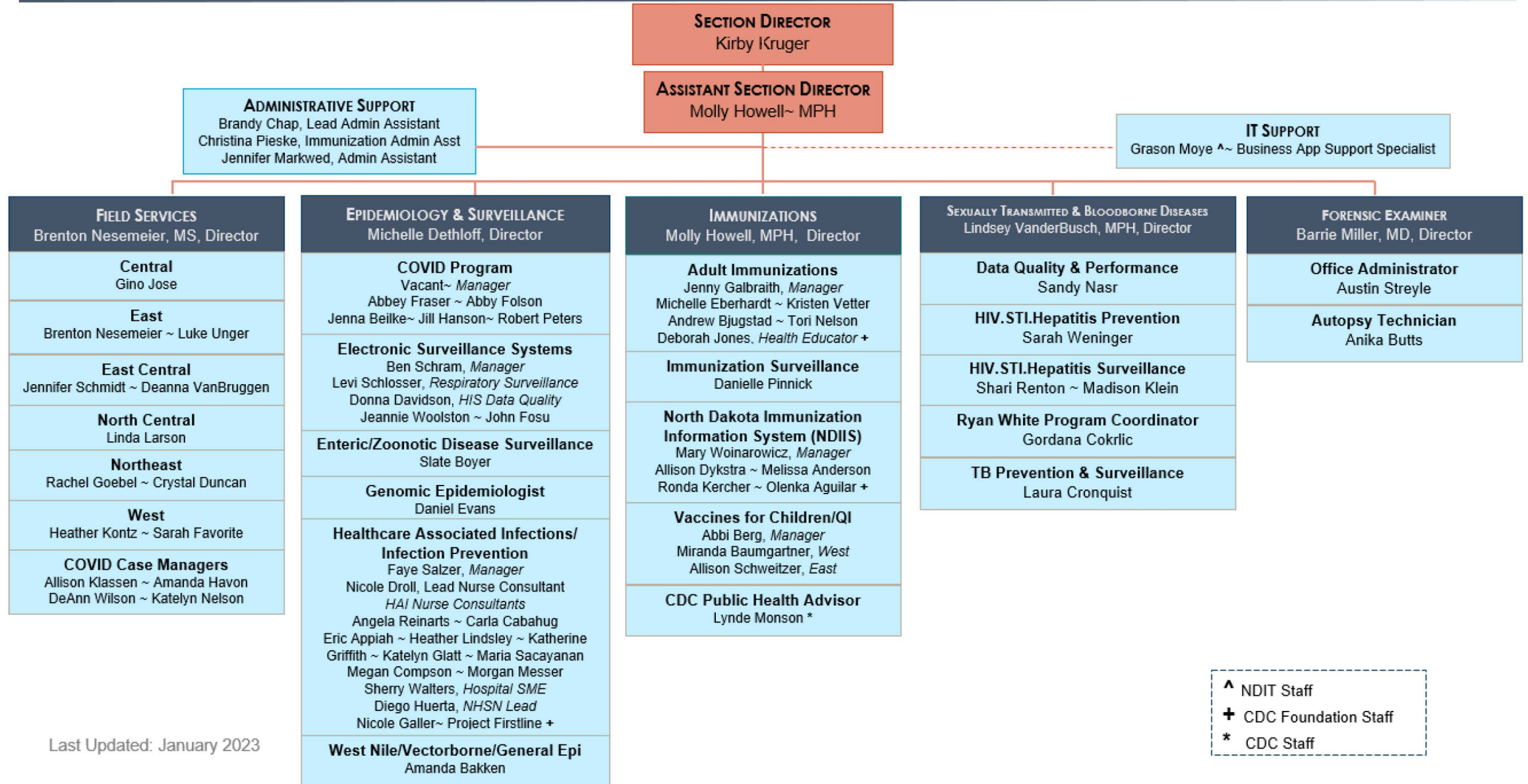
Disease Control and Forensic Pathology Section

Public Health Division | March 7, 2023



Health & Human Services

**DISEASE CONTROL & FORENSIC PATHOLOGY
ORGANIZATIONAL CHART**



Disease Control and Forensic Pathology

Assist local jurisdictions in death investigations, promote disease prevention activities, facilitate disease reporting and conduct disease investigations

Immunizations

Molly Howell

- Coordinate immunization activities
- Monitor immunization coverage rates
- Manage the Vaccines for Children Program
- Respond to vaccine preventable diseases

Forensic Examiner

Barrie Miller, MD

- Provide assistance to local coroners and law enforcement on death investigations through consultation and the performance of autopsies

Sexually Transmitted and Bloodborne Diseases

Lindsey VanderBusch

- Provide case and partner services to prevent complications from disease
- Facilitate access to care, testing and treatment, as needed
- Ryan White
- Tuberculosis

Infectious Disease and Epidemiology

Michelle Dethloff

- Facilitate and coordinate disease reporting
- Investigate zoonotic, respiratory, foodborne, waterborne, vectorborne and other diseases, as needed
- Healthcare Associated Infection Prevention

Field Services

Brenton Nesemeier

- “Shoe leather epidemiologists” – these are our front-line disease investigators
- Establish rapport with key partners

Disease Control is Disease Prevention



Vaccines for Children (VFC)

Free vaccines for uninsured, underinsured, Medicaid or Native American Children.



STI Program

Telehealth and at-home testing program.



Field Services/Disease Investigations

Facilitating the best possible outcomes for at risk people.



Syringe Services Program

Clean injection supplies, counseling and referral.



Zoonotic Disease Program

Possible rabies exposure follow-ups, West Nile, Tickborne and others.



HAI Prevention

Providing safer healthcare for patients and staff.

Programs and Services for North Dakotans



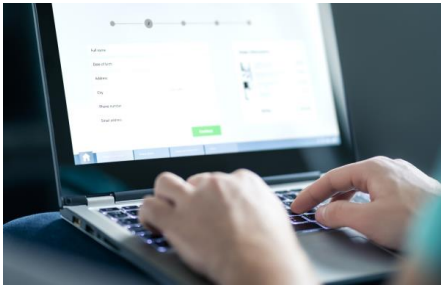
HAI Prevention

78 ICAR assessments in 2022.



Antibiotic Stewardship

Contract with NDSU School of Pharmacy (CAP Center).



Forensic Examiner

200 autopsies in 2021 and 213 in 2022.



STI and Behavioral Health Collaborative

Increase services to citizens.



NDIIS

411,591 immunization records provided since July 2021.



HIV Prevention

Perinatal HIV Case.

Team Members Recognized for Excellence

Brenton Nesemeier – Field Services

Fargo Challenge Coin Award

Olenka Aguilar

AIRA Consider it Done Award

Mary Woinarowicz – NDIIS Manager

AIRA System Data Genius Award

Molly Howell, Immunization Director

Governor's Heritage Award

NDMA Friend of Medicine Award

AIM Natalie Smith Award (*excellence in immunization program management*)



Improving the lives of North Dakotans

How legislative support and
appropriations made an impact in
the **2021-2023 biennium**

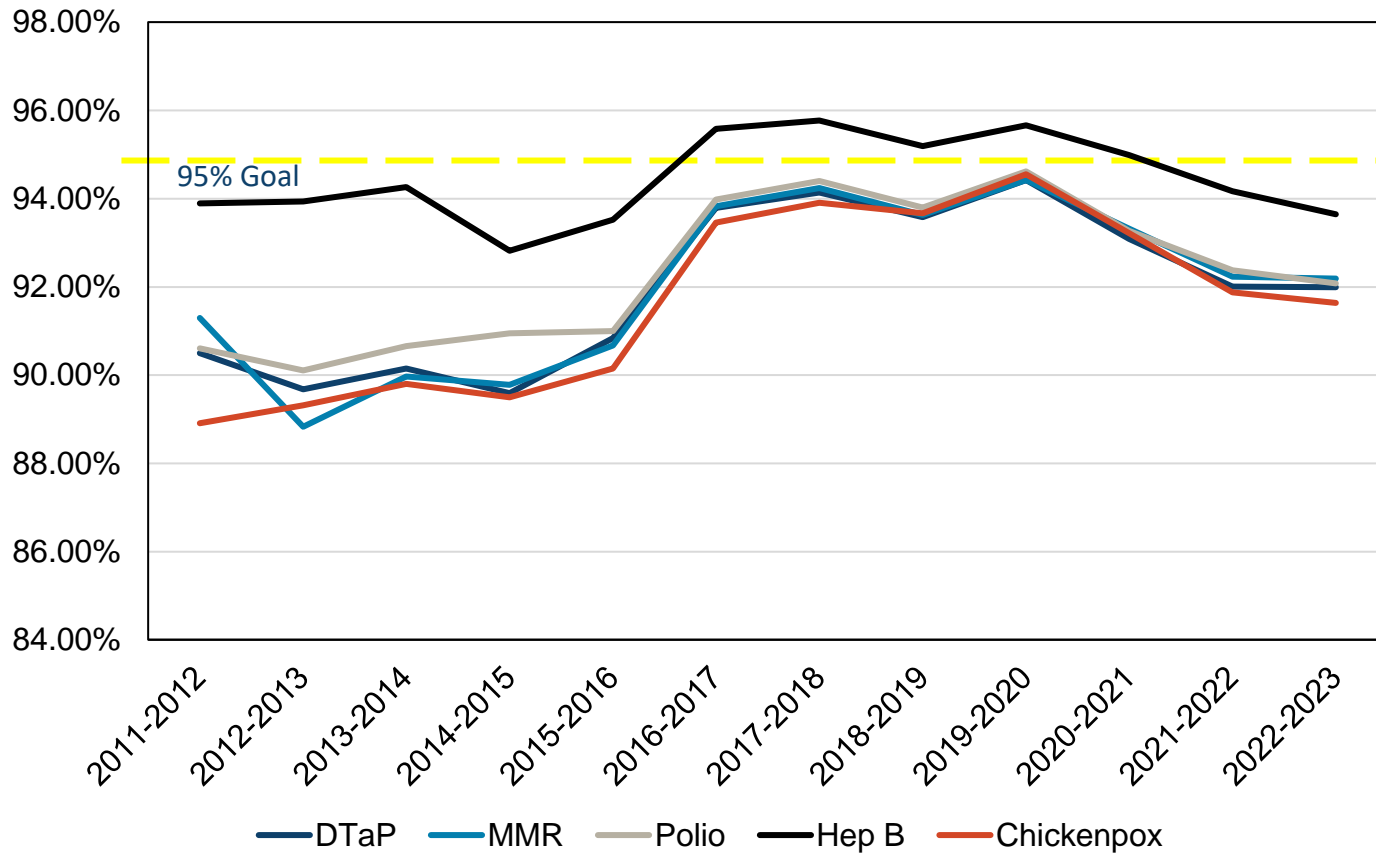


Disease Prevention Activities

- **Mpox**
 - Coordinated vaccine ordering and distribution
 - Over 700 doses of Mpox vaccine administered
 - Six cases of Mpox reported in North Dakota
 - Community Engagement
- **Ebola**
 - Monitoring of travelers arriving from Uganda
- **STI prevention and follow-up**
 - Congenital syphilis follow-up
- **Disease Surveillance Activities**
 - Electronic laboratory Reporting and syndromic surveillance
- **Routine Disease Follow-up**
 - Foodborne and enteric illness, STI's, bloodborne infections, HAIs
- **General Immunization Activities**
 - 52% of North Dakota children are VFC eligible

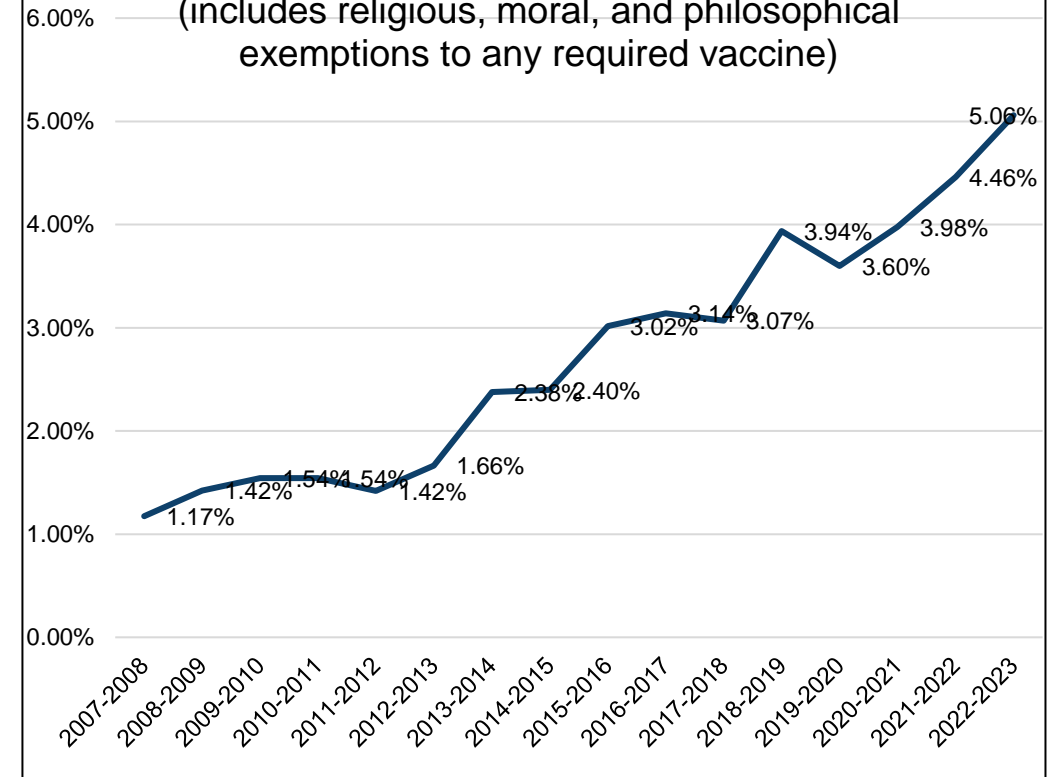
School Immunization Rates – North Dakota

ND Kindergarten Immunization Rates



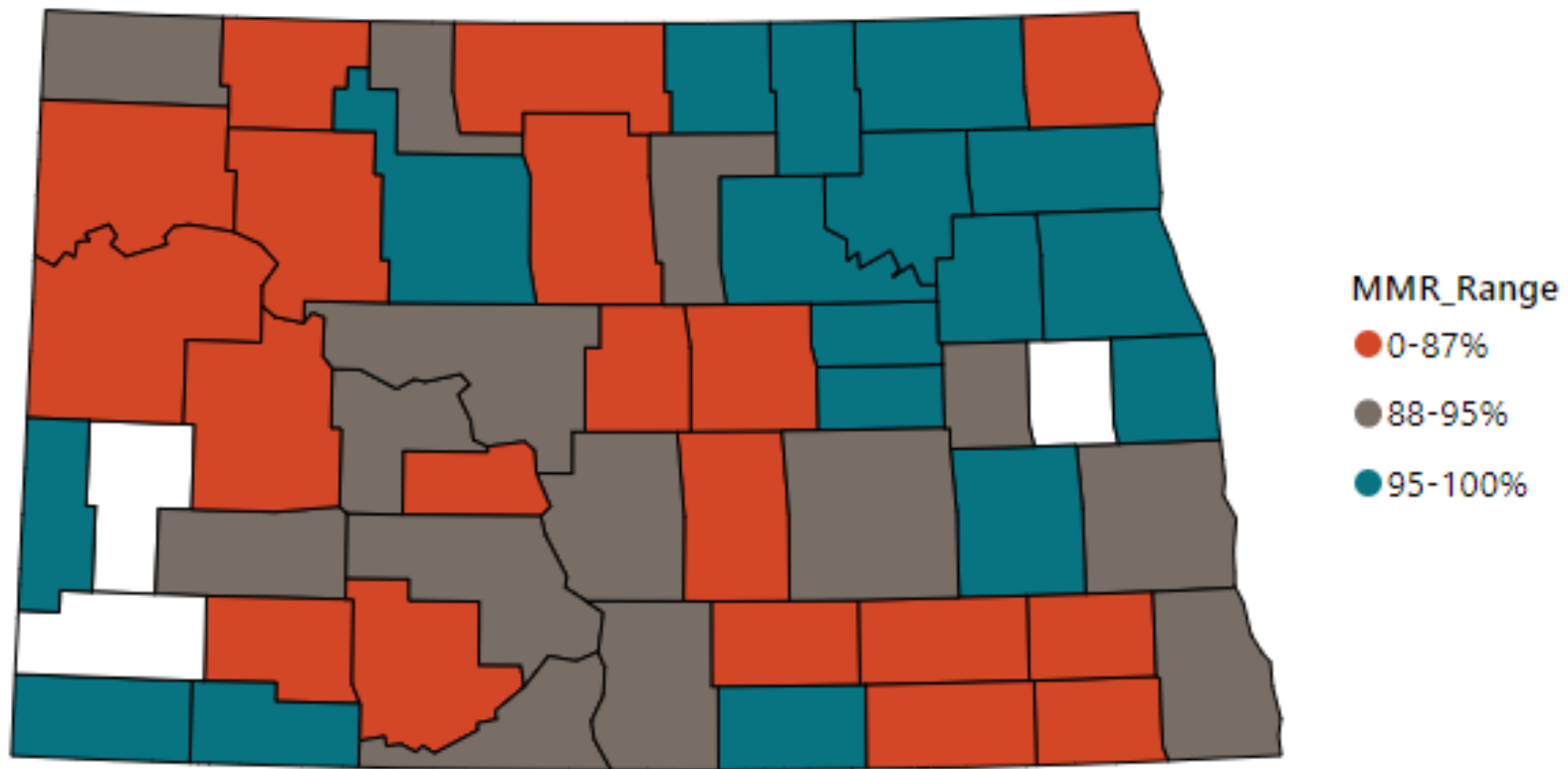
MMR: 92.2% (Range by district 52% - 100%)

Percent of Nonmedical Exemptions in ND Kindergarteners (includes religious, moral, and philosophical exemptions to any required vaccine)



Map of County 2022-2023 Kindergarten MMR Rates

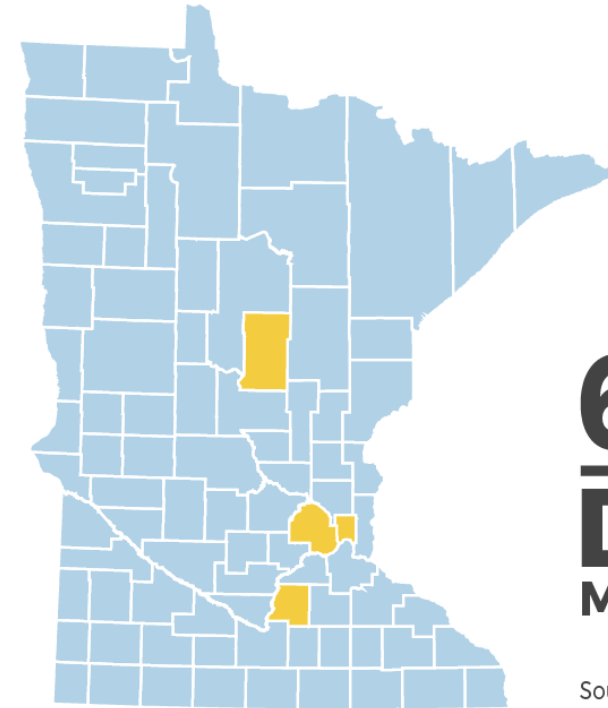
MMR Immunization Rates



Why School Vaccines are Important

Measles

- Each case of measles can infect up to 18 susceptible people, making it one of the most contagious diseases.
- Measles is a very serious illness. In recent outbreaks, nearly half of the children have required hospitalization.
- For every 1000 measles cases, 1-2 will die.
- Over 100,000 people, mostly children, die from measles every year
- **The Herd Immunity Threshold for measles is 95%**



68 Confirmed
measles cases

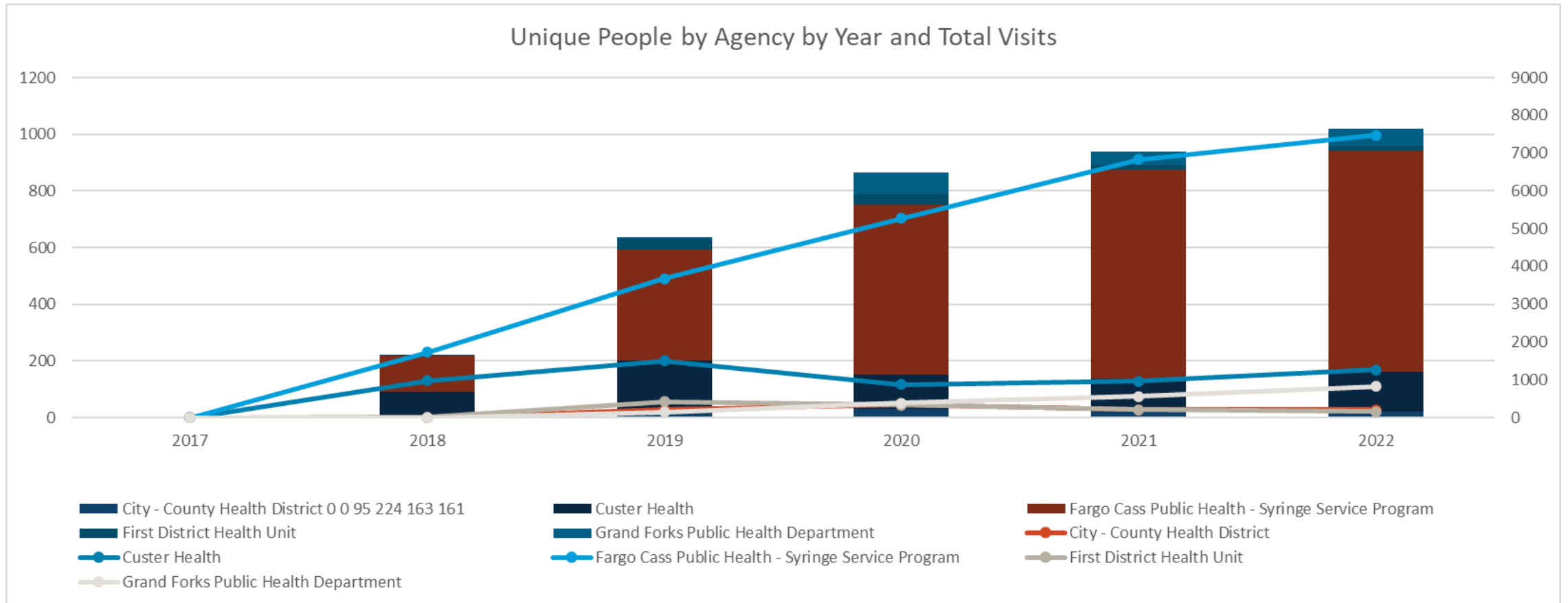
DAY 38
May 24, 2017

Source: Minnesota Department of Health

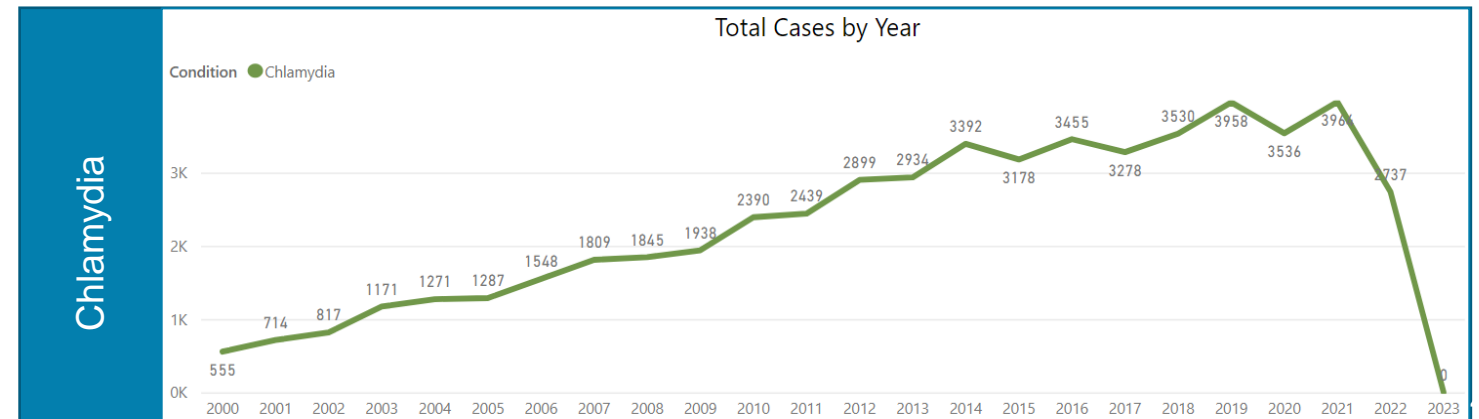
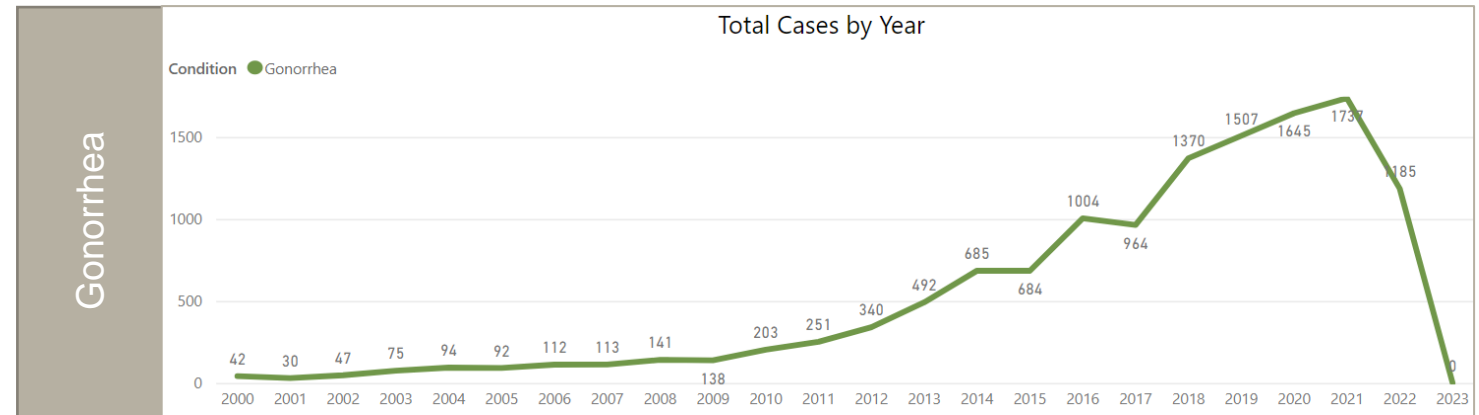
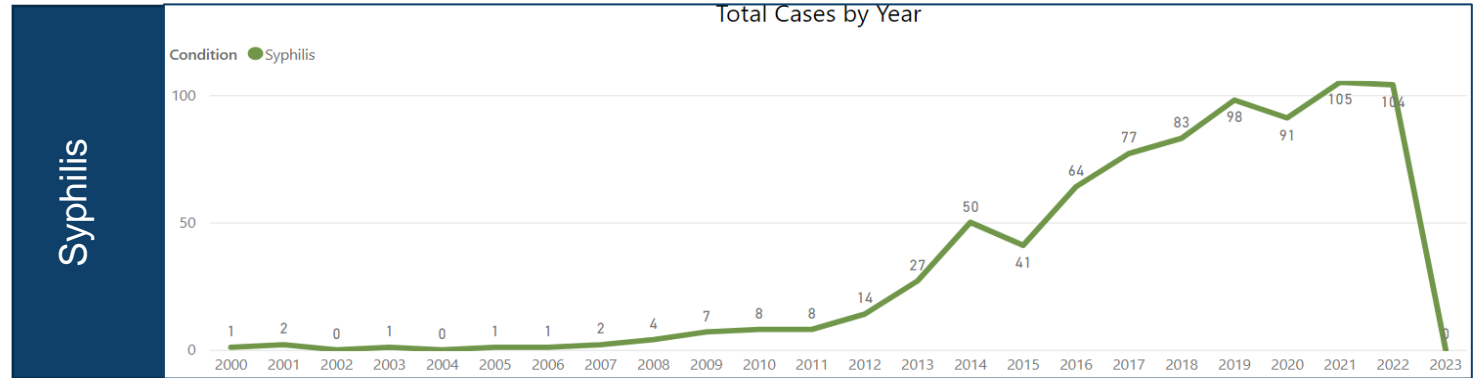
Measles in the United States

- Minnesota:
 - 22 cases in 2022
 - Mostly travel-related
- Columbus, Ohio:
 - 85 cases between October – December 2022
 - 36 hospitalized
 - 80 not vaccinated
 - 4 partially vaccinated (only one dose)
 - 1 unknown vaccination status
 - 25 cases younger than 12 months (too young to be vaccinated)
 - Over 17 childcares and schools impacted

Syringe Services, People Served and Total Visits, by Site and Year, 2017 - 2022



STI Cases by Year, North Dakota



Forensic Examiner Upgrades

Legislative support and appropriations made an impact in the **2021-2023 biennium**



COVID-19 Response



Case Work

- Case investigation
- Contact tracing
- Documentation
- Questions and guidance
- Developing systems for case management



Infection Prevention

- LTC
- Congregate Settings
- Hospitals
- Outpatient Clinics



Disease Reporting

- Updating systems to handle reports
- Work with laboratories to establish electronic reports



Vaccination

- Providing up-to-date guidance to providers and public
- Providing guidance on storage and handling
- Monitoring Coverage rates



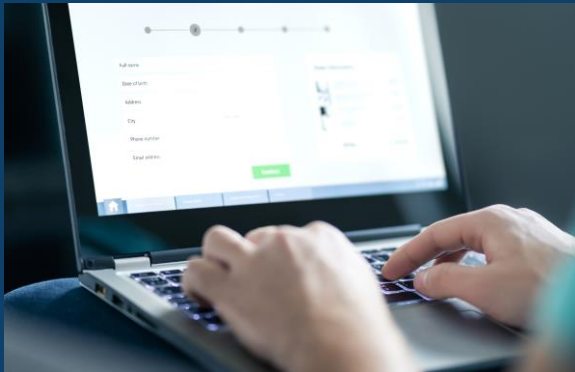
Subject Matter Assistance

- Businesses
- Travelers
- Preschool, k-12 and higher ed
- Shelters, group homes and corrections

COVID Response Team from March 2020-January 2023

Disease Control and Forensic Pathology





COVID Vaccine Funding

- Upgrade vaccine storage and handling
- Upgrades to NDIIS
- Site visits
- Provider Education (NDSU)
- Pharmacist Training
- Support to local public health
- Support Vaccine Distribution

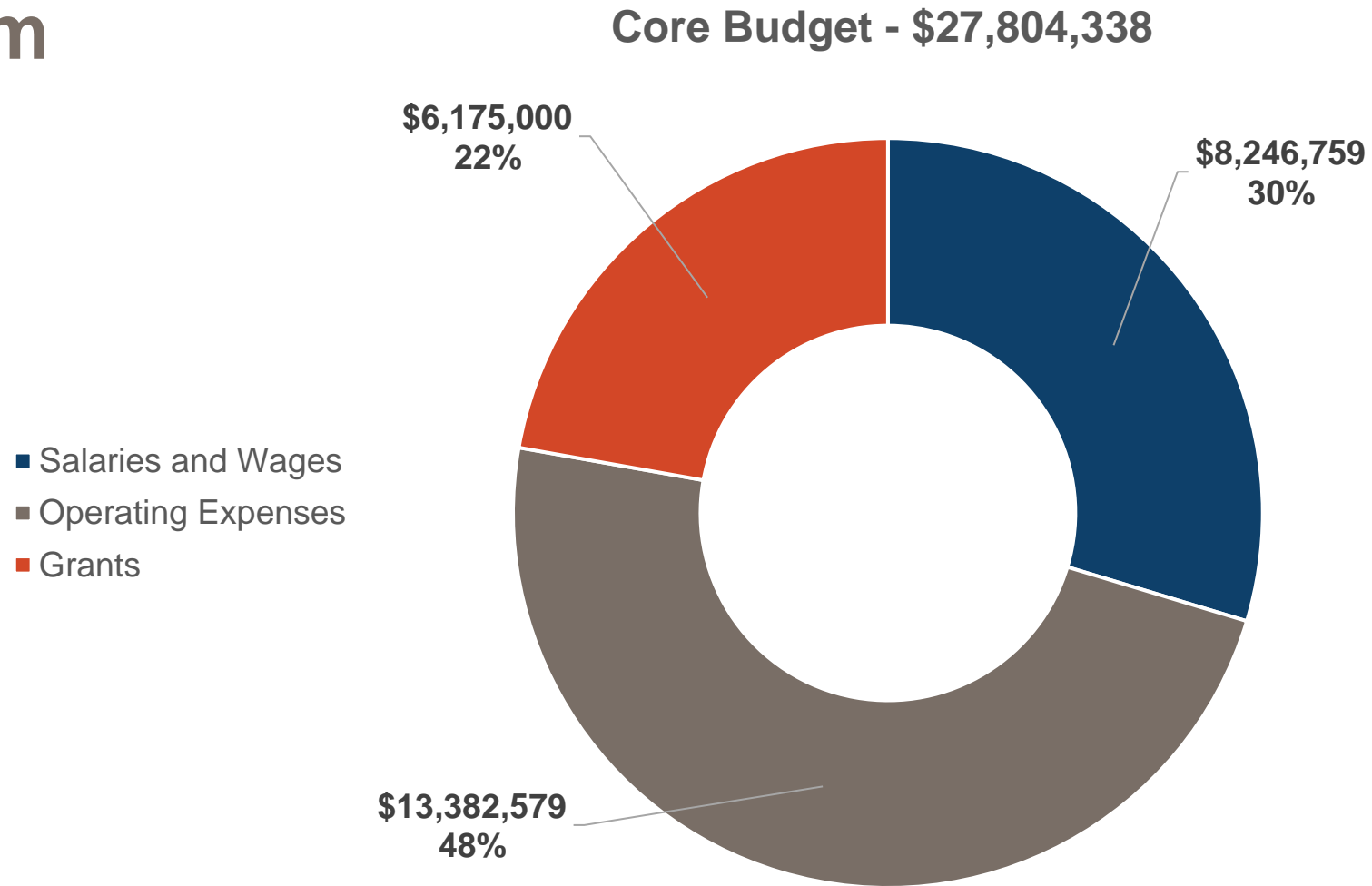


2023-2025 Budget request

**The program, systems and
workforce support
necessary to continue to
serve North Dakotans**

2023-25 Executive Recommendation

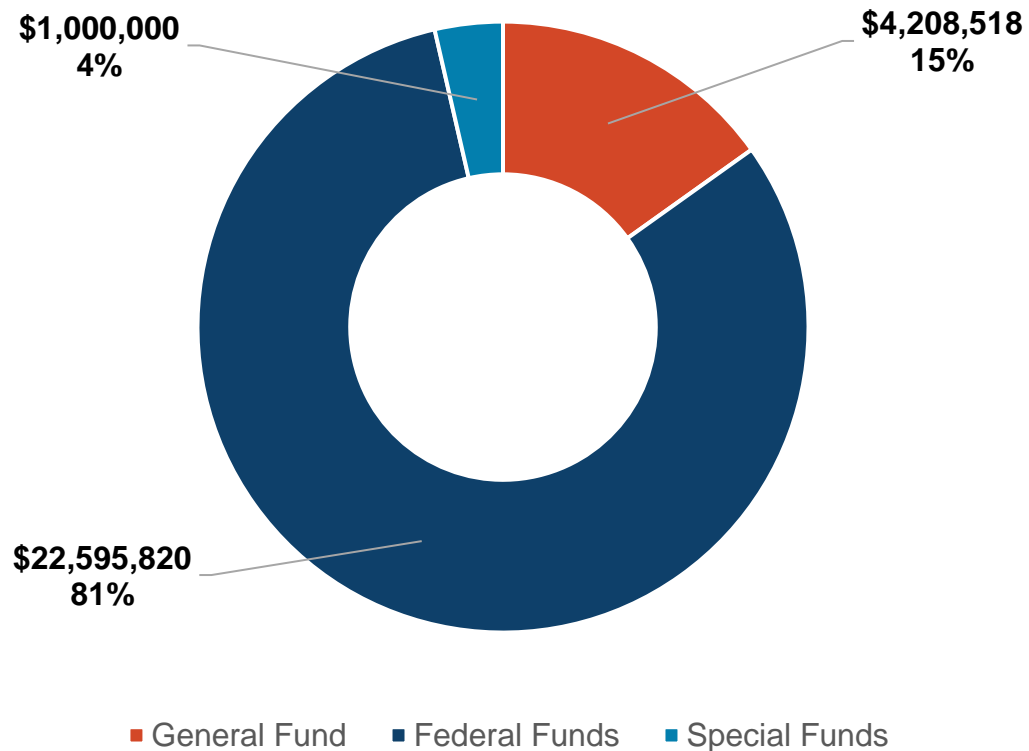
Core budget by line item



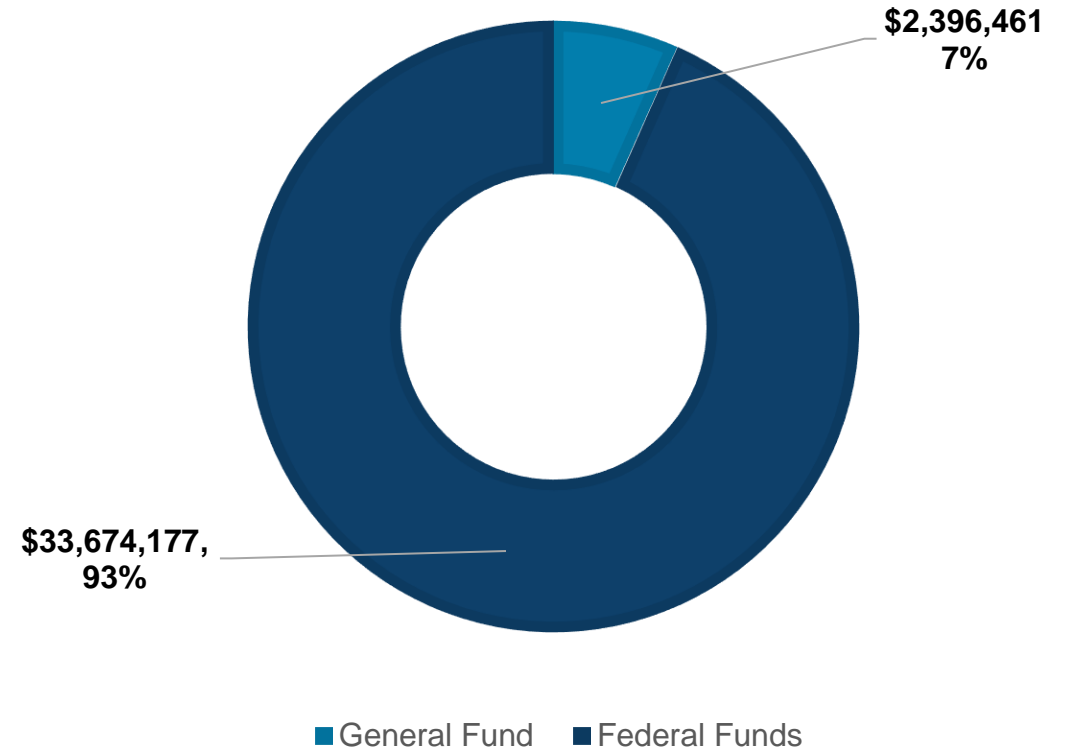
2023-25 Executive Recommendation

By funding source

Core Budget- \$27,804,338



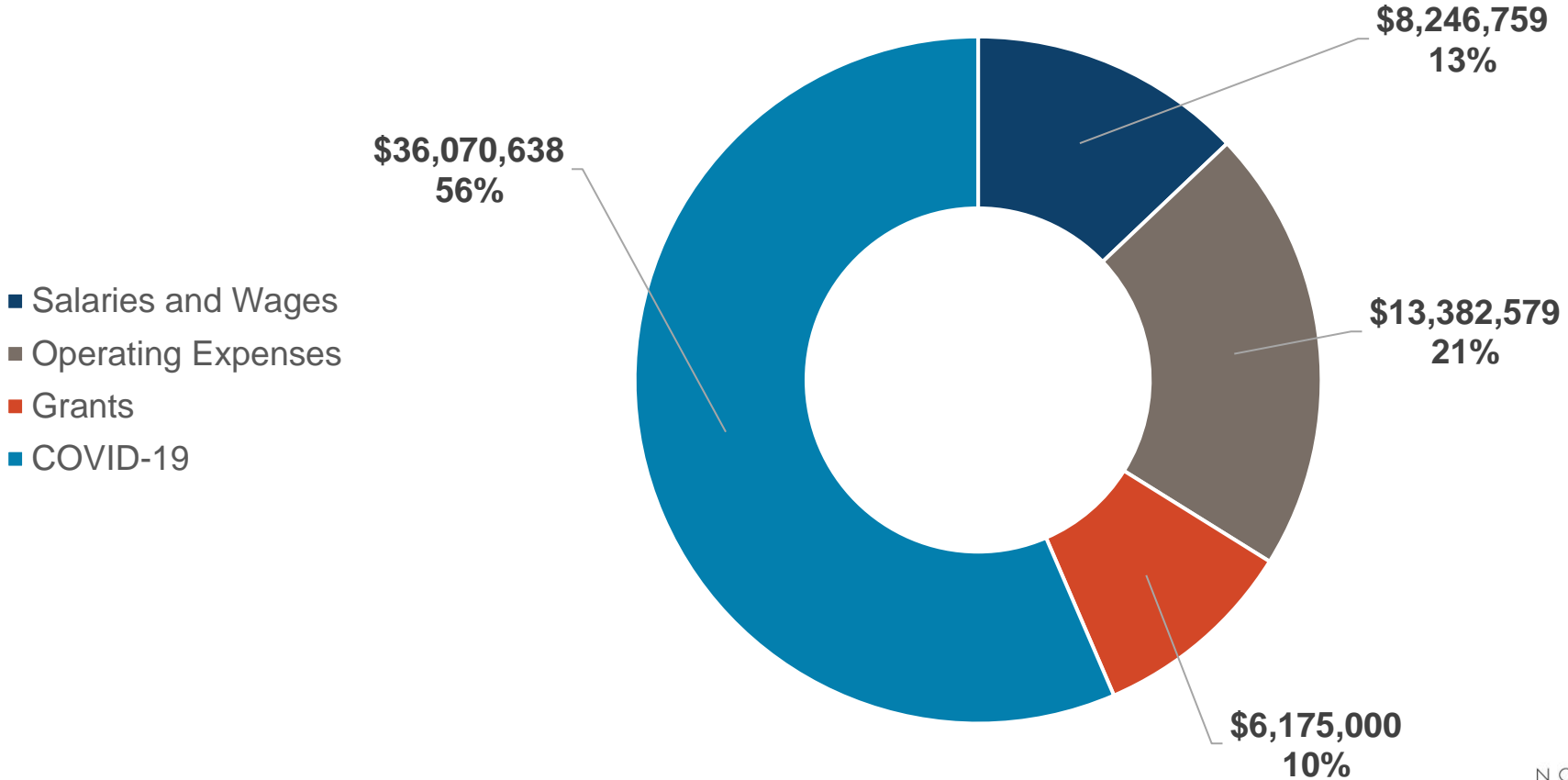
COVID-19 Budget - \$36,070,638



2023-25 Executive Recommendation

By Line Item

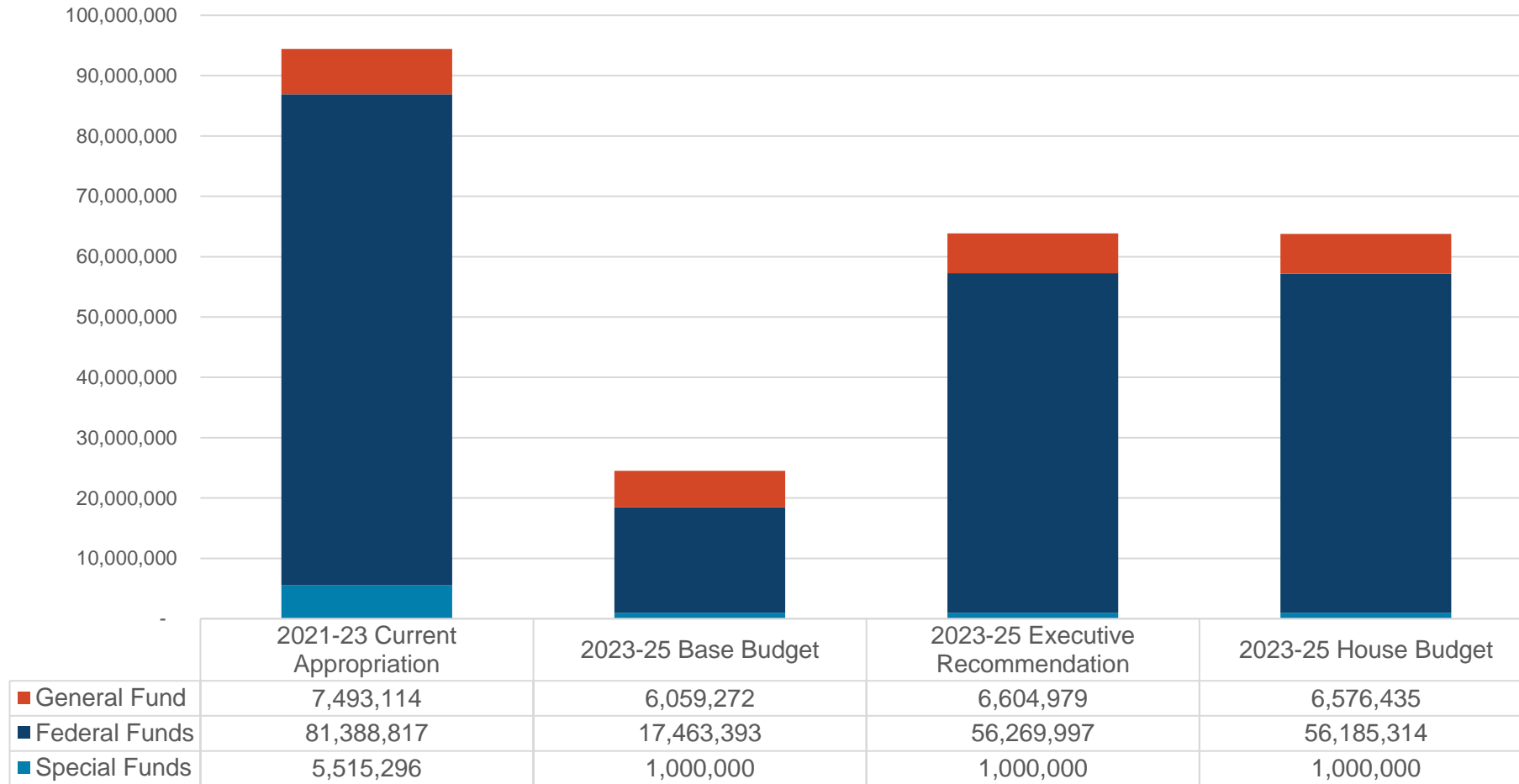
Total \$63,874,976



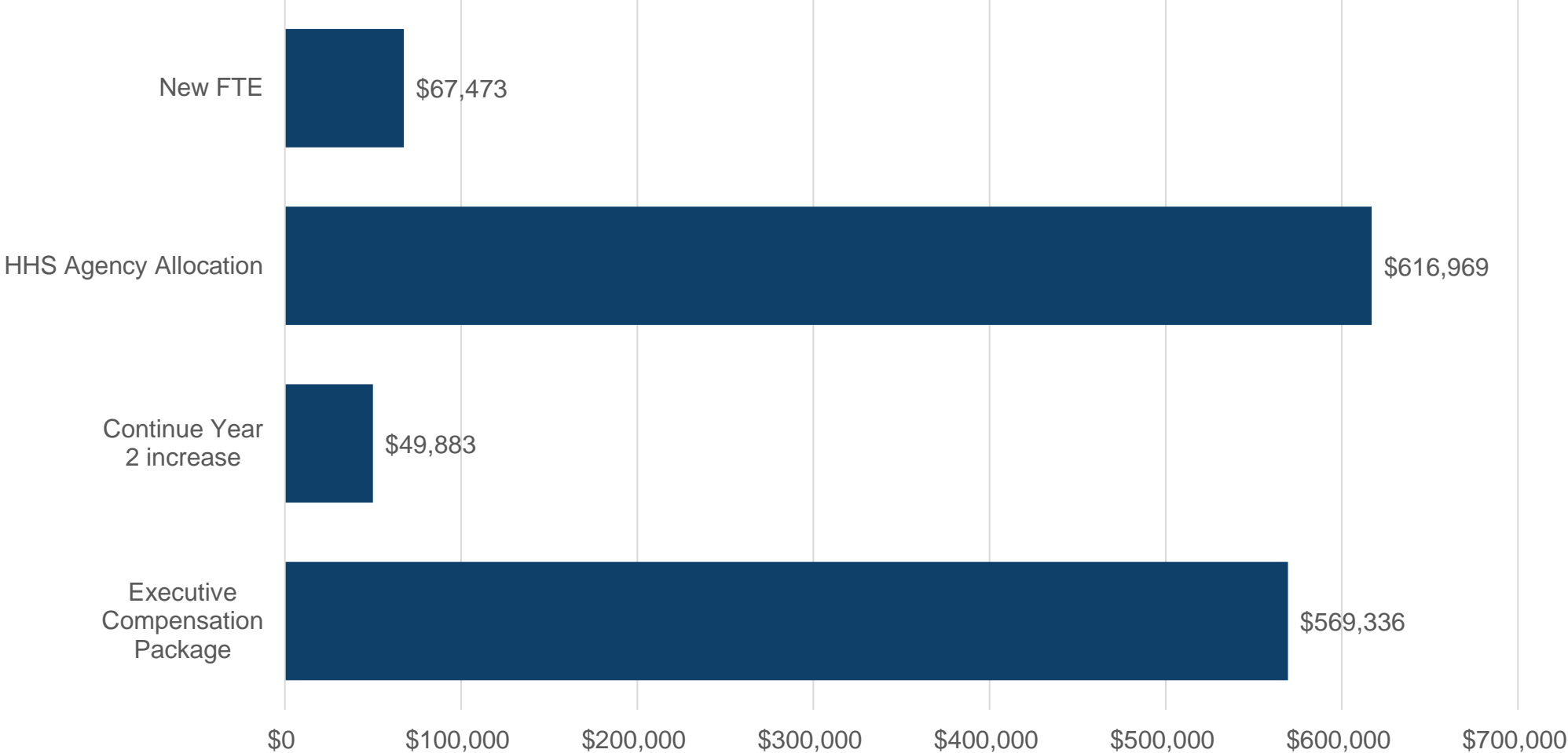
Budget Comparison

Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Rec.	House Increase /(Decrease)	2023-25 House Budget
Salaries and Wages	6,943,097	6,943,097	1,303,662	8,246,759	(103,539)	8,143,220
Operating Expenses	10,849,065	10,849,065	2,533,514	13,382,579	0	13,382,579
Capital Assets	986,765	76,765	(76,765)	0	0	0
Grants	4,150,600	4,150,600	2,024,400	6,175,000	0	6,175,000
COVID-19	71,467,700	2,503,138	33,567,500	36,070,638	(9,688)	36,060,950
FTE	32.0	32.0	1.0	33.0	0	33.0

Overview of Funding Changes



Major Salary & Wage Differences



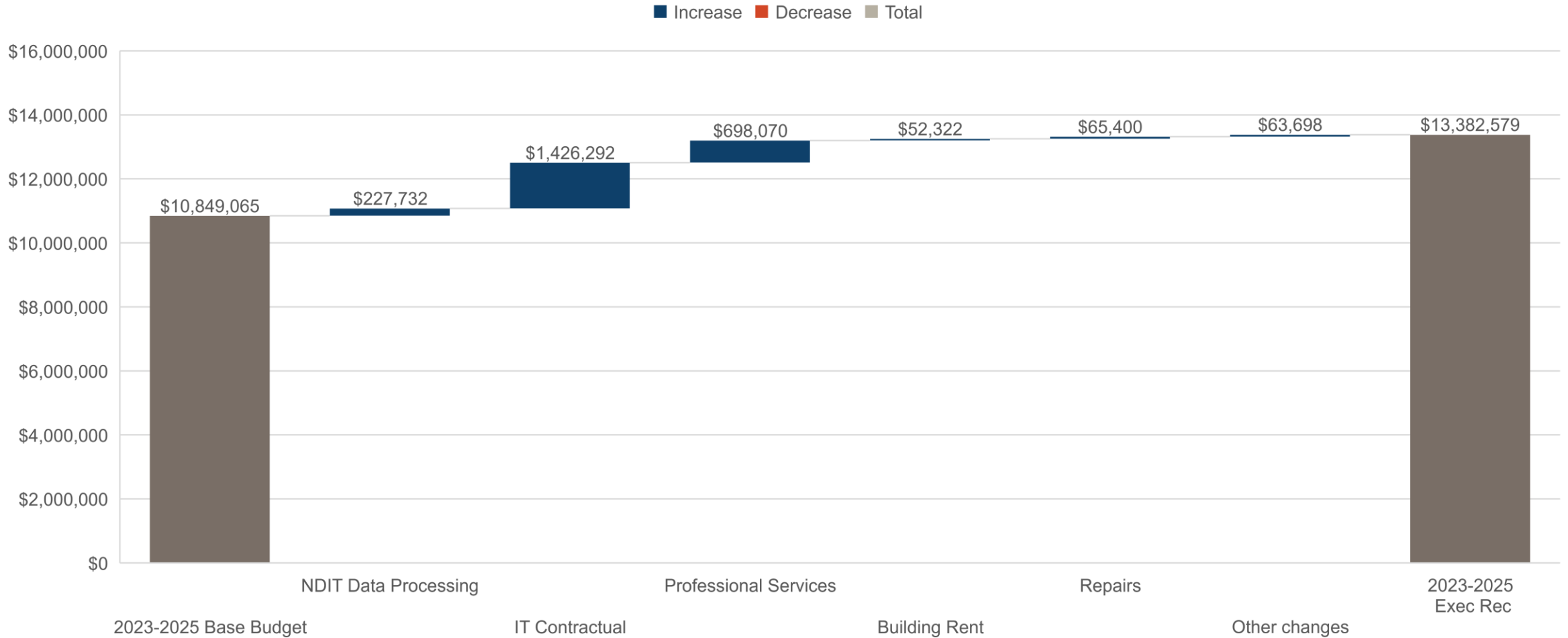
Operating Differences Detail

Description	2023-25 Base Budget	Increase/ (Decrease)	2023 - 25 Executive Budget	House Increase / (Decrease)	2023 - 25 House Budget
Travel	238,441	(7,241)	231,200	0	231,200
IT - Software/Supp.	38,457	(2,000)	36,457	0	36,457
Professional Supplies & Materials	58,932	-	58,932	0	58,932
Buildings/Vehicle Maintenance Supplies	12,990	248	13,238	0	13,238
Miscellaneous Supplies	6,283	686	6,969	0	6,969
Office Supplies	25,254	60	25,314	0	25,314
Postage	125,640	75,535	201,175	0	201,175
Printing	60,183	20,000	80,183	0	80,183
IT Equip Under \$5000	24,850	(24,850)	-	0	-
Utilities	84,562	-	84,562	0	84,562
Lease/Rentals - Equipment	10,341	400	10,741	0	10,741
Lease/Rentals-- Buildings/Land	46,508	52,322	98,830	0	98,830

Operating Differences Detail, cont.

Description	2023-25 Base Budget	Increase/ (Decrease)	2023 - 25 Executive Budget	House Increase / (Decrease)	2023-25 House Budget
Repairs	45,450	65,400	110,850	0	110,850
IT-Data Processing	458,035	227,732	685,767	0	685,767
IT-Telephone	69,610	60	69,670	0	69,670
IT - Contractual Services	1,178,875	1,426,292	2,605,167	0	2,605,167
Professional Development	67,480	-	67,480	0	67,480
Operating Fees & Services	72,479	800	73,279	0	73,279
Professional Services	3,598,370	698,070	4,296,440	0	4,296,440
Medical, Dental, and Optical	4,626,325	-	4,626,325	0	4,626,325
Total Operating	10,849,065	2,533,514	13,382,579	0	13,382,579

Major Operating Differences



Grant Detail

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Immunization Program to LPHU and Other Immunization Partners	1,760,000	-	1,760,000	(10,000)	1,750,000		1,750,000	
Immunization Program to NDSU	300,000	-	300,000	300,000	600,000		600,000	
Epidemiology and Laboratory Capacity for Vector Control and Mosquito Net	35,000	-	35,000	(30,000)	5,000		5,000	
Ryan White Case Management Contracts	1,368,000	-	1,368,000	1,432,000	2,800,000		2,800,000	
HIV / Hepatitis C Prevention - CTR Contracts to LPHU for patient testing/rapid testing	376,000	-	376,000	24,000	400,000	50,000	350,000	
TB Surveillance contracts to LPHU	71,600	-	71,600	8,400	80,000		80,000	
Hepatitis with Family Healthcare - provider education and treatment management	240,000	-	240,000	(60,000)	180,000		180,000	
Integrated HIV Prevention and Care Advisory Board Community Based Education	-	-	-	100,000	100,000		100,000	
Epidemiology and Laboratory Capacity for Antimicrobial Resistance and Antibiotic Stewardship Expert to NDSU	-	-	-	260,000	260,000		260,000	
Total Grants	4,150,600	-	4,150,600	2,024,400	6,175,000	50,000	6,125,000	-

Summary and Key Takeaways

1

Reduce illness and preventable deaths by understanding causes and increasing prevention.

2

Reducing infectious disease and preventable deaths contributes to a healthier state.

3

North Dakotans living healthier lives are happier and more productive.

4

Legislative support for key programs and staffing further enhances our ability to better understand and prevent deaths and infectious diseases.





THANK YOU

Kirby Kruger | Section Director, Disease Control & Forensic Pathology
kkruger@nd.gov | (701) 328-4549

3/6/2023

Senate Appropriations – Human Resources Division
HB 1004
Support of Increase in State Aid – Local Public Health

Brenda Stallman
Hillsboro, ND

Hello, Chairman Dever & Members of the Senate Appropriations Human Resources Committee, my name is Brenda Stallman and I am the Executive Officer for Traill District Health Unit, which provides public health services for the communities of Hillsboro, Mayville, Portland, Hatton, Buxton, Blanchard, Cummings, Southern Reynolds, and Northern Grandin. The population of Traill County is roughly 8,000 people, and of no surprise, our county is classified as rural.

I am in support of the provision of an additional \$2.75 million in state aid to local public health within HB 1004 as in the Governor's budget.

This funding is critical to local public health departments. Each of the 28 local public health departments works within core functions of public health that include communicable disease control, chronic disease and injury prevention, environmental public health services, maternal-child-family health, and assurance of access to clinical care. Each local public health department works with their community partners to assess their community health needs and fill in gaps where existing services are lacking. We all rely on grant funding and local financial support, but often times funding is either too specific in the case of grants and does not allow us to address identified needs, or local funding is not adequate.

The flexibility of state aid funding to local health departments is crucial. Lisa at First District Health Unit in Minot covers 7 counties and works extensively with community partnerships to develop and implement strategic plans as in the pandemic response and provision of immunizations. The occurrence of Tb requires extensive

3/6/2023

Senate Appropriations – Human Resources Division
HB 1004
Support of Increase in State Aid – Local Public Health

Brenda Stallman
Hillsboro, ND

staff oversight to assure community protection from spread of the disease. State aid funding has helped with that.

Sherry at Southwestern District Health Unit covers 8 counties. Her agency uses state aid funding to allow her staff to meet citizens where they are at, to keep them living safely in their homes and communities where they are comfortable. Her boots on the ground approach to a largely rural population requires financial resources for the provision of vaccinations and aging services.

In Traill County, our community health needs assessment has identified transportation as a top priority. We are working with community partners to establish a network of volunteers to supplement the work of our senior services program, which struggles to find drivers. We also employ a nurse to visit our senior citizens who are less mobile and confined to their homes. She fills their medication boxes, looks for changes in their health status on a weekly basis, and communicates with their physicians and families any changes that need attention. State aid makes up 6% of our overall budget. Our annual allocation in state aid is \$25,800. An increase in this funding would be very much welcome.

Local public health departments appreciate your support and are extremely grateful for state aid assistance.

I am happy to answer any questions.



House Bill 1004

Senate Appropriations Committee; Human Resources Division
Senator Dever, Chairman

Tracy K. Miller, MPH, PHD, State Epidemiologist

Health Statistics and Performance Section

Public Health Division | March 7, 2023



Health Statistics & Performance

Section Overview

State Epidemiologist

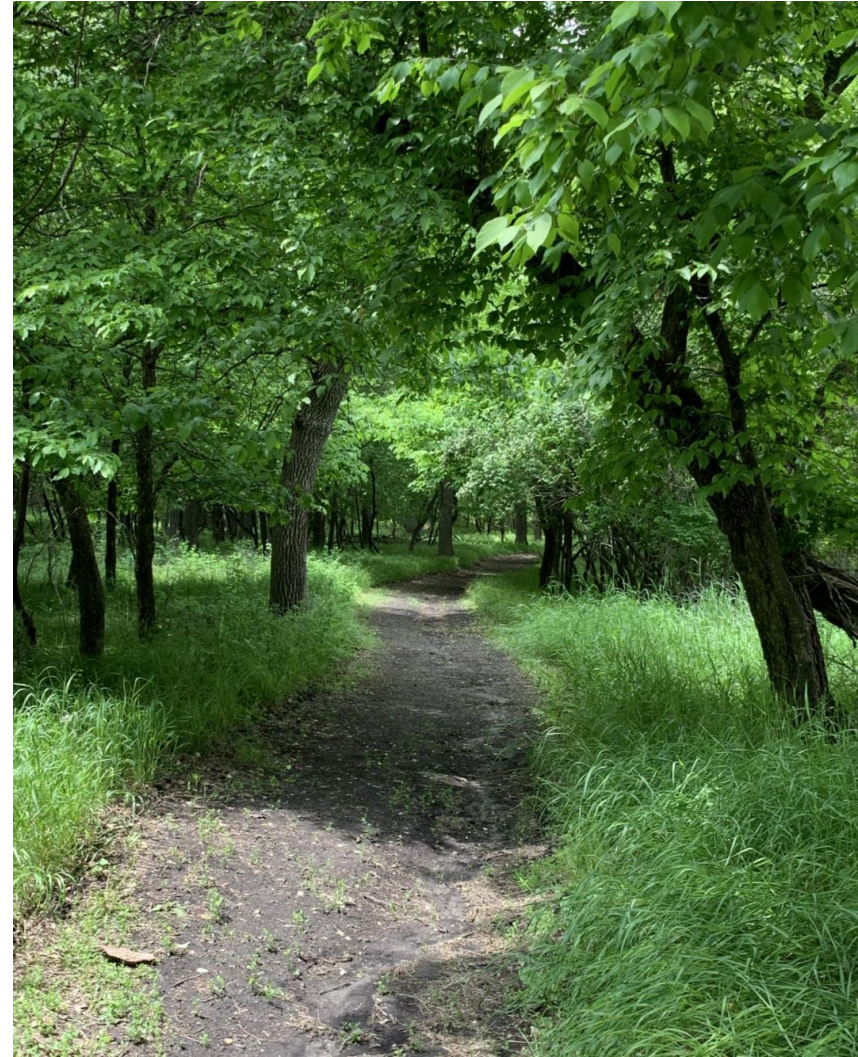
- Section Director of the HSP Section

Deputy State Epidemiologist

- This position is not a part of the HSP section
- The SE and DSE have extensive ID knowledge and are usually the main points of contact for CDC and CSTE in the event of emergencies which are typically infectious disease-related. Having the DSE in the Disease Control Section ensures collaboration and timely information sharing between the two sections.

Team members in this section include:

- 21 FTEs
- 5 FT Temporary positions
- 2 PT Temporary positions
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- 1 CSTE Fellow
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- 1 Student Intern



Health Statistics & Performance

Section Organizational Chart



Health Statistics & Performance

Provide data analysis, surveillance, program evaluation and quality improvement for cross-cutting activities and via program requests; ensuring accurate data for births and deaths.

Special Projects & Health Analytics

- Evaluation & Analytical Support of Program(s)
- Responsible for data analysis and data interpretation of special projects and emerging issues
- Covid-19 Data Analyses and Modeling Projects
- State Health Assessment & Improvement
- Pregnancy Risk Assessment Monitoring System
- Study of Associated Risks of Stillbirth
- MCH, Health Equity, and Other Program Evaluations
- Needs Assessments & Quality Improvement Analyses

Surveillance & Data Management

- Responsible for data analysis and interpretation of non-infectious disease/conditions and injury/violence data
- Behavioral Risk Factor Surveillance System (BRFSS)
- Emergency room, Hospital Discharge and EMS data
- Health Equity
- Medical Marijuana
- Overdoses, Suicides, Homicides and other violent deaths
- Oral Health, Diabetes, Stroke, SSDI, MCH
- Trauma, stroke, and cardiac registry
- Tobacco

Systems & Performance

- Performance improvement, Coordinating efforts in PH accreditation, Strategic planning, and Coordinating the state health assessment and state health improvement plan
- Primary Care Office oversees:
- Recruitment and retention of critical health care providers, Designating workforce shortage areas; Managing state and federal loan repayment programs, Managing the J-1 Visa Waiver program, Promoting the National Health Service Corps Program

Vital Records

- Responsible for three primary functions:
- Registration of Records
 - Births, deaths, fetal death, marriages, divorces, abortions
- Certification – Provide Certified Copies
 - Births, deaths, fetal deaths and fetal losses
- Statistics
 - National – NCHS, SSA
 - State agencies, researchers, media, legislative and public

Encouraging Data to Action



Pregnancy Risk Assessment Monitoring System (PRAMS)

Investigate emerging issues in reproductive health; review programs/policies aimed at reducing health problems among mothers, families and infants.



Vital Records Statistics

Baseline data – Birth and Death
Many researchers, state and federal agencies all need this data to complete their analysis.



Behavioral Risk Factor Surveillance Survey (BRFSS)

Telephone surveys collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.



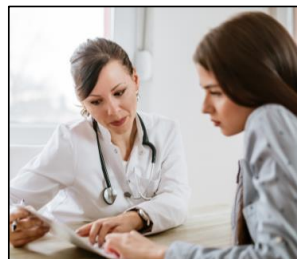
Violent Death Reporting

Collects facts from death certificates, coroner/ME reports, LE reports, and toxicology reports to aid in developing and tailoring violence prevention efforts.



Autism

Study the prevalence of Autism spectrum disorder (ASD) diagnoses in North Dakota. Inform policy, improve community awareness, improve services and support for people with ASD.



Primary Care Office

Improve primary care service delivery and workforce availability; administer the North Dakota Health Service Corps.

Using Data for Prevention and Policy Changes



Medicaid expansion for Postpartum coverage

Assess the impact of the new Medicaid Postpartum coverage from 90 days to up to 12 months.



Primary Care Office

Works with state/federal partners to encourage health care practitioners to work in rural/underserved areas; increase access to primary and dental care and mental health services.



Governor's Opioid Roundtable Discussions

Presented drug overdose data to multiple agencies, including LE, HHS, education, and local, state and tribal government.



Outreach

Master Plan on Aging Project
PRAMS for Dad/MCH
UND Suicide Grant
Youth Risk Behavioral Survey
PRAMS Child Care Access Module
DOCR projects.



Suicide Prevention

NVDRS data is provided to partners such as LE, NDDDES, HHS, community action groups, tribal govt, GO, HP, coroners, etc., to improve prevention activities.



State Health Improvement Plan (SHIP)

Design and disseminate the SHIP to align with the goal of becoming the healthiest state in the nation.

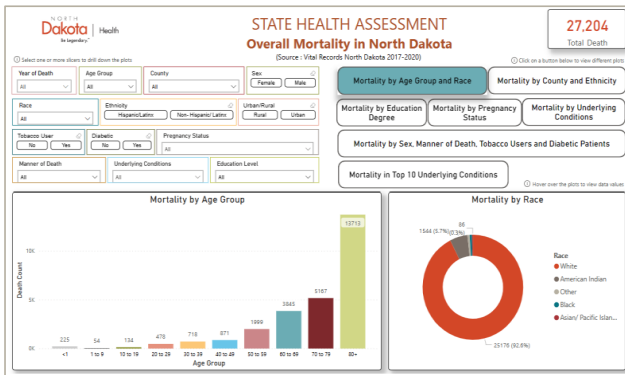
Improving the lives of North Dakotans

How legislative support and appropriations made an impact in the **2021-2023 biennium.**

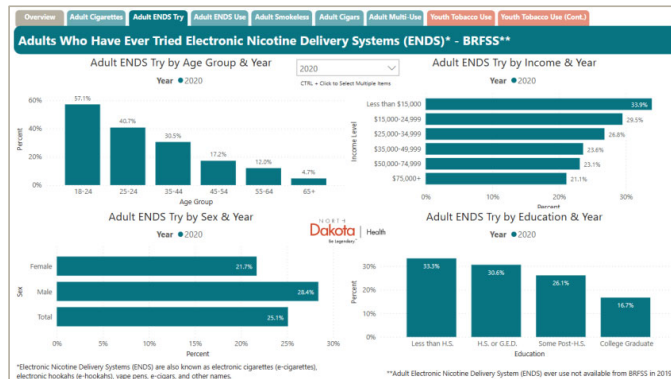


Health Data

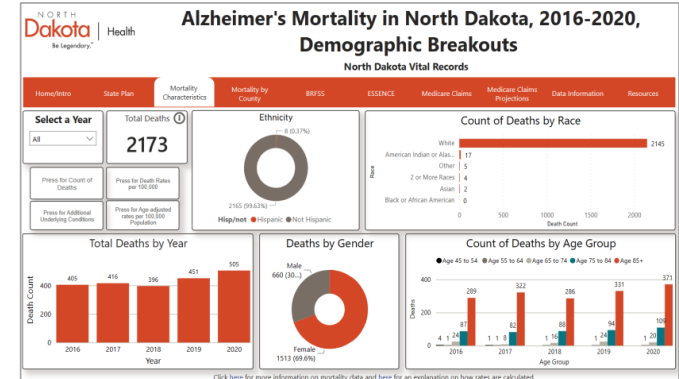
hhs.nd.gov



State Health Assessment
Mortality and premature death data available by county, age group and other demographics.



Tobacco
Multi-year look at Adult and Youth tobacco use; data available by income, age, education and other demographics.



Alzheimer's
Alzheimer's death and claims data available by county, age group, and other demographics; includes updated state plan.

Health Statistics & Performance



Incident Command

Help support COVID-19 response, through data modeling and providing data intelligence to Incident Command.



Educational Health Dept

Three graduate assistants were placed in this section; teaching classes; guest lectures and multiple summer student projects.



Data Modernization

Recent purchase of statewide death investigation system; incorporation of Poison Control data.



Presentations/Publications

Work we have done has been selected for journal publications or national presentations.



School Dashboard

Worked with internal and external agencies to provide school level data.

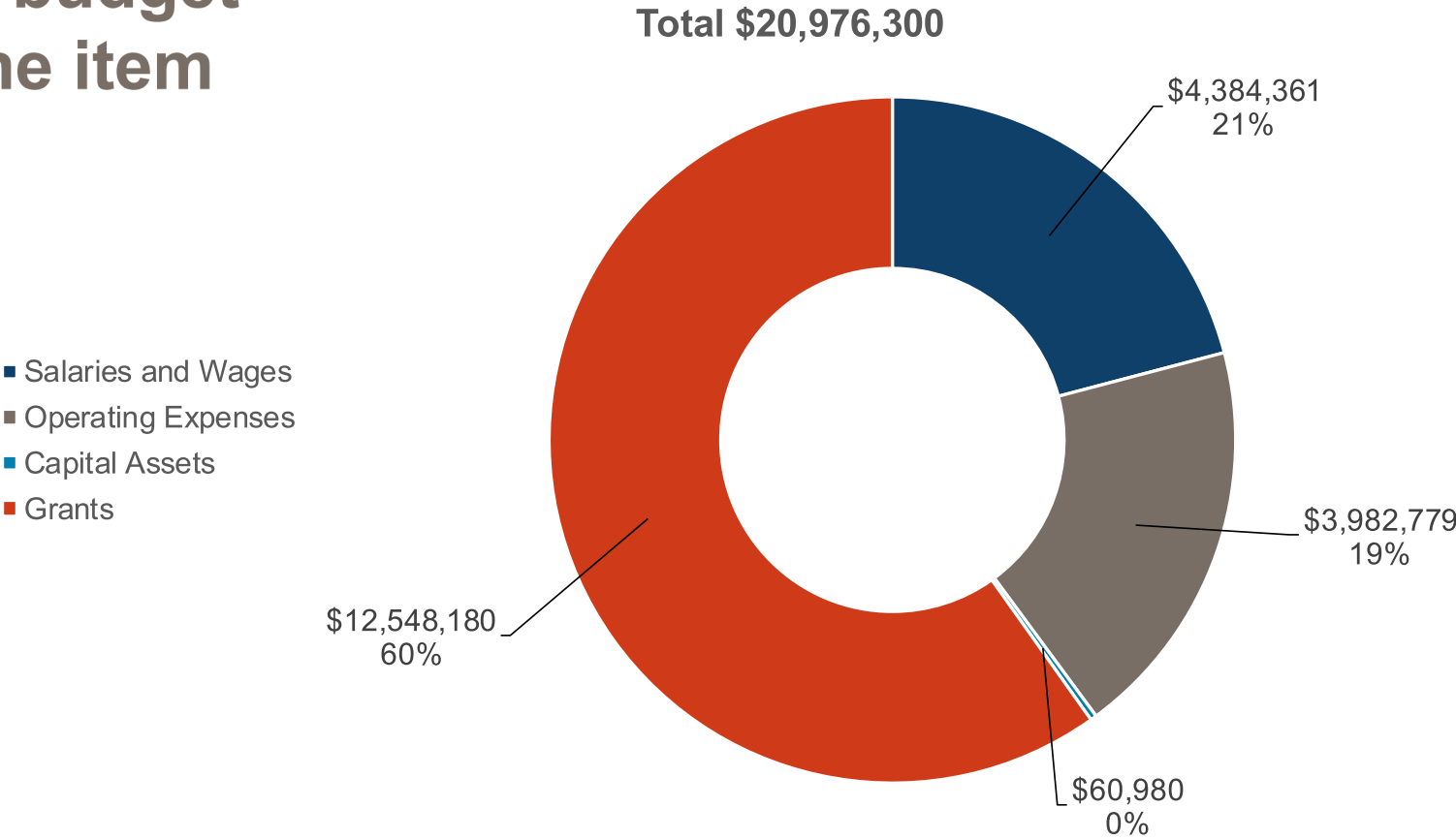


2023-2025 Budget request

The program, systems and workforce support necessary to continue to serve North Dakotans.

2023-25 Executive Recommendation

Core budget by line item

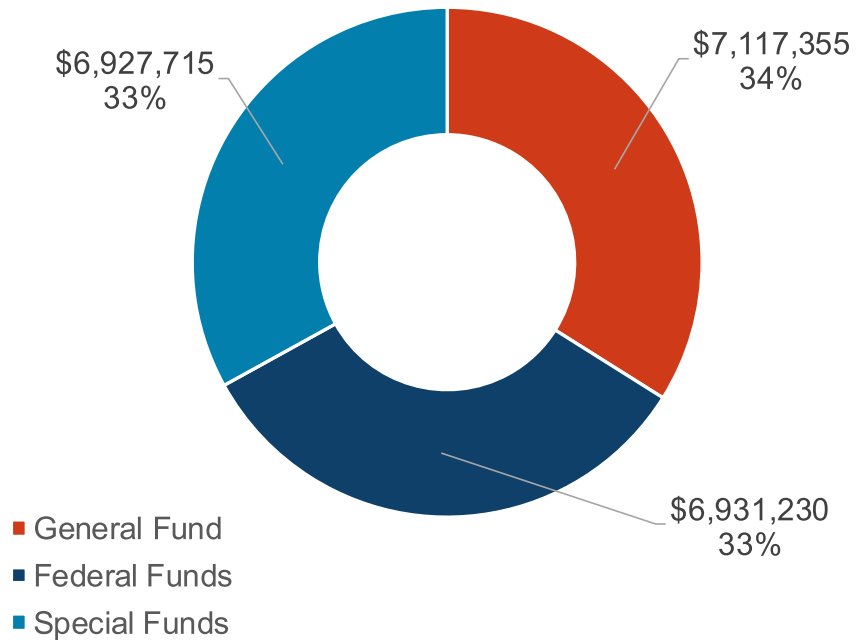


- Salaries and Wages
- Operating Expenses
- Capital Assets
- Grants

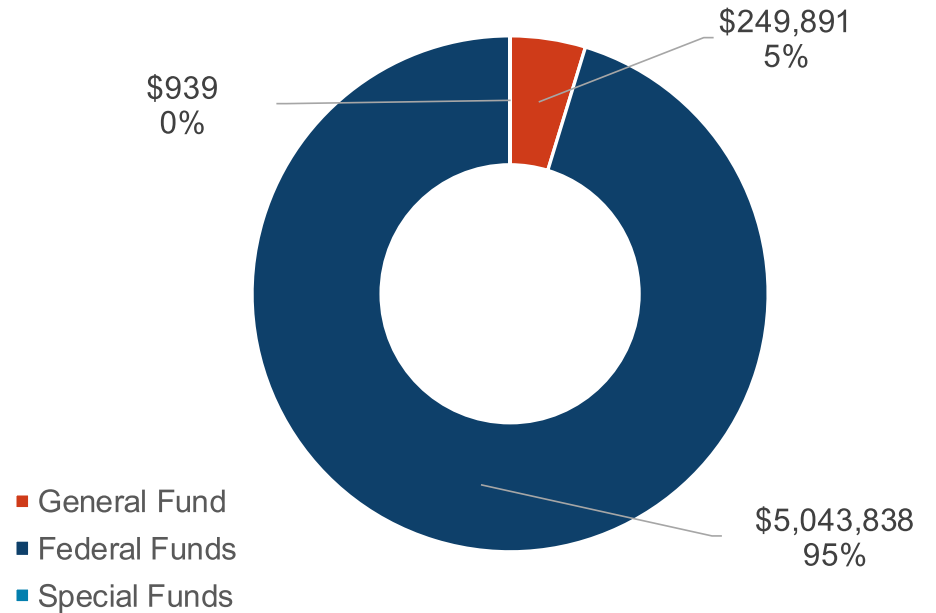
2023-25 Executive Recommendation

By funding source

Core Budget - \$20,976,300

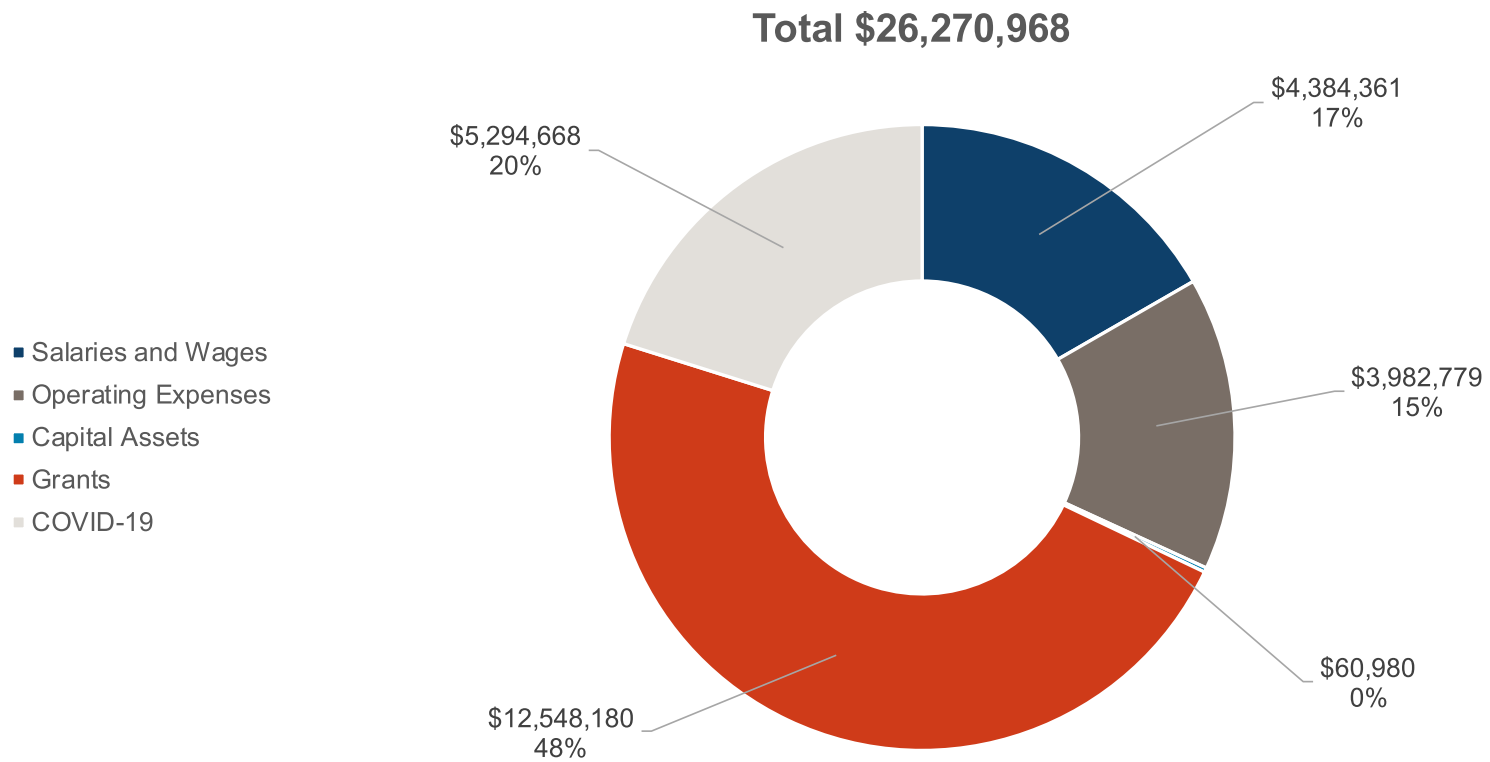


COVID-19 Budget - \$5,294,668



2023-25 Executive Recommendation

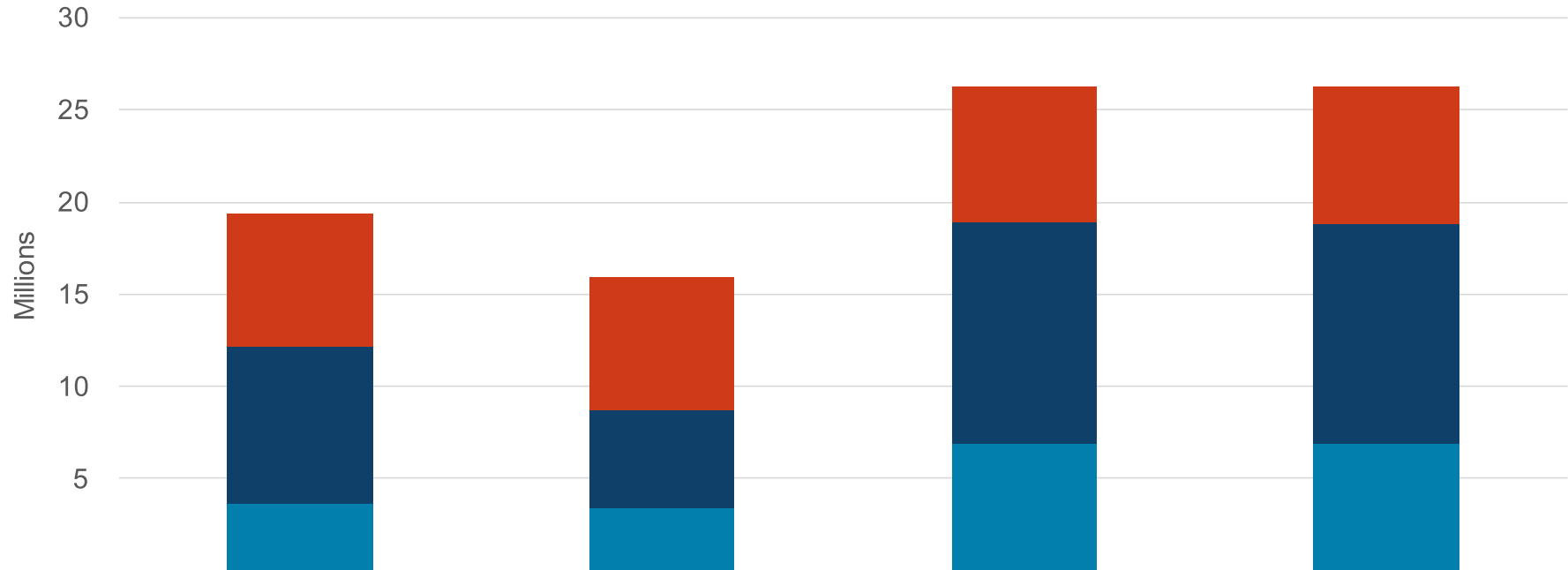
By line item



Budget Comparison

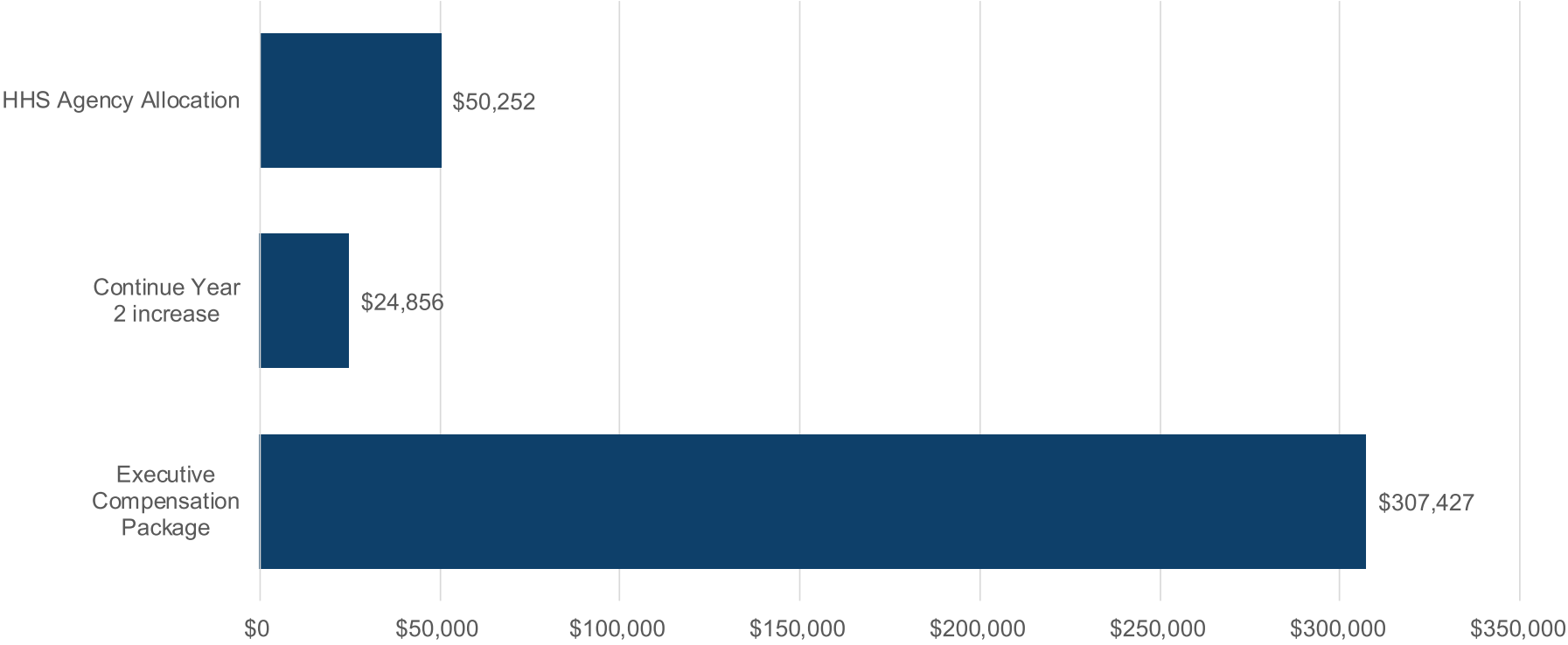
Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Rec.	House Increase /(Decrease)	2023-25 House Budget
Salaries and Wages	4,001,826	4,001,826	382,535	4,384,361	(51,802)	4,332,559
Operating Expenses	2,872,117	2,597,117	1,385,662	3,982,779	0	3,982,779
Capital Assets	0	0	60,980	60,980	0	60,980
Grants	9,057,589	9,057,589	3,490,591	12,548,180	0	12,548,180
COVID-19	3,452,196	246,908	5,047,760	5,294,668	(5,860)	5,288,808
FTE	21.0	21.0	0	21.0	0	21.0

Overview of Funding Changes



	2021-23 Current Appropriation	2023-25 Base Budget	2023-25 Executive Recommendation	2023-25 House Budget
General Fund	7,211,194	7,211,194	7,367,246	7,360,641
Federal Funds	8,505,198	5,299,910	11,975,068	11,940,487
Special Funds	3,667,336	3,392,336	6,928,654	6,912,178

Major Salary & Wage Differences



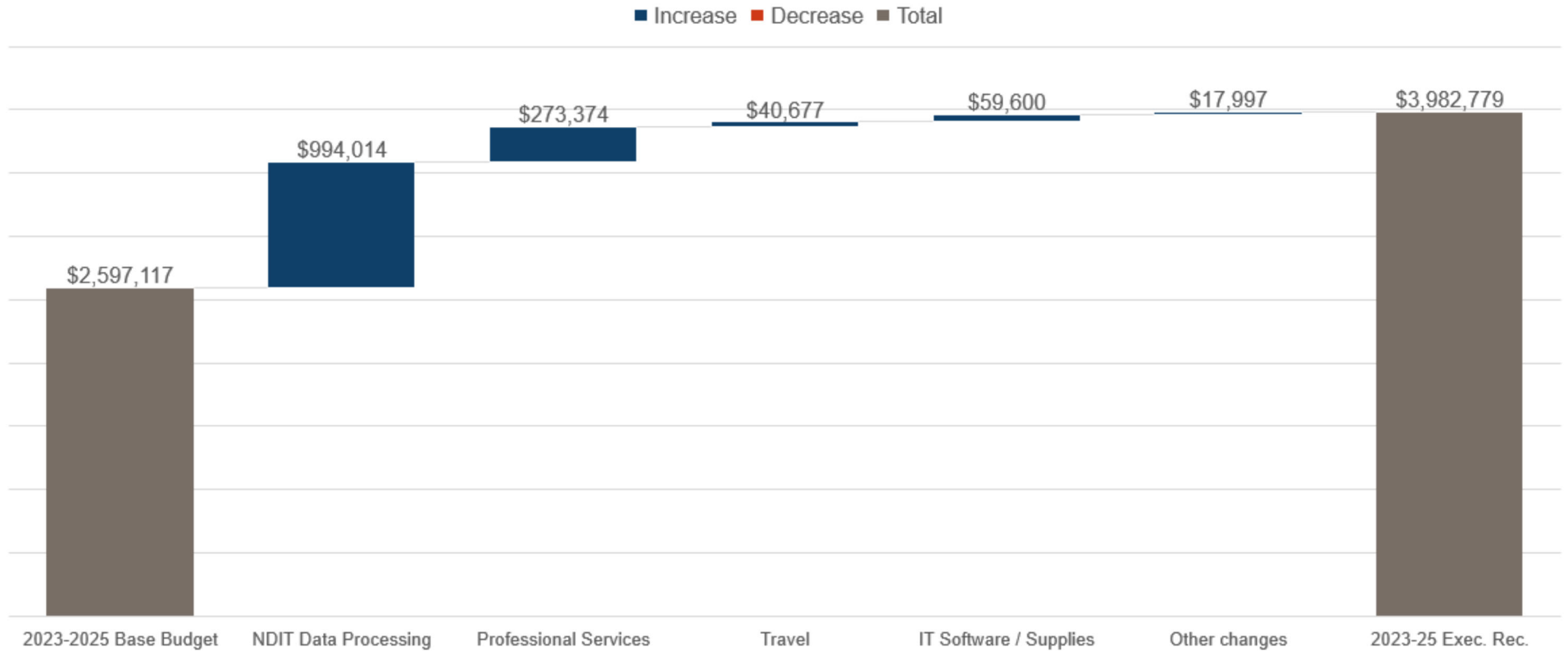
Operating Differences Detail

Description	2023-25 Base Budget	Increase/ (Decrease)	2023 - 25 Executive Budget	House Increase / (Decrease)	2023-25 House Budget
Travel	73,763	40,677	114,440	0	114,440
IT - Software/Supp.	79,641	59,600	139,241	0	139,241
Professional Supplies & Materials	82,322	(3,172)	79,150	0	79,150
Buildings/Vehicle Maintenance Supplies	1,792	3,708	5,500	0	5,500
Miscellaneous Supplies	8,200	(1,285)	6,915	0	6,915
Office Supplies	76,466	(10,000)	66,466	0	66,466
Postage	225,479	12,000	237,479	0	237,479
Printing	31,002	(406)	30,596	0	30,596
IT Equip Under \$5000	34,700	(7,200)	27,500	0	27,500
Other Equip Under \$5000	-	1,300	1,300	0	1,300
Office Equip Under \$5000	-	3,000	3,000	0	3,000
Lease/Rentals - Equipment	4,114	3,090	7,204	0	7,204
Lease \Rentals-- Buildings./Land	159,857	(14,943)	144,914	0	144,914

Operating Differences Detail, cont.

Description	2023-25 Base Budget	Increase/ (Decrease)	2023 - 25 Executive Budget	House Increase / (Decrease)	2023-25 House Budget
Repairs	3,133	3,500	6,633	0	6633
IT-Data Processing	349,810	994,014	1,343,824	0	1,343,824
IT-Telephone	24,555	6,000	30,555	0	30,555
IT - Contractual Services	183,680	-	183,680	0	183,680
Professional Development	51,245	163	51,408	0	51,408
Operating Fees & Services	36,103	(258)	35,845	0	35,845
Professional Services Medical, Dental, and Optical	1,171,255	273,374	1,444,629	0	1,444,629
		22,500	22,500	0	22,500
Total Operating	2,597,117	1,385,662	3,982,779	0	3,982,779

Major Operating Differences



Grant Detail

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Pregnancy Risk Assessment Monitoring System (PRAMS)	345,000	50,000	395,000	-	395,000	-	395,000	-
YRBS - Survey	-	200,000	200,000	-	200,000	-	200,000	-
National Violent Death Reporting System (NVDRS)	-	30,000	30,000	-	30,000	-	30,000	-
Local Public Health State Aid	5,250,000	-	5,250,000	2,750,000	8,000,000	4,725,000	-	3,275,000
Health and Human Service funding for Primary Care passed through to UND PCO	165,244	(165,244)	-	-	-	-	-	-
Preventive Health Block Grant - Local Public Health Unit Regional Coordination	97,000	87,000	184,000	-	184,000	-	184,000	-
Dental Loan Repayment Program	540,000	45,200	585,200	-	585,200	225,200	-	360,000
Medical Loan Repayment Program	708,220	(62,720)	645,500	-	645,500	645,500	-	-
Behavioral Health Loan Repayment Program	392,125	136,355	528,480	-	528,480	293,980	-	234,500
Veterinarian Loan Repayment Program	480,000	-	480,000	-	480,000	480,000	-	-
Federal State Loan Repayment Program (SLRP)	1,080,000	420,000	1,500,000	-	1,500,000	-	1,500,000	-
Total Grants	9,057,589	740,591	9,798,180	2,750,000	12,548,180	6,369,680	2,309,000	3,869,500

Summary and Key Takeaways

1

- Continued focus on providing high-quality data.
- Support For data modernization efforts.
 - Support needed for IT costs.

2

- Continued support is needed for leveraging federal funding opportunities.
- SUDORS, NIOSH, Lead, etc.

3

- Support is needed for the recruitment and retention of employees.

4

- Increased collaboration with internal and external agencies.
- Improve partnerships and funding opportunities.





THANK YOU

Tracy K. Miller, MPH, PHD | State Epidemiologist | tkmiller@nd.gov | 328-2387



House Bill 1004

Senate Appropriations Committee; Human Resources Division
Senator Dever, Chairman

Tracy K. Miller, MPH, PHD, State Epidemiologist

Health Statistics and Performance Section

Public Health Division | March 7, 2023



Health Statistics & Performance

Section Overview

State Epidemiologist

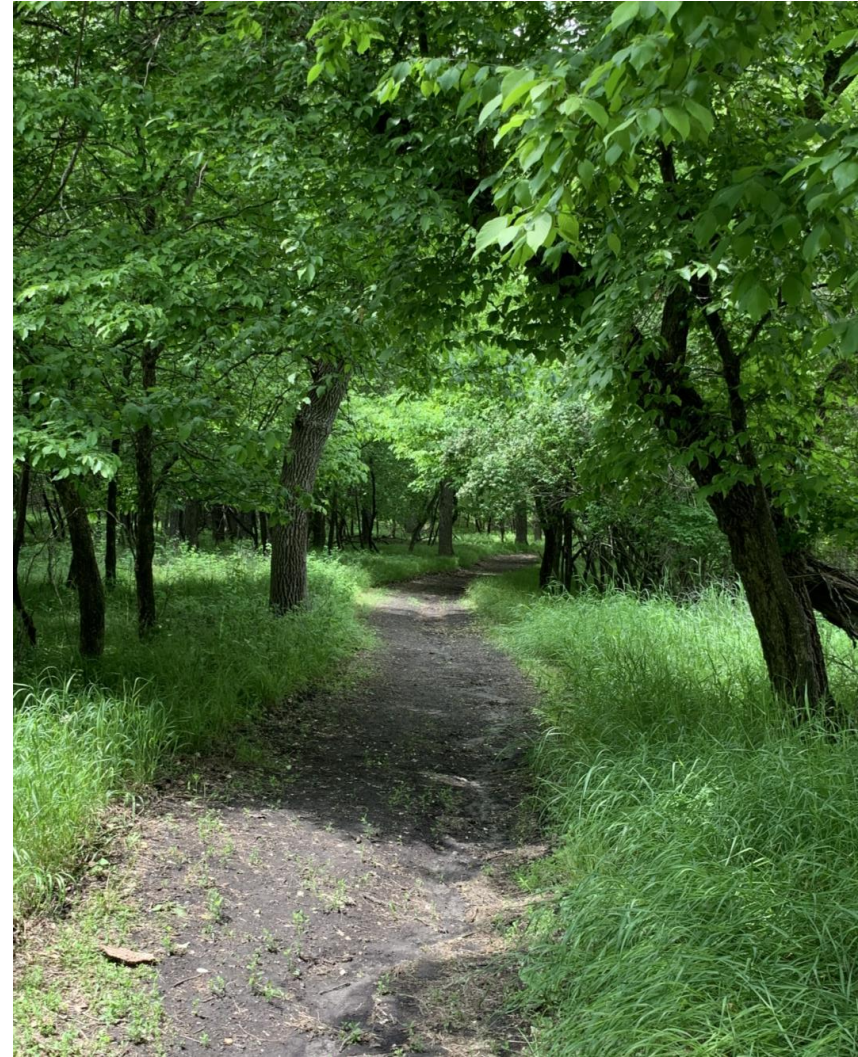
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Health Statistics & Performance

Section Organizational Chart



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Provide data analysis, surveillance, program evaluation and quality improvement for cross-cutting activities and via program requests; ensuring accurate data for births and deaths.

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- MCH, Health Equity, and Other Program Evaluations
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- Performance improvement, Coordinating efforts in PH accreditation, Strategic planning, and Coordinating the state health assessment and state health improvement plan
- Primary Care Office oversees:
- Recruitment and retention of critical health care providers, Designating workforce shortage areas; Managing state and federal loan repayment programs, Managing the J-1 Visa Waiver program, Promoting the National Health Service Corps Program

Vital Records

- Responsible for three primary functions:
- Registration of Records
 - Births, deaths, fetal death, marriages, divorces, abortions
- Certification – Provide Certified Copies
 - Births, deaths, fetal deaths and fetal losses
- Statistics
 - National – NCHS, SSA
 - State agencies, researchers, media, legislative and public

Encouraging Data to Action



Pregnancy Risk Assessment Monitoring System (PRAMS)

Investigate emerging issues in reproductive health; review programs/policies aimed at reducing health problems among mothers, families and infants.



Vital Records Statistics

Baseline data – Birth and Death
Many researchers, state and federal agencies all need this data to complete their analysis.



Behavioral Risk Factor Surveillance Survey (BRFSS)

Telephone surveys collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.



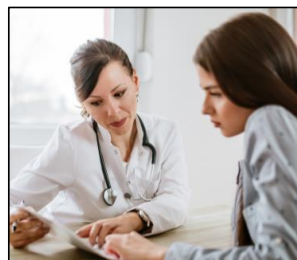
Violent Death Reporting

Collects facts from death certificates, coroner/ME reports, LE reports, and toxicology reports to aid in developing and tailoring violence prevention efforts.



Autism

Study the prevalence of Autism spectrum disorder (ASD) diagnoses in North Dakota. Inform policy, improve community awareness, improve services and support for people with ASD.



Primary Care Office

Improve primary care service delivery and workforce availability; administer the North Dakota Health Service Corps.

Using Data for Prevention and Policy Changes



Medicaid expansion for Postpartum coverage

Assess the impact of the new Medicaid Postpartum coverage from 90 days to up to 12 months.



Primary Care Office

Works with state/federal partners to encourage health care practitioners to work in rural/underserved areas; increase access to primary and dental care and mental health services.



Governor's Opioid Roundtable Discussions

Presented drug overdose data to multiple agencies, including LE, HHS, education, and local, state and tribal government.



Outreach

Master Plan on Aging Project
PRAMS for Dad/MCH
UND Suicide Grant
Youth Risk Behavioral Survey
PRAMS Child Care Access Module
DOCR projects.



Suicide Prevention

NVDRS data is provided to partners such as LE, NDDDES, HHS, community action groups, tribal govt, GO, HP, coroners, etc., to improve prevention activities.



State Health Improvement Plan (SHIP)

Design and disseminate the SHIP to align with the goal of becoming the healthiest state in the nation.

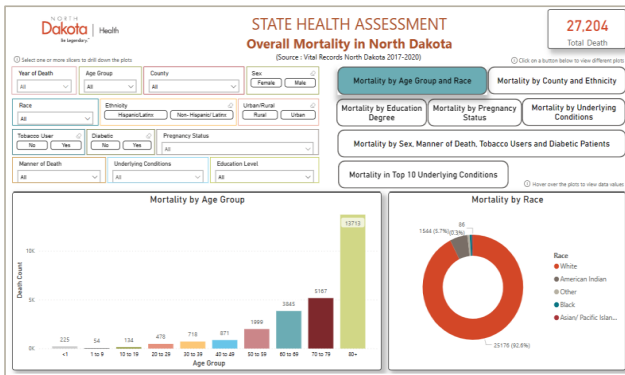
Improving the lives of North Dakotans

How legislative support and appropriations made an impact in the **2021-2023 biennium.**

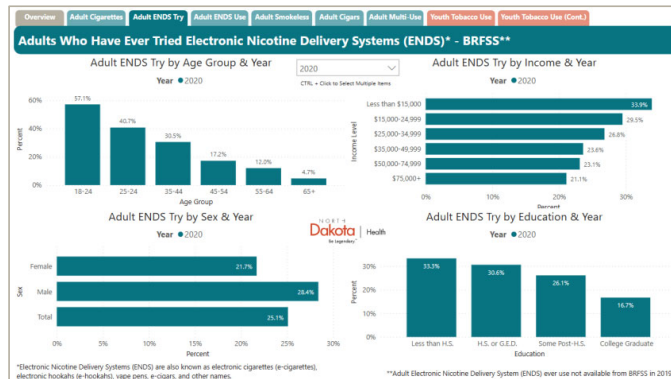


Health Data

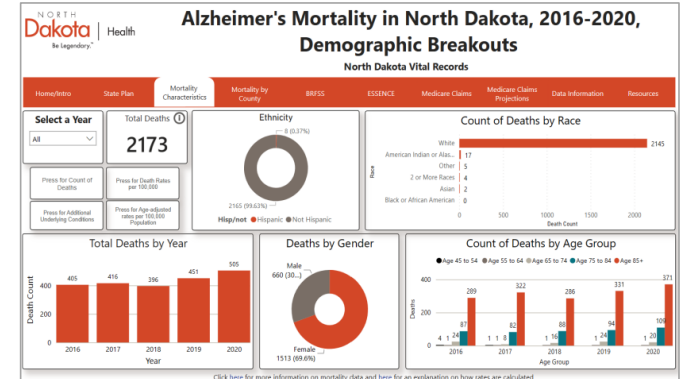
hhs.nd.gov



State Health Assessment
Mortality and premature death data available by county, age group and other demographics.



Tobacco
Multi-year look at Adult and Youth tobacco use; data available by income, age, education and other demographics.



Alzheimer's
Alzheimer's death and claims data available by county, age group, and other demographics; includes updated state plan.

Health Statistics & Performance



Incident Command

Help support COVID-19 response, through data modeling and providing data intelligence to Incident Command.



Educational Health Dept

Three graduate assistants were placed in this section; teaching classes; guest lectures and multiple summer student projects.



Data Modernization

Recent purchase of statewide death investigation system; incorporation of Poison Control data.



Presentations/Publications

Work we have done has been selected for journal publications or national presentations.



School Dashboard

Worked with internal and external agencies to provide school level data.

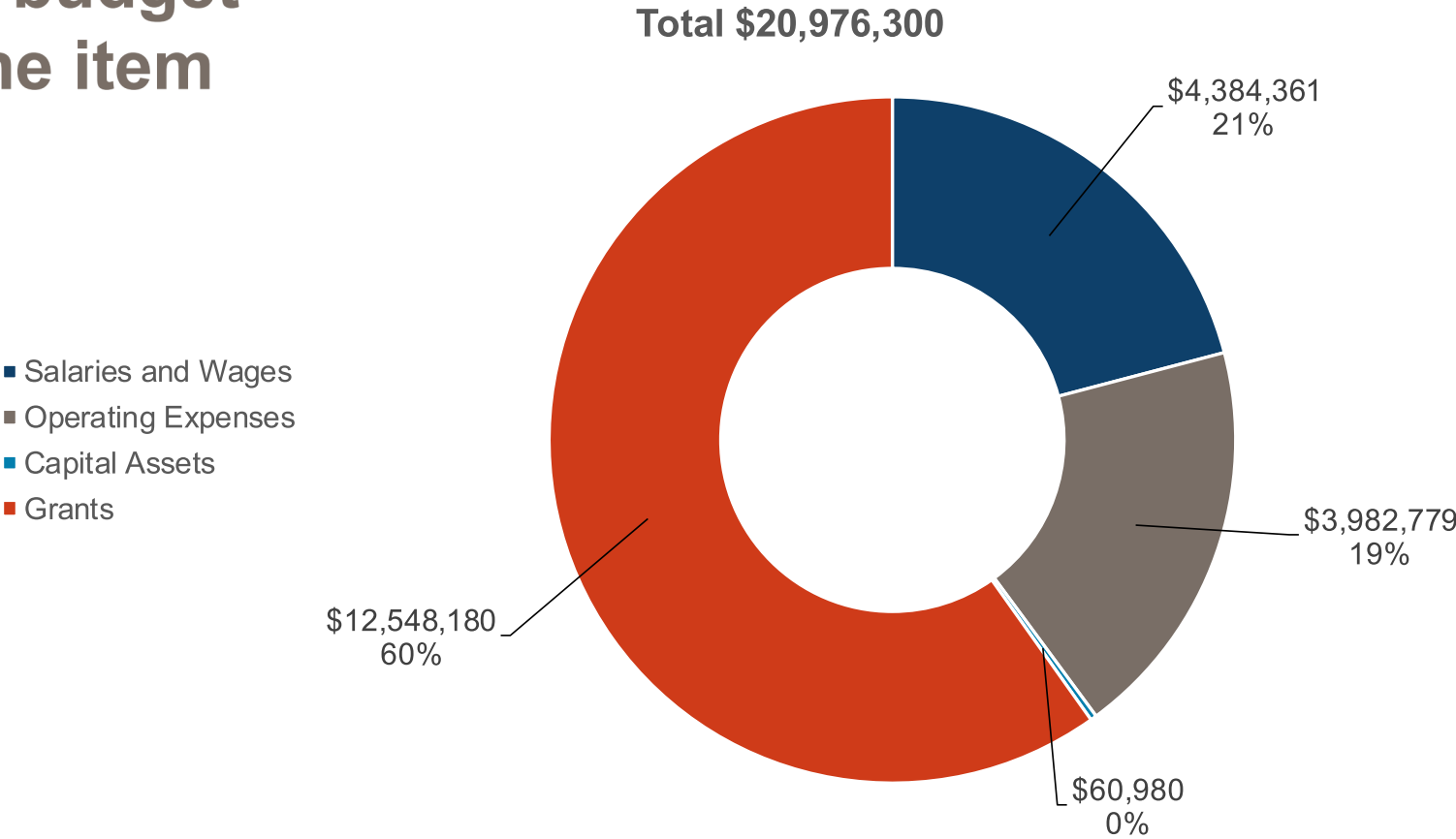


2023-2025 Budget request

The program, systems and workforce support necessary to continue to serve North Dakotans.

2023-25 Executive Recommendation

Core budget by line item

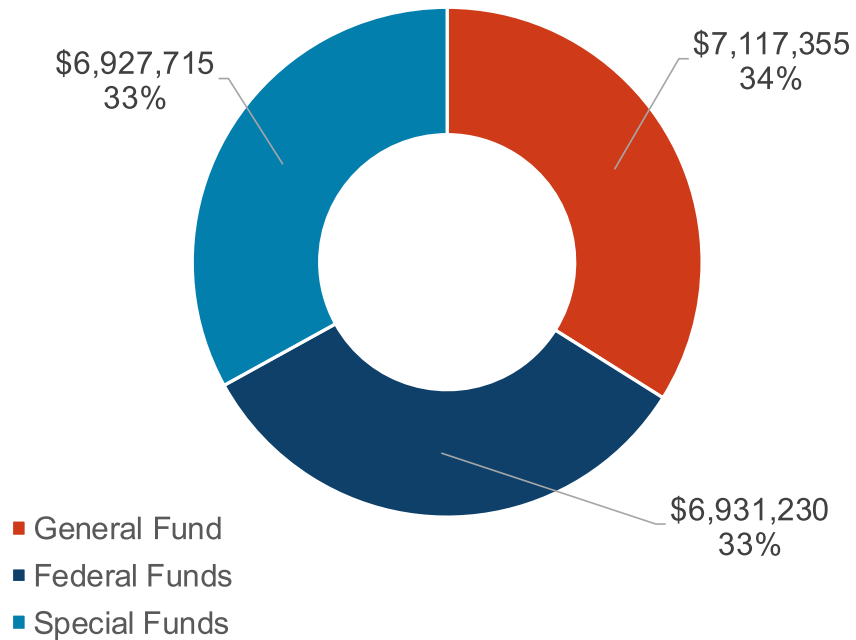


- Salaries and Wages
- Operating Expenses
- Capital Assets
- Grants

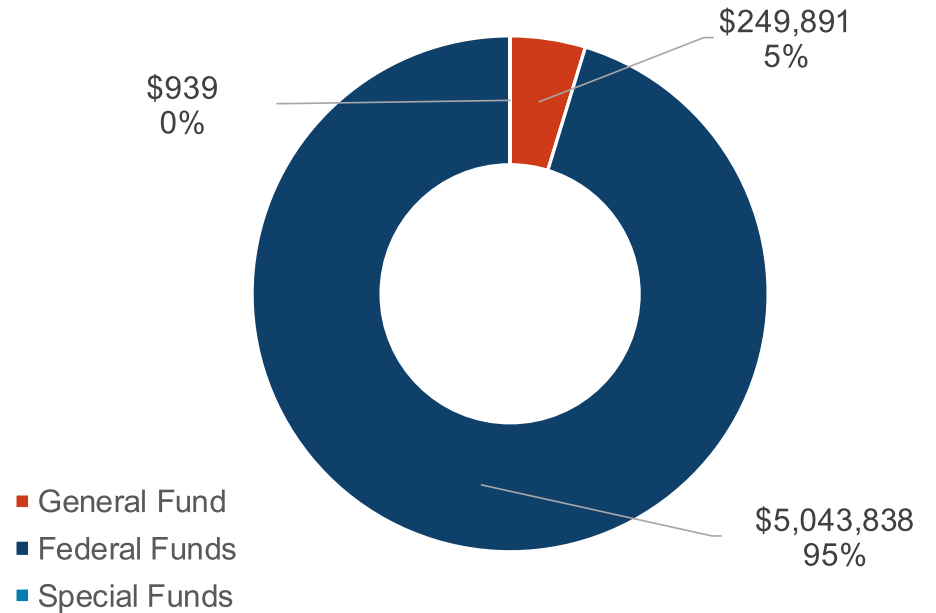
2023-25 Executive Recommendation

By funding source

Core Budget - \$20,976,300

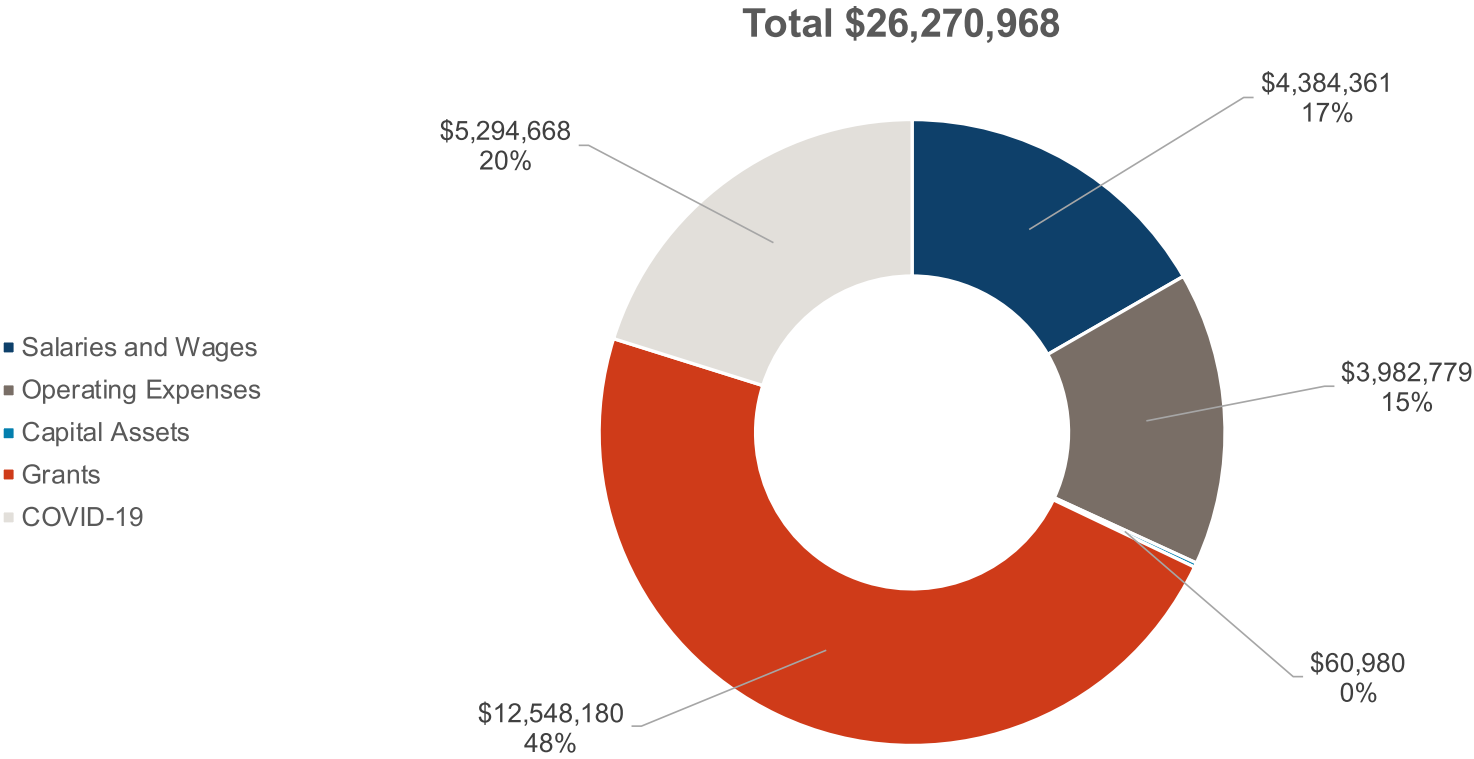


COVID-19 Budget - \$5,294,668



2023-25 Executive Recommendation

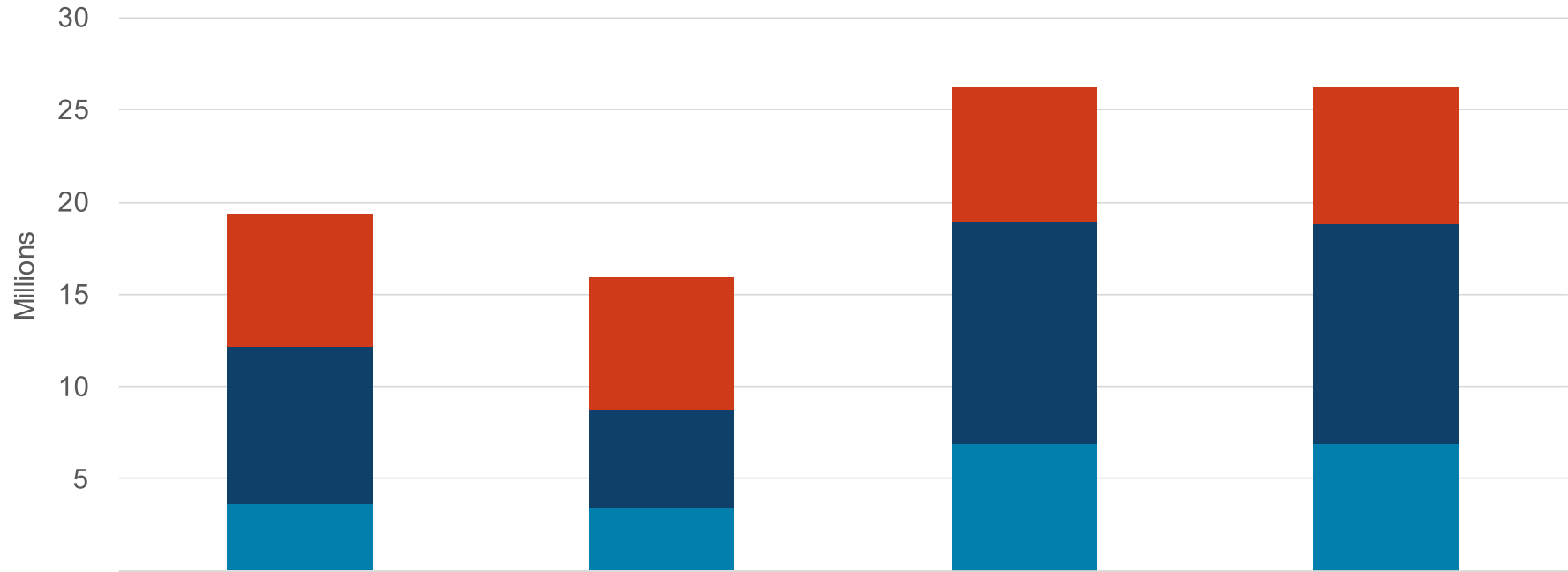
By line item



Budget Comparison

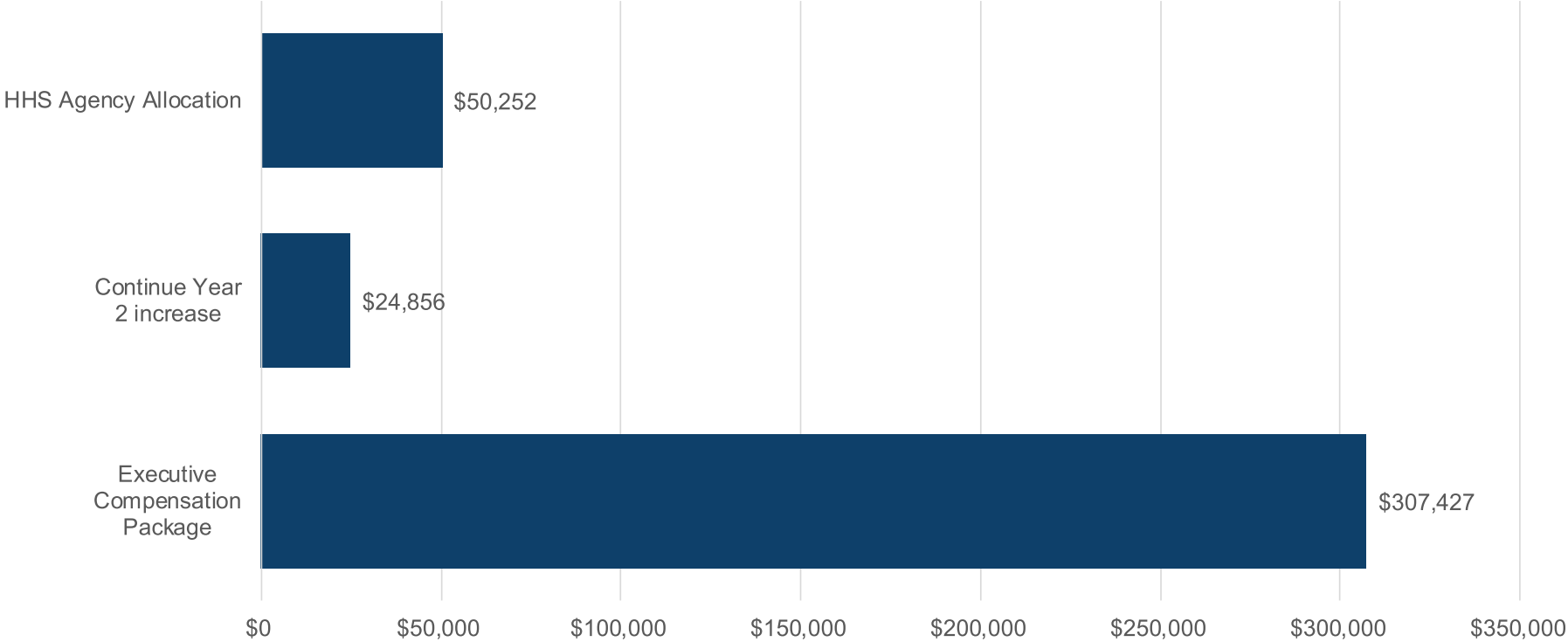
Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Rec.	House Increase /(Decrease)	2023-25 House Budget
Salaries and Wages	4,001,826	4,001,826	382,535	4,384,361	(51,802)	4,332,559
Operating Expenses	2,872,117	2,597,117	1,385,662	3,982,779	0	3,982,779
Capital Assets	0	0	60,980	60,980	0	60,980
Grants	9,057,589	9,057,589	3,490,591	12,548,180	0	12,548,180
COVID-19	3,452,196	246,908	5,047,760	5,294,668	(5,860)	5,288,808
FTE	21.0	21.0	0	21.0	0	21.0

Overview of Funding Changes



	2021-23 Current Appropriation	2023-25 Base Budget	2023-25 Executive Recommendation	2023-25 House Budget
■ General Fund	7,211,194	7,211,194	7,367,246	7,360,641
■ Federal Funds	8,505,198	5,299,910	11,975,068	11,940,487
■ Special Funds	3,667,336	3,392,336	6,928,654	6,912,178

Major Salary & Wage Differences



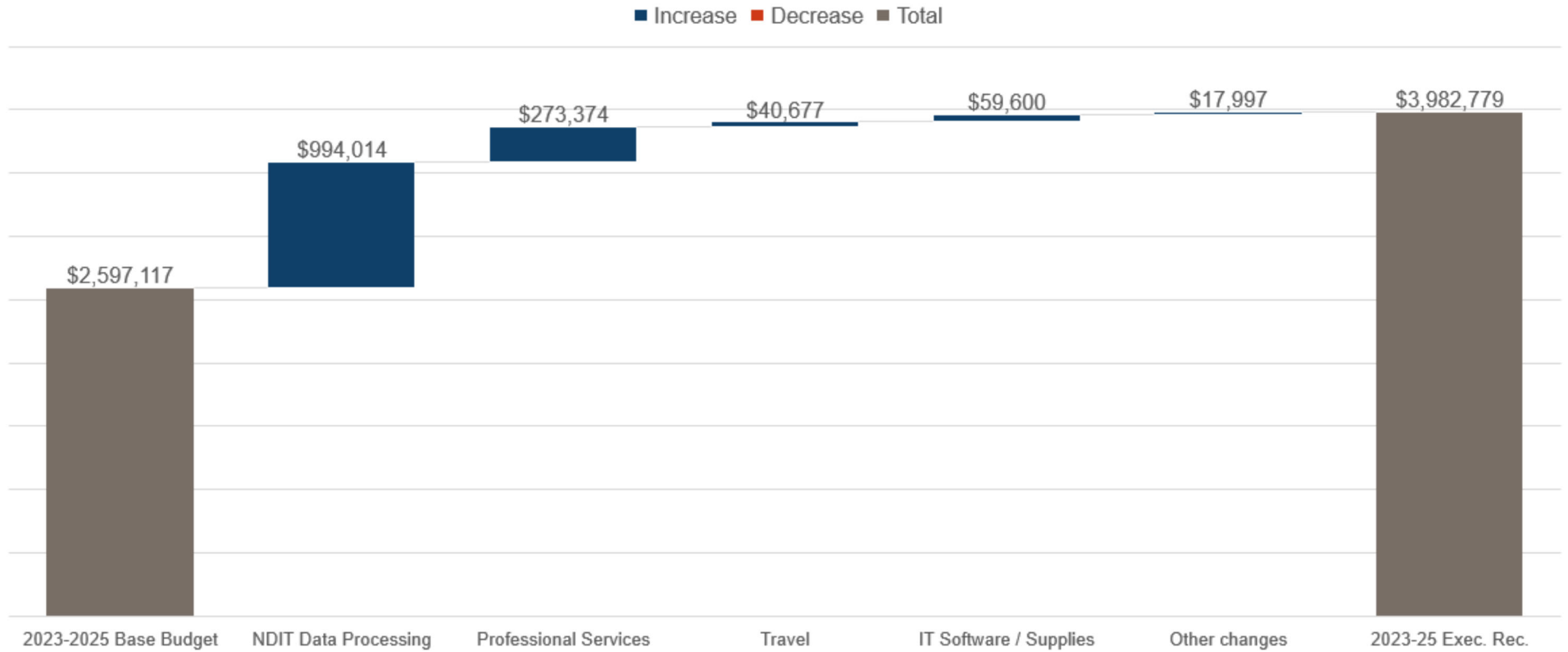
Operating Differences Detail

Description	2023-25 Base Budget	Increase/ (Decrease)	2023 - 25 Executive Budget	House Increase / (Decrease)	2023-25 House Budget
Travel	73,763	40,677	114,440	0	114,440
IT - Software/Supp.	79,641	59,600	139,241	0	139,241
Professional Supplies & Materials	82,322	(3,172)	79,150	0	79,150
Buildings/Vehicle Maintenance Supplies	1,792	3,708	5,500	0	5,500
Miscellaneous Supplies	8,200	(1,285)	6,915	0	6,915
Office Supplies	76,466	(10,000)	66,466	0	66,466
Postage	225,479	12,000	237,479	0	237,479
Printing	31,002	(406)	30,596	0	30,596
IT Equip Under \$5000	34,700	(7,200)	27,500	0	27,500
Other Equip Under \$5000	-	1,300	1,300	0	1,300
Office Equip Under \$5000	-	3,000	3,000	0	3,000
Lease/Rentals - Equipment	4,114	3,090	7,204	0	7,204
Lease \Rentals-- Buildings./Land	159,857	(14,943)	144,914	0	144,914

Operating Differences Detail, cont.

Description	2023-25 Base Budget	Increase/ (Decrease)	2023 - 25 Executive Budget	House Increase / (Decrease)	2023-25 House Budget
Repairs	3,133	3,500	6,633	0	6633
IT-Data Processing	349,810	994,014	1,343,824	0	1,343,824
IT-Telephone	24,555	6,000	30,555	0	30,555
IT - Contractual Services	183,680	-	183,680	0	183,680
Professional Development	51,245	163	51,408	0	51,408
Operating Fees & Services	36,103	(258)	35,845	0	35,845
Professional Services	1,171,255	273,374	1,444,629	0	1,444,629
Medical, Dental, and Optical		22,500	22,500	0	22,500
Total Operating	2,597,117	1,385,662	3,982,779	0	3,982,779

Major Operating Differences



Grant Detail

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Pregnancy Risk Assessment Monitoring System (PRAMS)	345,000	50,000	395,000	-	395,000	-	395,000	-
YRBS - Survey	-	200,000	200,000	-	200,000	-	200,000	-
National Violent Death Reporting System (NVDRS)	-	30,000	30,000	-	30,000	-	30,000	-
Local Public Health State Aid	5,250,000	-	5,250,000	2,750,000	8,000,000	4,725,000	-	3,275,000
Health and Human Service funding for Primary Care passed through to UND PCO	165,244	(165,244)	-	-	-	-	-	-
Preventive Health Block Grant - Local Public Health Unit Regional Coordination	97,000	87,000	184,000	-	184,000	-	184,000	-
Dental Loan Repayment Program	540,000	45,200	585,200	-	585,200	225,200	-	360,000
Medical Loan Repayment Program	708,220	(62,720)	645,500	-	645,500	645,500	-	-
Behavioral Health Loan Repayment Program	392,125	136,355	528,480	-	528,480	293,980	-	234,500
Veterinarian Loan Repayment Program	480,000	-	480,000	-	480,000	480,000	-	-
Federal State Loan Repayment Program (SLRP)	1,080,000	420,000	1,500,000	-	1,500,000	-	1,500,000	-
Total Grants	9,057,589	740,591	9,798,180	2,750,000	12,548,180	6,369,680	2,309,000	3,869,500

Summary and Key Takeaways

1

- Continued focus on providing high-quality data.
- Support For data modernization efforts.
 - Support needed for IT costs.

2

- Continued support is needed for leveraging federal funding opportunities.
- SUDORS, NIOSH, Lead, etc.

3

- Support is needed for the recruitment and retention of employees.

4

- Increased collaboration with internal and external agencies.
- Improve partnerships and funding opportunities.





THANK YOU

Tracy K. Miller, MPH, PHD | State Epidemiologist | tkmiller@nd.gov | 328-2387



House Bill 1004

Senate Appropriations Committee; Human Resources Division
Senator Dever, Chairman

Kim Mertz, Section Director

Healthy and Safe Communities Section

Public Health Division | March 7, 2023



Health & Human Services

Healthy & Safe Communities Section

Mission: The purpose of the Healthy & Safe Communities Section is to support individuals, families and communities by providing quality preventive programs and services that equitably protect and enhance the health and safety of all North Dakotans.

Organizational Chart

March 2023

Kim Mertz, Section Director
Pediatric Mental Health Care Access (PMHCA)
Patrick Sitter* - Strengthening US Public Health Infrastructure, Workforce & Data Systems

+ NDIT Employee
* Non-Permanent Positions
** Assistant Unit Directors

46 FTEs (no vacancies)
15 non-permanent (1 vacancy)
2 CDC Public Health Associates

Lead Section Support Team
Corey Bergrud, Information Technology+
Carleen Scherr, Administrative Assistant
Sara Upgren, Administrative Assistant

COMMUNITY ENGAGEMENT
Krisie Guerard, Director

Assistant Director
Alicia Belay**

Training Coordinator
Jordan Laducer

Immunization Coordinator
Roger Bryant*

Community Engagement Specialist
Katarina Domitrovich*

Community Engagement Coordinator
Ruth Nwatu, CDC Public Health Associate

Community Liaisons
Thomas Taban*, Luisa Hoyos*

Tribal Health Liaisons
Sonya Abe*
Hunter Parisien*
Cheyenne Smith*
Jamie Thongphet*

Administrative Support
Sara Upgren

FAMILY HEALTH & WELLNESS
Deanna Askew, Director

Breastfeeding/Childhood Obesity Prevention
Mikaela Schlosser/Sarah Massey

Child Passenger Safety/Vision Zero
Dawn Mayer

Domestic Violence/Rape Crisis
Deanna Askew/Mallory Sattler/Faye Kihne

Infant/Child Death Services/Injury Prevention
Beth Oestreich

Reproductive Health/Family Planning
Cora Rabenberg**/Sarah Scott

Special Supplemental Nutrition Program for Women, Infants & Children (WIC)
Amanda Varriano/Kristi Miller
Kim Hinnenkamp/Carley Metzger

Men's Health
Hannah Hanson, CDC Public Health Associate

Administrative Support
Janet Lucas/Kayla Conklin

HEALTH PROMOTION & CHRONIC DISEASE PREVENTION
Susan Mormann, Director

Community Clinical Coordination
Jesse Tran**

Colorectal Cancer Screening Initiative
Jesse Tran**

Comprehensive Cancer Control
Annette Clark/Mikaila McLaughlin

Diabetes Prevention & Control/ Preventive Health Block Grant
Brianna Monahan

Heart Disease & Stroke Prevention
Tiffany Knauf

Oral Health
Cheri Kiefer/Toni Hruby/Vanessa Bopp*
Drew Goebel, DDS*
Mary Strube*/Paige Ward*/Vacant*

Tobacco Prevention & Control
Neil Charvat/Kara Hickel/Kara Backer/Abby Erickson

Women's Way
Susan Mormann/Paulette DeLeonardo
Barbara Steiner/Amy Keller

Administrative Support
Teri Arso/Shane Sanders

SPECIAL HEALTH SERVICES
Kimberly Hruby, Director

TITLE V MATERNAL AND CHILD HEALTH (MCH)
Kimberly Hruby

Coordinated Services
Danielle Hoff**/Heather Kapella
Dorothy Schneider*

Financial Coverage
Tina Feigitsch/Jaime Hauff

Newborn Screening & Follow-up
Joyal Meyer/Amy Burke

Title V/Children with Special Health Care Needs System Enhancement
Danielle Hoff**/Heather Kapella
Amy Burke/Joyal Meyer

Medical Director
Joan Connell, MD

Administrative Support
Kelsie Morris/Kayla Conklin

Healthy and Safe Communities Section

Support individuals, families and communities by providing quality preventive programs and services that equitably protect and enhance the health and safety of all North Dakotans.

COMMUNITY ENGAGEMENT

Krissie Guerard

- Works alongside North Dakota communities in addressing health-related needs to reduce disease rates by providing opportunities for interventions and improving access to health care; thereby, ensuring all North Dakotans have the ability to reach their optimal health.

FAMILY HEALTH & WELLNESS

Deanna Askew

- Works collaboratively on evidence-based initiatives that promote healthy, safe and active North Dakotans at every stage of life and the environments that support them.

HEALTH PROMOTION & CHRONIC DISEASE PREVENTION

Susan Mormann

- Promotes and improves health at every stage of life through evidence-based and culturally reflective strategies that prevent and manage chronic disease.

SPECIAL HEALTH SERVICES

Kimberly Hruby

- Promotes a system of care and services that improves the health and well-being of individuals with special health care needs and their families.

Improving the lives of North Dakotans

How legislative support and appropriations made an impact in the **2021-2023 biennium.**





“

“Not all individuals have a car or money to go to a blood donation site. It was great to host an event that benefited the community (with the huge blood shortage) and individuals on campus to have an easy and convenient opportunity to donate blood if they so wished.”

- Shaena Richard, Health Equity Ambassador

Community Engagement

- Tribal Health Liaisons ↔ Trusted Relationships
- Quarterly Tribal Health Director’s Meetings
- Contracts with Tribal Nations/urban American Indian community-based organizations totaling over \$550,000 to assist with COVID-19 mitigation efforts, development of culturally relevant health information, etc.
- Over 160 Collaborative Partnerships
- Advisory Boards
- Presentations/Trainings
- Health Equity Ambassador Program

Family Health and Wellness



Breastfeeding/Obesity Prevention

158 businesses are Infant Friendly Workplaces; impacting over 43,000 employees.



Child Passenger Safety

Distributed 347 car seats to low-income families and inspected 555 child restraints.



Injury Prevention

Almost 2,000 cribs were distributed to families to provide a safe sleep environment for infants.

5,728 calls to the Poison Hotline in 2021.



Reproductive Health

Provided services to 3,777 women and 973 men in 2021.



Men's Health

New program: collaborations, webinar series, North Dakota Fatherhood Survey.



WIC

Served 16,016 participants including 5,016 infants in 2021.



DOMESTIC VIOLENCE FACTS

2021



5,417
new victims

served by →



18
Domestic Violence/Sexual
Assault Crisis Centers

OF THOSE CASES:

- **87%** of the victims were women.
- **94** women were pregnant at the time they were assaulted.
- **18%** of new victims were people with disabilities.
- At least **3,895** children were directly impacted by these incidents.

A CLOSER LOOK

- At least **66%** of victims served were physically abused.
- Weapons were used in at least **13%** of the cases identified. Guns were used in **18%** of the cases and knives were used in **16%** of the cases involving weapons.
- In at least **39%** of cases, the abuser had a history of abusive behavior with other adults, including previous partners.
- Alcohol use by the abuser was only indicated in **28%** of the new cases. Alcohol use by both the victim and offender was indicated at **5%** of the cases.



SEXUAL ASSAULT FACTS 2021



1,139 Primary Victims
+ **292** Secondary Victims

served by
→



18
Domestic
Violence/Sexual Assault
Crisis Centers

OF THOSE CASES:

- At least **933** victims were female.
- **59%** of cases were male assailants (752), a female victim.
- **174** assailants were female.
- **4%** of cases were male assailants, a male victim.

A CLOSER LOOK



- At least **298** of primary victims were under the age of 18 years old at the time of the assault(s).
- In adult cases, **9%** of assailants were strangers. In child cases, **3%** of the assailants were strangers.
- In at least **29%** of all cases, the assailant was a friend/acquaintance/date of the victim.
- At least **32%** of the assaults occurred in the victim's or assailant's home.
- **28%** of new victims were people with disabilities. Of those, **18%** were people with developmental disabilities, **23%** had physical disabilities, and **59%** were people with mental health disabilities.

**new-unduplicated for calendar year*

Health Promotion and Chronic Disease Prevention



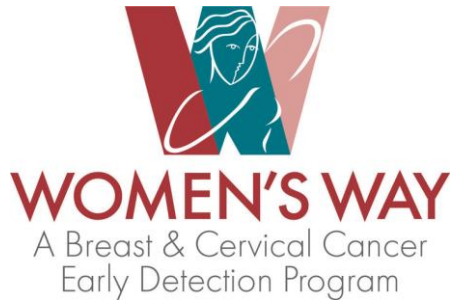
Comprehensive Cancer/Colorectal Cancer Prevention

- 19 facilities are included in the Colorectal Cancer Screening Initiative provider network.



Diabetes and Heart Disease/Stroke Prevention Pharmacy Services Pilot

- 658 patients screened for hypertension
- 578 patients screened for prediabetes
- 1,144 patients screened for immunizations
- 382 medication therapy management consultations were held with patients, and 587 drug therapy problems were identified.



Women's Way

- From July 1, 2021 - November 30, 2022, assisted nearly 1,250 women complete breast and/or cervical cancer screenings.

Oral Health

Medical-Dental Integration

- Completed 1,385 dental screenings at the UND CFM
- Of those screenings, 22% had NEVER visited a dental office



Tobacco Prevention and Control

- More on this later

Special Health Services

Coordinated Services

- Served 1,939 children with special health care needs and their families.

Financial Coverage

- Helped families pay for medical services for 521 eligible children, including health care visits and tests to diagnose chronic health conditions early and specialty care needed for treatment.

Newborn Screening and Follow-up

- Screened 11,709 infants.
- Started long-term follow-up.

System Enhancement

- Multidisciplinary clinics served over 1,200 children and families.

Note: All data is from 2021



53 disorders are included in North Dakota's newborn screening panel

ND Medicaid offers 12 months of coverage for moms.

Act before your baby is born.

Tell your human service zone right away when you become pregnant so you can receive this coverage.



Safety Corridor
VISION ZERO
Zero Fatalities. Zero Excuses.



Public Health Infrastructure
is made up of the **people, services, and systems** needed to promote and protect health in every U.S. community



And so much more!

Healthy and Safe Communities Programs - Making a Difference in North Dakotan's Lives!



WIC

Helps eligible pregnant women, new mothers, babies and young children eat well, learn about nutrition and stay healthy.

"I couldn't believe the amount of help and support I received from WIC in being to continue breastfeeding..... They frequently checked in on me..... and were very nonjudgmental....."



Women's Way

Provides a way to pay for breast and cervical cancer screenings for eligible North Dakota women.

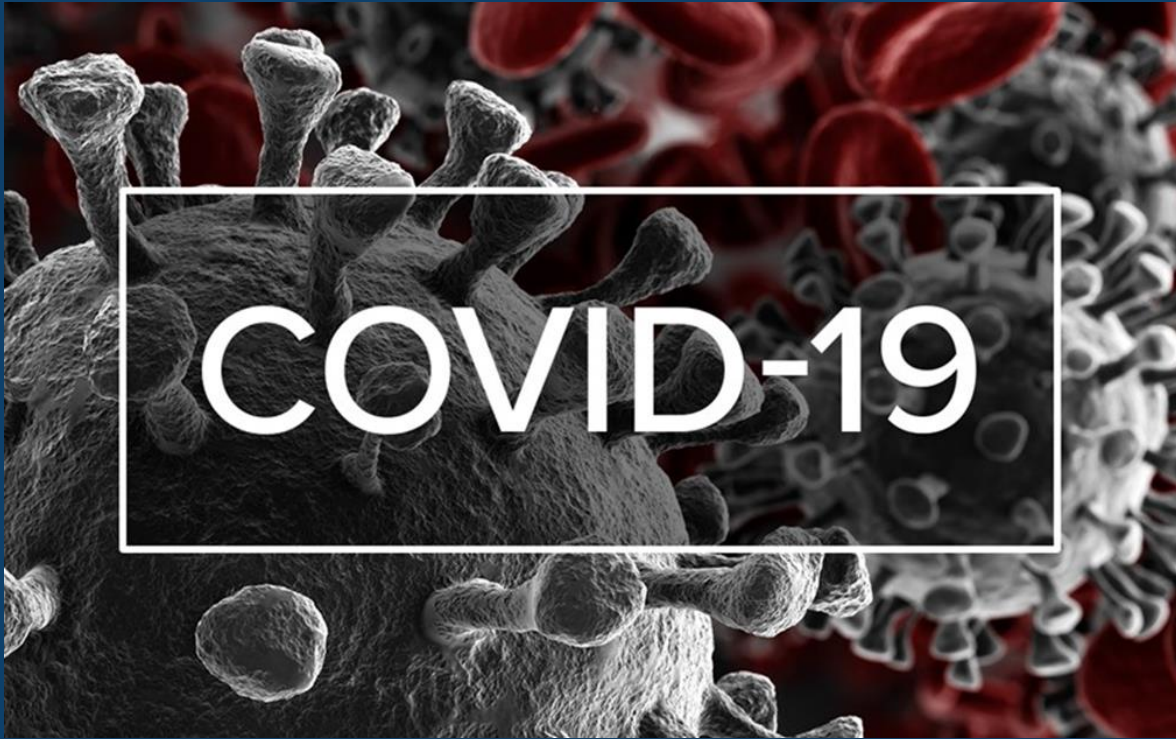
"I noticed dimpling.....and, because of Women's Way, I knew that was a bad sign..... They were able to find cancer at stage zero..."



Multidisciplinary Clinics

Provides access to pediatric specialty care and enables families to see different health care professionals in one place at one time.

"This is one of the best experiences I've had at a doctor's appointment with my son. The staff is amazing."



COVID-19 Hotline | 131,941 calls

March 12, 2020 – December 30, 2022

Additional Work Efforts:

- Case Work
- Data Entry
- Email Response
- Grant Writing
- Homeless Committee
- ND Smart Restart
- School Response
- Unified Command

Strategies Driving Budget



Data and Evidence-based Decision Making

Core Public Health Functions

10 Essential Public Health Services



Community Engagement

Social Determinates of Health



Policy, Systems and Environmental Changes

Designed to Promote Healthy Behaviors by Making Healthy Choices Readily Available and Easily Accessible.

Key Strategies to Achieve the Goal of Making North Dakota the Healthiest State in the Nation!

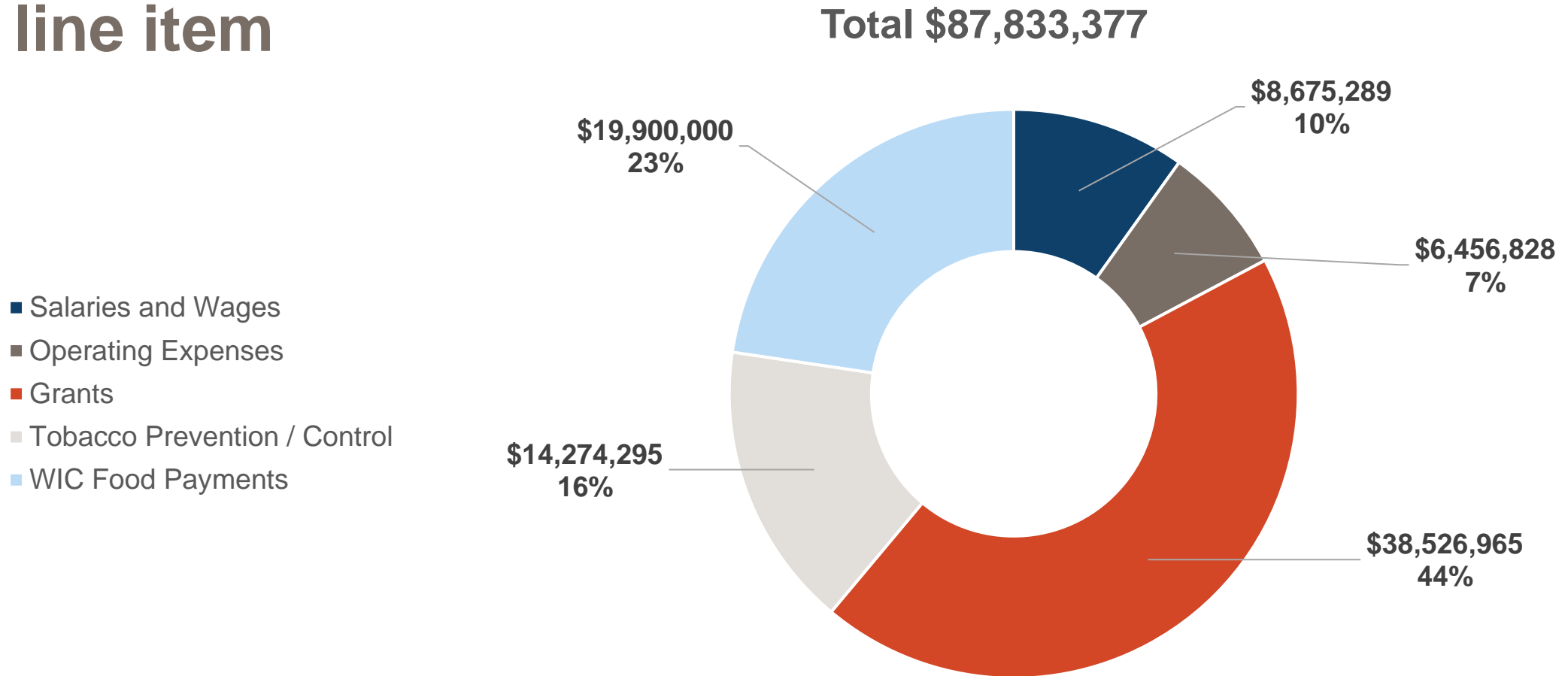


2023-2025 Budget request

The program, systems and workforce support necessary to continue to serve North Dakotans

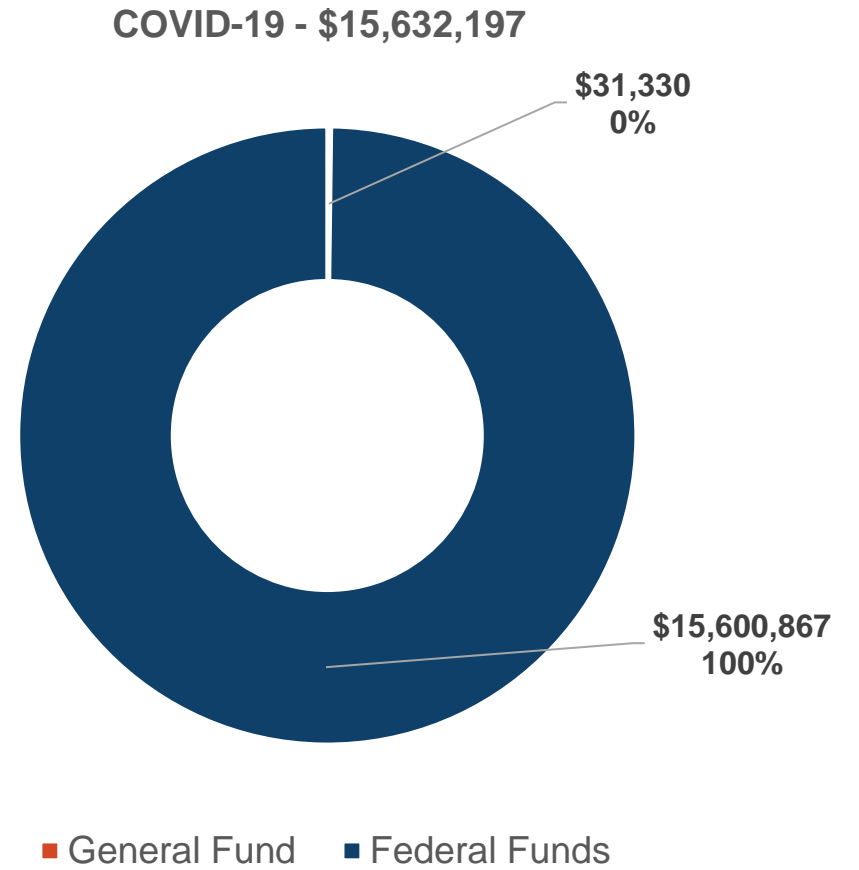
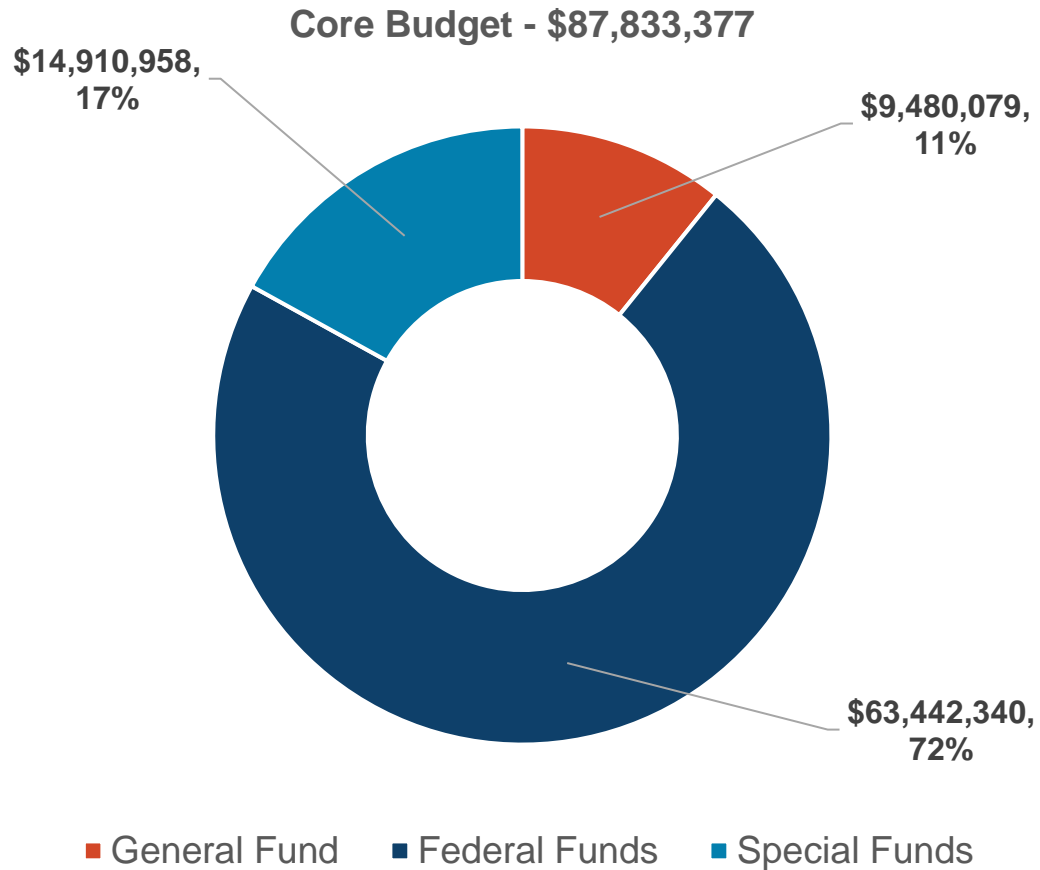
2023-25 Executive Recommendation

Core budget by line item



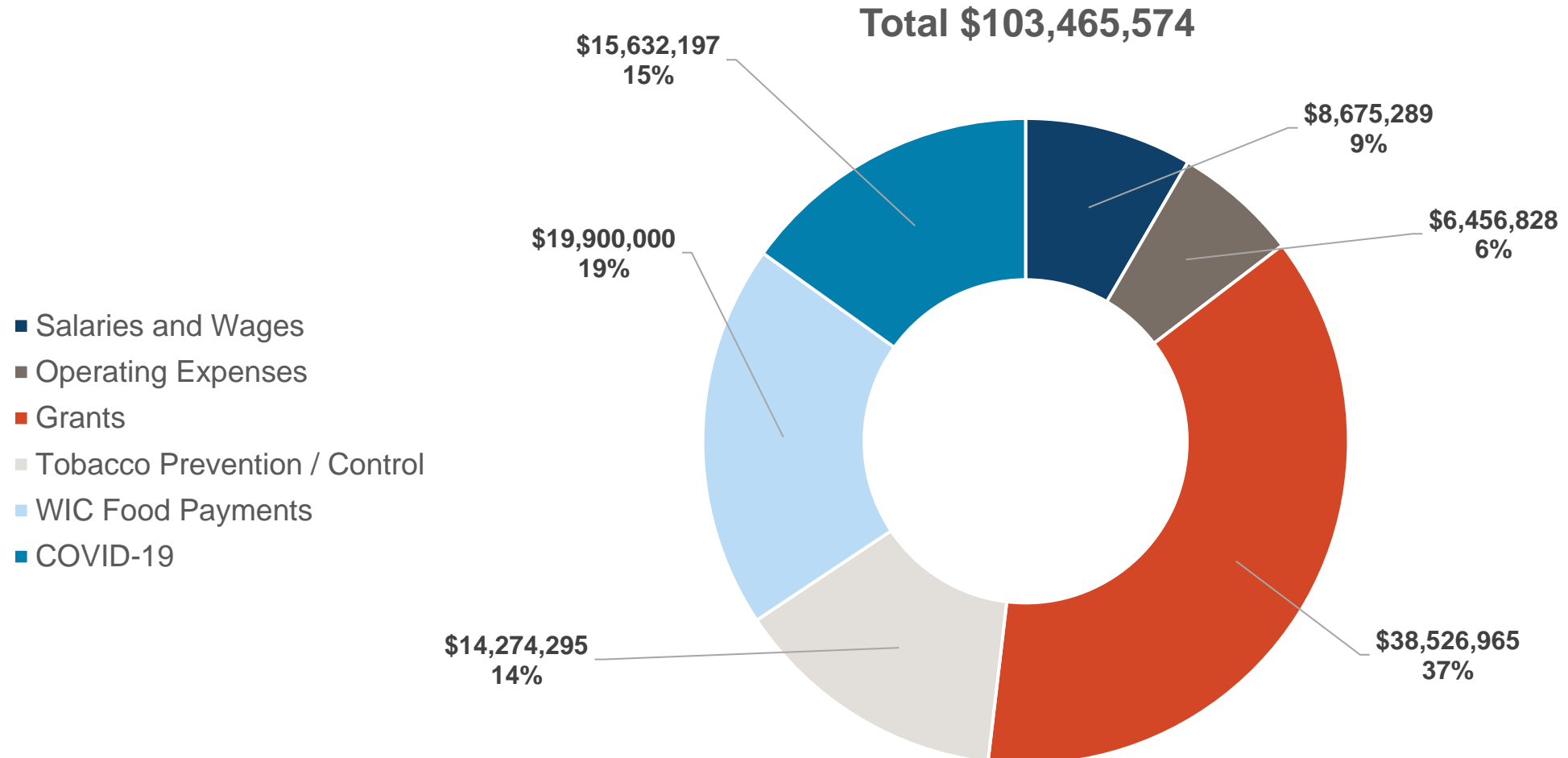
2023-25 Executive Recommendation

By funding source



2023-25 Executive Recommendation

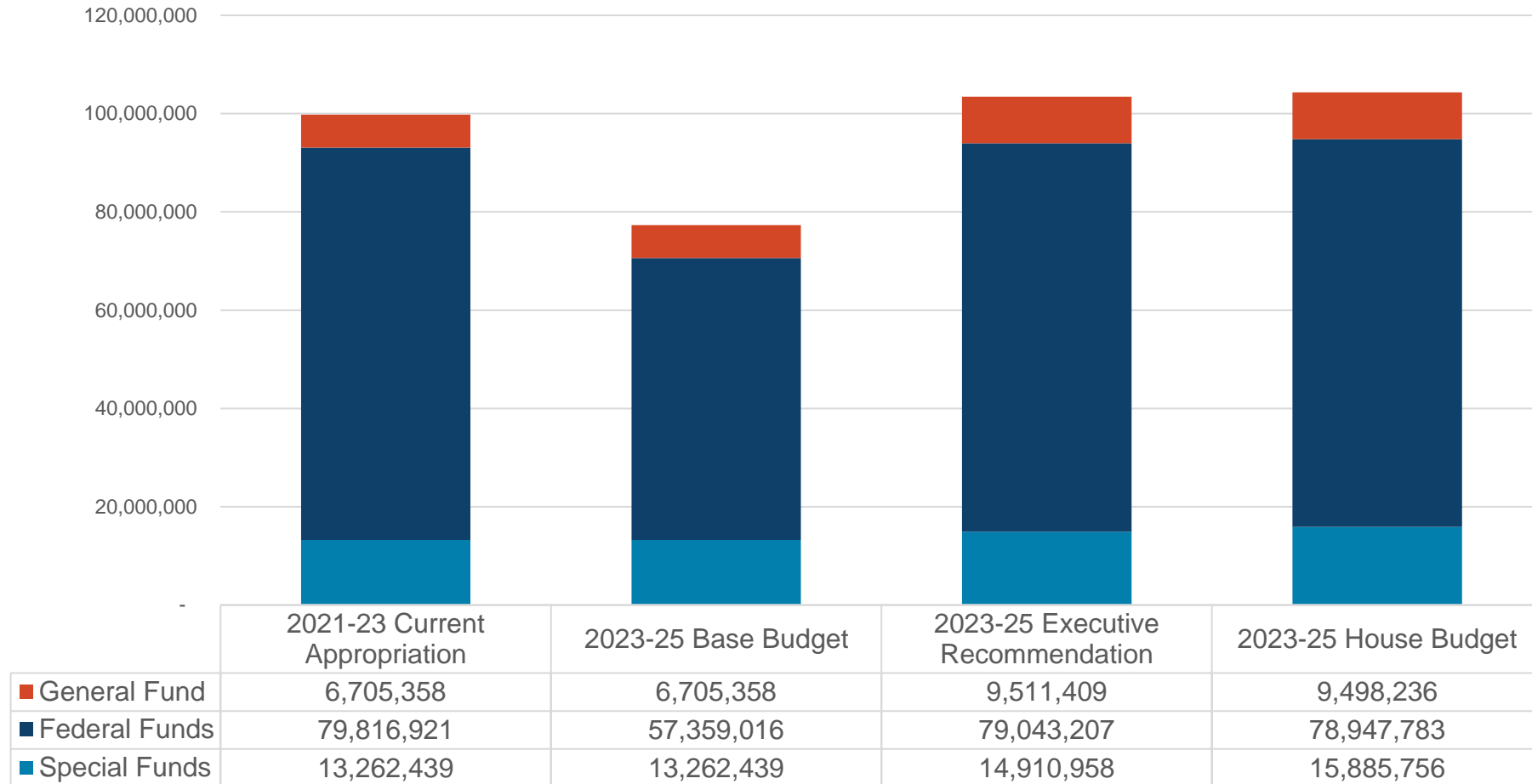
By line item



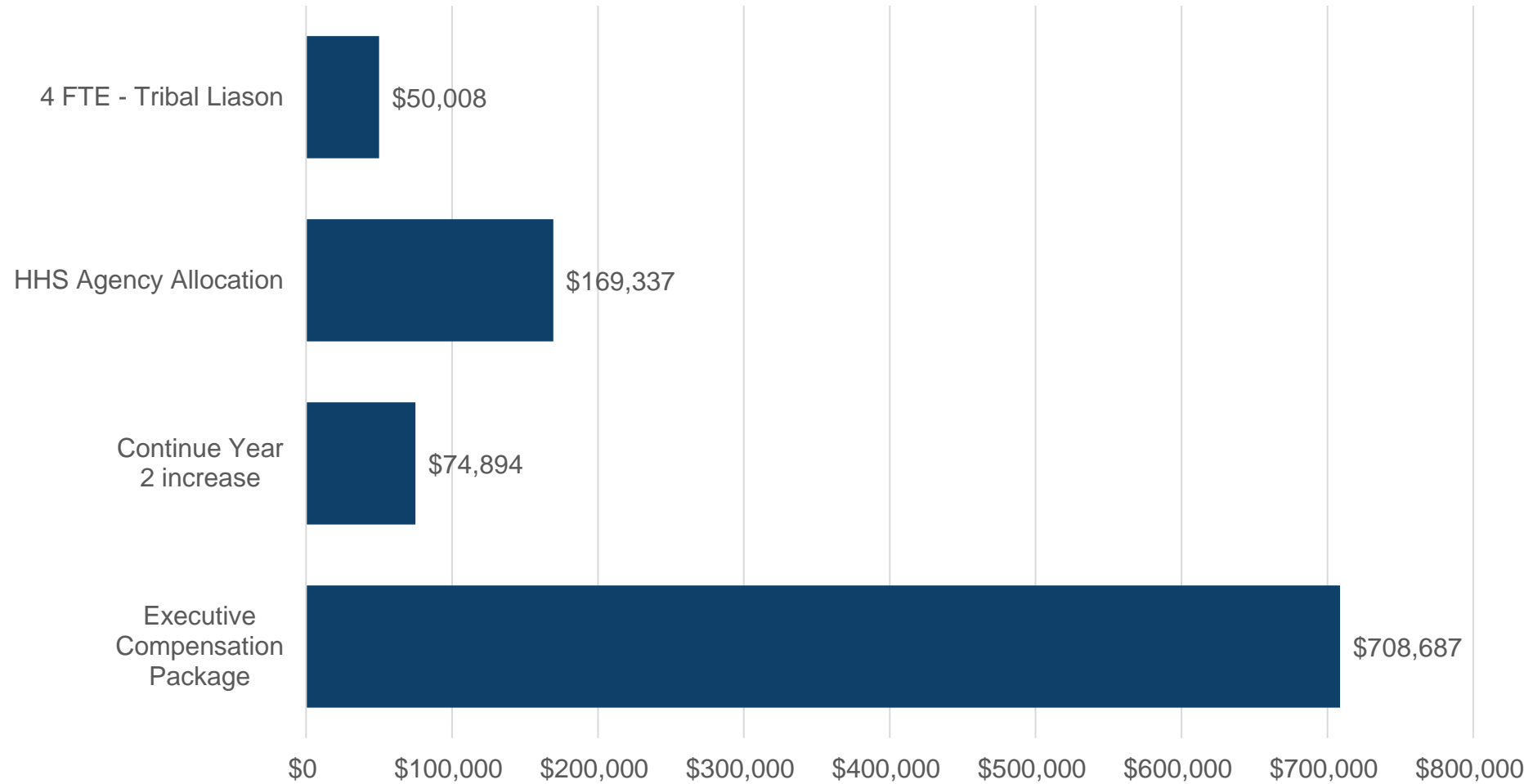
Budget Comparison

Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Rec.	House Increase /(Decrease)	2023-25 House Budget
Salaries and Wages	7,672,364	7,672,364	1,002,926	8,675,290	(117,171)	8,558,119
Operating Expenses	6,869,987	6,869,987	(413,159)	6,456,828	0	6,456,828
Grants	29,443,801	29,443,801	9,083,164	38,526,965	1,000,000	39,526,965
Tobacco Prevention/Control	13,410,022	13,410,022	864,273	14,274,295	(13,814)	14,260,481
WIC Food Payments	19,900,000	19,900,000	0	19,900,000	0	19,900,000
COVID-19	22,488,544	30,639	15,601,557	15,632,196	(2,814)	15,629,382
FTE	46.0	46.0	4.0	50.0	0	50.0

Overview of Funding Changes



Major Salary & Wage Differences



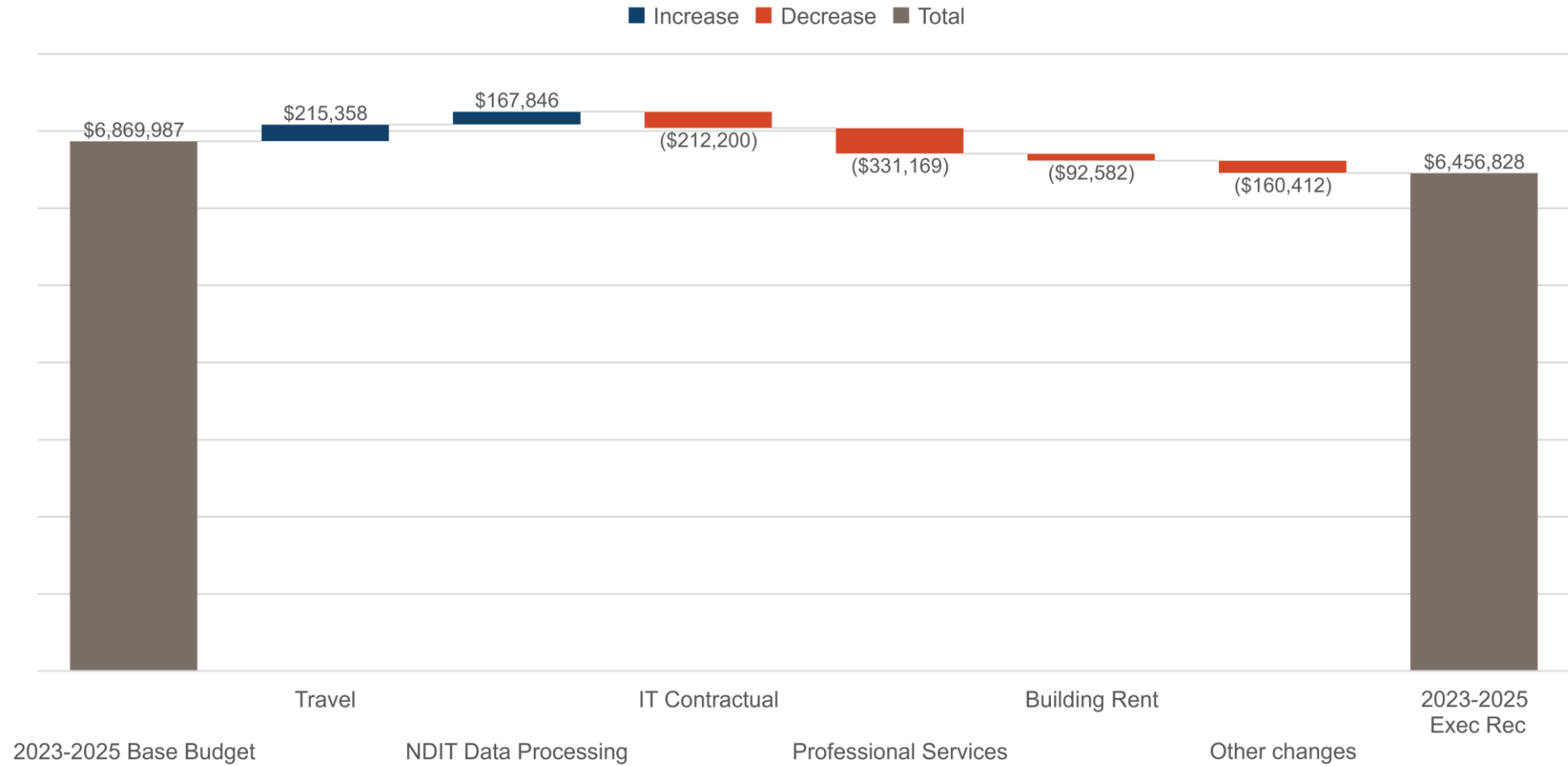
Operating Differences Detail

Description	2023-25 Base Budget	Increase/ (Decrease)	2023 - 25 Executive Budget	House Increase / (Decrease)	2023-25 House Budget
Travel	373,686	215,358	589,044	0	589,044
IT - Software/Supp.	27,329	11,676	39,005	0	39,005
Professional Supplies & Materials	263,169	(30,226)	232,943	0	232,943
Food & Clothing	203,138	-	203,138	0	203,138
Buildings/Vehicle Maintenance Supplies	9,093	(3,666)	5,427	0	5,427
Miscellaneous Supplies	48,258	77,316	125,574	0	125,574
Office Supplies	44,333	(8,610)	35,723	0	35,723
Postage	48,933	(224)	48,709	0	48,709
Printing	199,341	(25,181)	174,160	0	174,160
IT Equip Under \$5000	48,042	(22,082)	25,960	0	25,960
Other Equip Under \$5000	-	6,025	6,025	0	6,025
Office Equip Under \$5000	-	1,300	1,300	0	1,300

Operating Differences Detail, cont.

Description	2023-25 Base Budget	Increase/ (Decrease)	2023 - 25 Executive Budget	House Increase / (Decrease)	2023-25 House Budget
Lease/Rentals - Equipment	30,940	(12,225)	18,715	0	18,715
Lease \Rentals-- Buildings./Land	201,445	(92,582)	108,863	0	108,863
Repairs	14,133	-	14,133	0	14,133
IT-Data Processing	213,930	167,846	381,776	0	381,776
IT-Telephone	89,678	-	89,678	0	89,678
IT - Contractual Services	320,280	(212,200)	108,080	0	108,080
Professional Development	138,934	1,300	140,234	0	140,234
Operating Fees & Services	302,910	(68,715)	234,195	0	234,195
Professional Services	4,130,268	(331,169)	3,799,099	0	3,799,099
Medical, Dental, and Optical	162,147	(87,100)	75,047	0	75,047
Total Operating	6,869,987	(413,159)	6,456,828	0	6,456,828

Major Operating Differences



Grant Detail

Healthy and Safe Communities (1)

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Health Promotion and Chronic Disease Prevention								
Cancer Program Funding to Community Based Organizations / State Cancer Coalition	370,000	(240,000)	130,000	-	130,000		70,000	60,000
Cancer Program Federally Qualified Health Center Collaborative	395,000	(195,000)	200,000	-	200,000		100,000	100,000
Colorectal Grants including Follow Up to Local Enrollment Sites	50,000	97,500	147,500	-	147,500			147,500
Women's Way Tribal Community Clinical Linkages/Screening - Standing Rock	150,000	(75,000)	75,000	-	75,000		75,000	
Women's Way Local Coordinating Units	1,839,000	(299,525)	1,539,475	-	1,539,475		1,319,475	220,000
Women's Way Community Clinical Linkages Grants	75,000	(25,000)	50,000	-	50,000		50,000	
Women's Way Employer Group and Rural Healthcare Delivery System - Evidence Based Intervention (EBI) Grants	145,000	(95,000)	50,000	-	50,000		50,000	
Women's Way - Grants to Tribes for Tobacco Best Practices	92,000	(92,000)	-	-	-			

Grant Detail

Healthy and Safe Communities (2)

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Pregnancy Risk Assessment Monitoring System (PRAMS) to NDSU- Funding Support	31,000	(31,000)	-	-	-			
Donated Dental Services	50,000	-	50,000	-	50,000	50,000		
Mobile Dental Care	100,000	-	100,000	-	100,000	100,000		
Diabetes, Heart Disease and Stroke Program Implementation	2,200,000	400,000	2,600,000	-	2,600,000		2,600,000	
Oral Health Disease Prevention and Workforce Activities	591,000	59,000	650,000	-	650,000		650,000	
Alzheimer's Disease Program Initiative	-	300,000	300,000	-	300,000		300,000	
Preventive Health Block Grant - Community Grants for Chronic Disease Prevention and Control to Local Public Health & Program Evaluation	682,000	(32,000)	650,000	-	650,000		650,000	
Title V / Community Engagement								
Community Engagement Grants	325,848	(150,848)	175,000	-	175,000	175,000		
Telehealth for Pediatric Mental Health Care Access	890,000	-	890,000	-	890,000	89,000	801,000	
Community Health Equity and Social Determinants	-	500,000	500,000	-	500,000		500,000	
Maternal Child Health (MCH) programs - NDSU	100,000	(100,000)	-	-	-	-	-	

Grant Detail

Healthy and Safe Communities (3)

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Family Health & Wellness								
Domestic and Sexual Violence	2,250,000	-	2,250,000	2,686,285	4,936,285	4,596,285		340,000
Domestic Violence Offender Treatment Program	300,000	-	300,000	700,000	1,000,000			1,000,000
Family Violence	1,458,724	143,478	1,602,202	-	1,602,202		1,602,202	
Rape Prevention and Education	593,388	9,142	602,530	-	602,530	200,000	402,530	
Sexual Assault Services	720,385	1,189,115	1,909,500	-	1,909,500		1,909,500	
Services Training Officers Prosecutors Violence Against Women Formula (STOP VAWA) Grants	1,572,025	51,575	1,623,600	-	1,623,600		1,623,600	
Safe Havens	425,000	-	425,000	-	425,000	425,000		
Child Passenger Safety Outreach	94,000	41,000	135,000	-	135,000		135,000	
Maternal and Child Health (MCH) - Impact Teen Drivers Program	6,250	(6,250)	-	-	-	-	-	-
MCH - Disbursed to Schools	400,100	(400,100)	-	-	-	-	-	-
CORE State Violence and Injury Prevention Program (SVIPP)	180,000	(180,000)						
Prevention of Sexual Abuse of Children	563,430	-	563,430	-	563,430	281,715		281,715
Family Planning	2,415,923	3,191,030	5,606,953	-	5,606,953		5,606,953	
MCH Nutrition and Physical Activity Grants to LPU, Tribes, Univ.	825,040	754,960	1,580,000	-	1,580,000	507,400	1,072,600	

Grant Detail

Healthy and Safe Communities (4)

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Women, Infant & Children Program (WIC) Site Grants	7,602,025	172,975	7,775,000	-	7,775,000		7,775,000	
WIC Peer Counseling	250,600	59,400	310,000	-	310,000		310,000	
Preventive Health Block Grant - Breast Feeding Mini Grants	5,000	(5,000)	-	-	-			
Breast and Cervical Cancer for Community Based Breast Feeding / Nutrition	150,000	(150,000)	-	-	-			
Obesity Prevention	-	800,000	800,000	-	800,000		800,000	
Special Health Services								
MCH - Multidisciplinary Clinics, Specialty Care Diagnostic & Treatment Program, Grants to County Social Services	1,120,605	(195,573)	925,032	-	925,032	397,764	527,268	
Catastrophic Relief Funds (Health care providers and Health Systems)	75,000	-	75,000	-	75,000	75,000		
Fetal Alcohol Syndrome Grant	350,458	-	350,458	-	350,458	350,458		
Newborn Screening	-	200,000	200,000	-	200,000		200,000	
Totals	29,443,801	5,696,879	35,140,680	3,386,285	38,526,965	7,247,622	29,130,128	2,149,215



Summary and Key Takeaways

Strategies driving budget:

- Data and Evidence-based decision making
 - Community Engagement
 - Social Determinants of Health
 - Policy, Systems and Environmental changes (PSE)
 - Infrastructure, Workforce and Data Systems
- Utilizing these strategies is critical so every person has the opportunity to attain their highest level of health
 - To succeed, support is needed for key positions and expanded services
 - Tribal Health Liaisons
 - Domestic Violence/Rape Crisis
 - Tobacco Prevention and Control
 - Poison Hotline



THANK YOU

Kim Mertz | Section Director | kmertz@nd.gov | 328-4528

Abbreviations and acronymns used in the Disease Control and Forensic Pathology Presentation

MS – Masters of Science Degree
MD – Doctor of Medicine
MPH – Masters of Public Health Degree
NHSN – National Healthcare Safety Network
NDIIS – North Dakota Immunization Information System
QI – Quality Improvement
HIV- Human Immunodeficiency Virus
STI – Sexually Transmitted Infections
TB – Tuberculosis
IT – Information Technology
NDIT – North Dakota Information Technology Department
NDSU – North Dakota State University
CDC- Centers for Disease Control and Prevention
VFC – Vaccines For Children Program
HAI – Healthcare Associated Infections
CAP – Center for Collaboration and Advancement In Pharmacy (NDSU)
AIRA – American Immunization Registry Association
NDMA – North Dakota Medical Association
AIM – Association of Immunization Managers
Mpox – the infectious disease formerly known as monkeypox
DTaP – Diphtheria Tetanus and acellular Pertussis vaccine
MMR – Measles Mumps Rubella vaccine
Hep B – Hepatitis B
LTC – Long Term Care



House Bill 1004

Senate Appropriations Committee; Human Resources Division
Senator Dever, Chairman

Neil Charvat, Program Director
Tobacco Prevention and Control Program,
Healthy & Safe Communities Section
Public Health Division | March 7, 2023



Health & Human Services

Tobacco Prevention and Control Program Synthesis Report 2021-2023



https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Tobacco/ND_TPCP_Synthesis_Report_FY23.pdf

NORTH DAKOTA TPCP'S COLLABORATIVE APPROACH

The vision of the TPCP is:

All North Dakotans deserve the opportunity to reach their full health potential no matter where they are born or live.

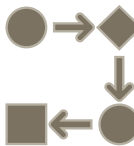
Mission

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.

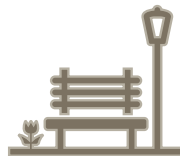
Sustained Change



Policy and ordinance changes to protect North Dakotans from secondhand smoke and vapor.



Systems change through integration of nicotine dependence treatment in health systems and with payers.



Environmental changes are integrated into specific contexts (e.g., schools, worksites) to reduce tobacco use.

Funded partners

28 *Local Public Health Units (LPHU)*
Funded to provide tobacco prevention, cessation support, and support for local policy change, education and enforcement.

23 *Health care sites/clinics*
Funded to provide education on nicotine dependence and cessation support.

2 *Indigenous partners*
Funded local lead agencies: University of North Dakota to collect tribal-specific and tribal lead data collection on tobacco use and a contractor from Turtle Mountain leads the Smoke-Free Casino project and community efforts.

4 *Additional contractors*
Funded to provide media, NDQuits services, external evaluation and research.

TPCP'S APPROACH RELIES ON STRONG STATE AND LOCAL COLLABORATION

TPCP is implemented by a cross-sector collaboration of individuals and organizations at the state and local levels. Each group plays a critical role in supporting and implementing TPCP activities, building on the strengths of one another's level of influence.



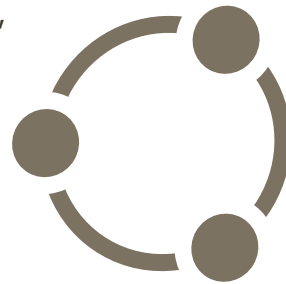
State program staff

Provide infrastructure to support collective TPCP activities (e.g., technical assistance, monthly calls, specific trainings, in-person meetings, site visits, and program administration).



Local TPCP grantees

Lead and engage a cross-sector coalition of local-level partners to implement TPCP strategies (e.g., manage mutually beneficial partnerships, and implement sustainable policies, systems, and environmental change).



TFND and other contractors provide support and content area expertise (e.g., evaluation, media, quitline, and policy).



Local community partners

Collaborate with TPCP grantees to implement TPCP strategies (e.g., implement projects, participate in coalitions, and spread the word).

TPCP HAS WORK TO DO

Smoking damages nearly every organ in the body,⁴ and there is emerging evidence on the harmful effects of vaping, including the emissions from vaping products or electronic nicotine delivery systems (ENDS).

There is a profound and demonstrated negative health impact that commercial tobacco use has on the physical and mental health of those using tobacco products, as well as a large evidence base of the harms of secondhand smoke on non-smokers.

Tobacco or other nicotine use in youth wires the brain for a lifetime of continuous addiction.

7x

Youth and young adults who had ever used e-cigarettes have seven times higher odds of becoming smokers, as compared to youth who had never vaped.⁵

2.4x

Nicotine use impacts mental health. A cross-sectional study of 30,000 current e-cigarette users found that frequent vaping increases the odds 2.4 times of having diagnosed depression. Nicotine use is also related to increased stress levels and anxiety.⁵

3x

Smoking prevalence is three times higher for individuals without a high school degree, as compared to those with a college degree. Prevalence is twice as high for individuals below the poverty level (41%) as compared to those at or above the poverty level (21%).⁶

Using tobacco increase the risk of the following diseases:



Nearly 80% of COPD cases are caused by smoking.⁷



1 in 3 cancer deaths is linked to smoking; smoking contributes to at least 15 different cancers.⁸



1 in 4 deaths from cardiovascular disease are caused by smoking.⁷ Heart disease is the leading cause of death in North Dakota.⁹



People who smoke are 30-40% more likely to develop type 2 diabetes than those who do not smoke;⁷ there are 58.3 thousand North Dakotans with this disease.¹⁰



Smoking has impacts before, during, and after pregnancy, and increases the likelihood of premature birth and low birth weight.⁷


NDQUITS HELPS NORTH DAKOTANS QUIT

Since 2004, the quitline has provided evidence-based tobacco counseling and nicotine replacement therapy to North Dakotans ready to make a quit attempt.

Nearly 2,000 unique North Dakotans utilized the state's quitline, NDQuits, annually during this biennium. Among the survey respondents who used tobacco when they enrolled in NDQuits and who received evidence-based service from the program (NRT or a counseling call):²⁶

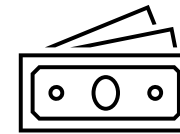
 **87%** Quit tobacco for at least a day during the 7 months since using NDQuits.

 **37%** Quit tobacco for at least 30 days during the 7 months since using NDQuits.

 **33%** Quit tobacco for at least 30 days during the 7 months since using NDQuits when ENDS use was included as tobacco use.

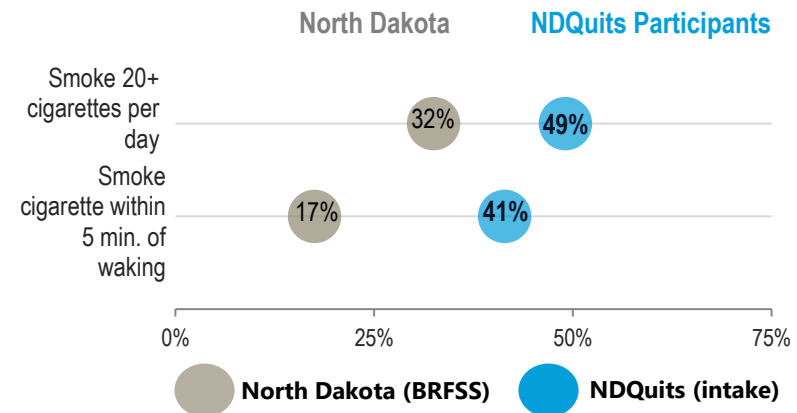
These quit rates meet the NDQuits goals (7-month and 30-day quit rate, North American Quitline Consortium (NAQC) benchmark) of 85% and 30%, respectively. A strength of NDQuits is **enrollees who get treatment go on to quit at standard rates**. Further, it appears **use of ENDS may make quitting tobacco more challenging**, given the lower quit rate.

NDQuits is consistently cost effective.



For every \$1 spent on NDQuits, North Dakota saves \$2.57 - \$2.89 under the current tax rate (\$0.44 per pack).²⁶

NDQuits reaches highly addicted tobacco users.



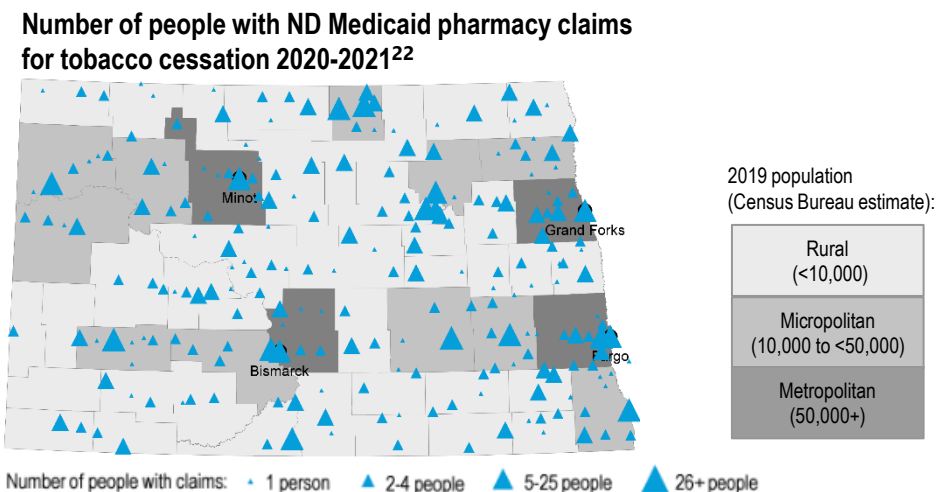
EXPANDING THE WORK OF THE PHARMACIST PROVIDER

Senate Bill 2221 during the 67th legislative session (2021) allowed pharmacists independent authority to provide immunizations and tobacco cessation therapy.

North Dakota Health and Human Services (HHS), North Dakota State University (NDSU) College of Pharmacy, and the NDQuits contractor created an approved training to expand the pharmacist's role of prescriptive authority. This one-hour online, on-demand module is available for free.

HHS partnered with the Collaboration and Advancement in Pharmacy (CAP) Center at NDSU College of Pharmacy to support the Pharmacists Service Enhancement Project (PSEP). The PSEP is a collaboration with North Dakota pharmacies to expand tobacco/nicotine addiction treatment services to include counseling in rural and urban communities.

The importance of expanding pharmacist's ability to treat nicotine addiction is underscored by the following map. Medicaid claims come from North Dakotans across the state, as shown on the following map.



"Tobacco use continues to be a problem across North Dakota. With pharmacists being the most accessible health care providers, it is our hope that we can learn from and train pharmacists to become primary providers of tobacco cessation services. Leveraging the CAP Center Core Principles of Implementation, we will learn about barriers to implementing the services in pharmacies, and design solutions to overcome those barriers. Over time, we are hopeful that this program will grow and expand so that provision of comprehensive tobacco cessation services is the norm in North Dakota pharmacy practice."

- Brody Maack, NDSU faculty and pharmacist

YOUTH ACTION SUMMITS

Two Break Free Youth Action Summits (YAS) took place during the biennium, with both happening during 2022 due to a COVID-19 delay. A total of 326 high school students from across the state participated in one of these Summits.



Fall 2022 Break Free YAS in Bismarck. Representatives Glenn Bosch and Lawrence Klemm and candidate (now elected Senator) Sean Clearly participated.



Fall 2022 Break Free YAS in Fargo, organized by Bismarck Burleigh Public Health, Fargo Cass Public Health, TFND, and the TPCP.

The Break Free YAS has been a statewide annual event for the past five years. In the fall of 2022, a speaker was brought in from a national organization, Truth Initiative, whose focus was on supporting peers with quitting.

“

The Youth Action Summit provides me with tangible information and opportunities to advocate a tobacco-free lifestyle within my community.

”

Erynn, High School Senior from Bismarck and 4x Summit Attendee

“

We are excited to host the third Fargo Youth Action Summit. Youth involvement in tobacco prevention is critical and the summit will give students tools they need to take action and make a positive change, both in their communities and throughout the state.

”

Annabel DeFault, Fargo Cass Public Health Tobacco Prevention Coordinator



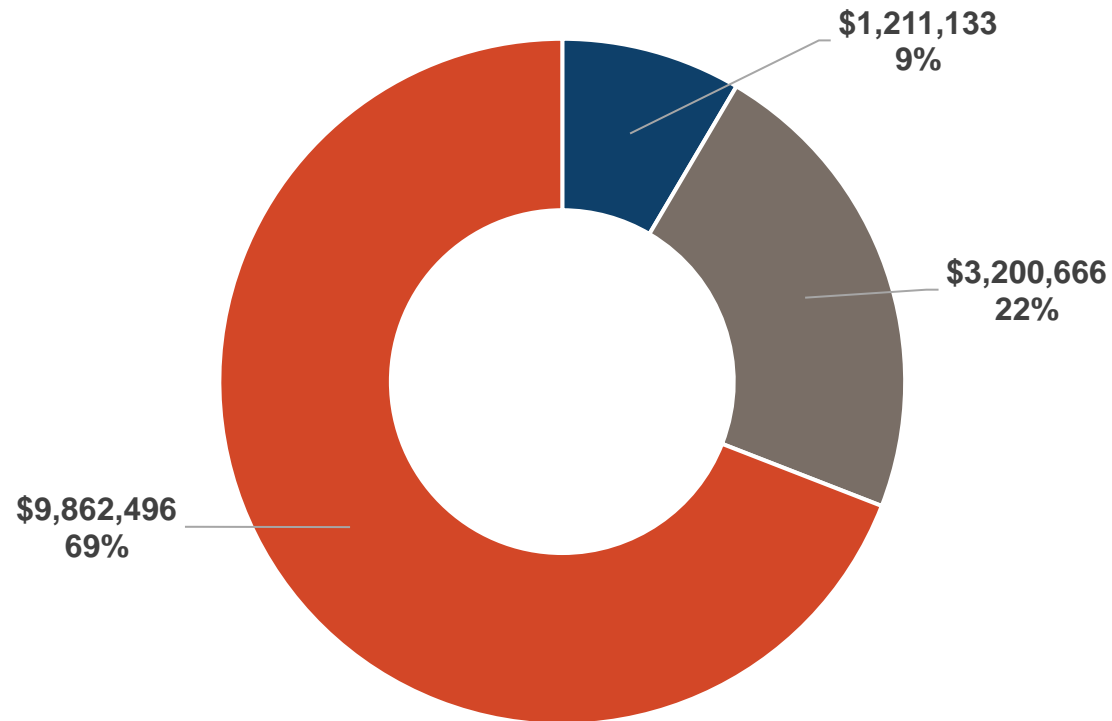
2023-2025 Budget request

**The program, systems and
workforce support
necessary to continue to
serve North Dakotans**

2023-25 Executive Recommendation By Line Item

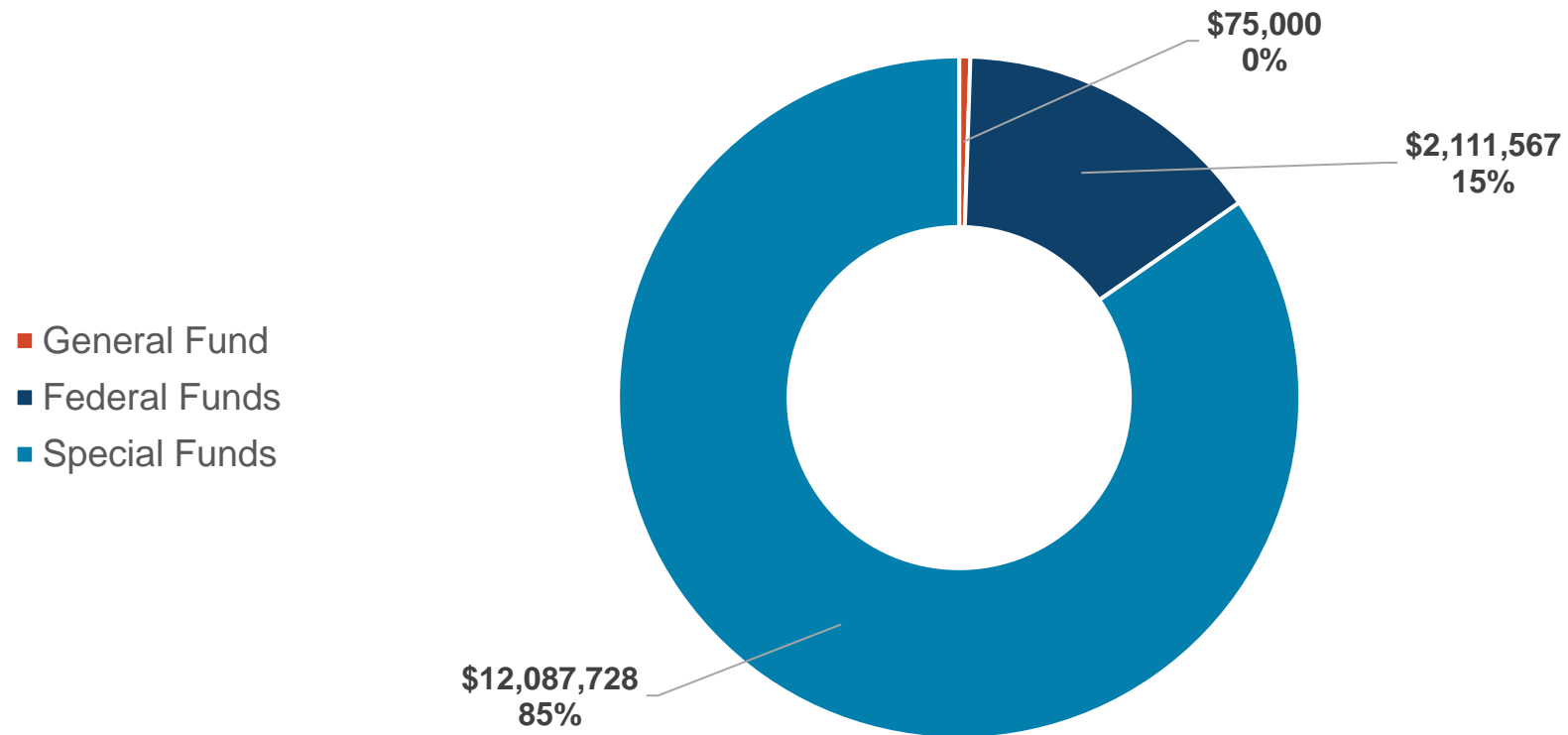
Total \$14,274,295

- Salaries and Wages
- Operating Expenses
- Grants



2023-25 Executive Recommendation By Funding Source

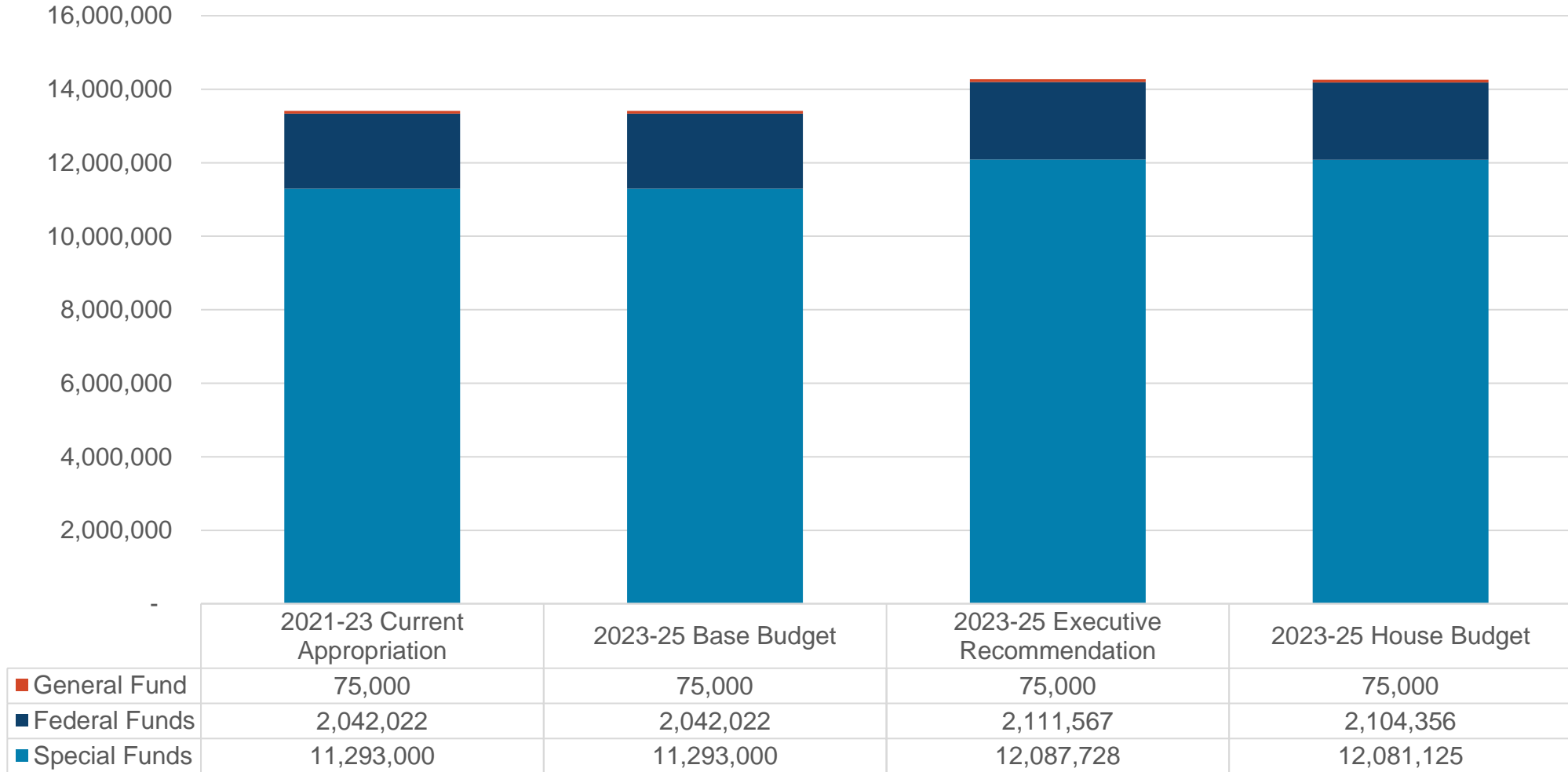
Total \$14,274,295



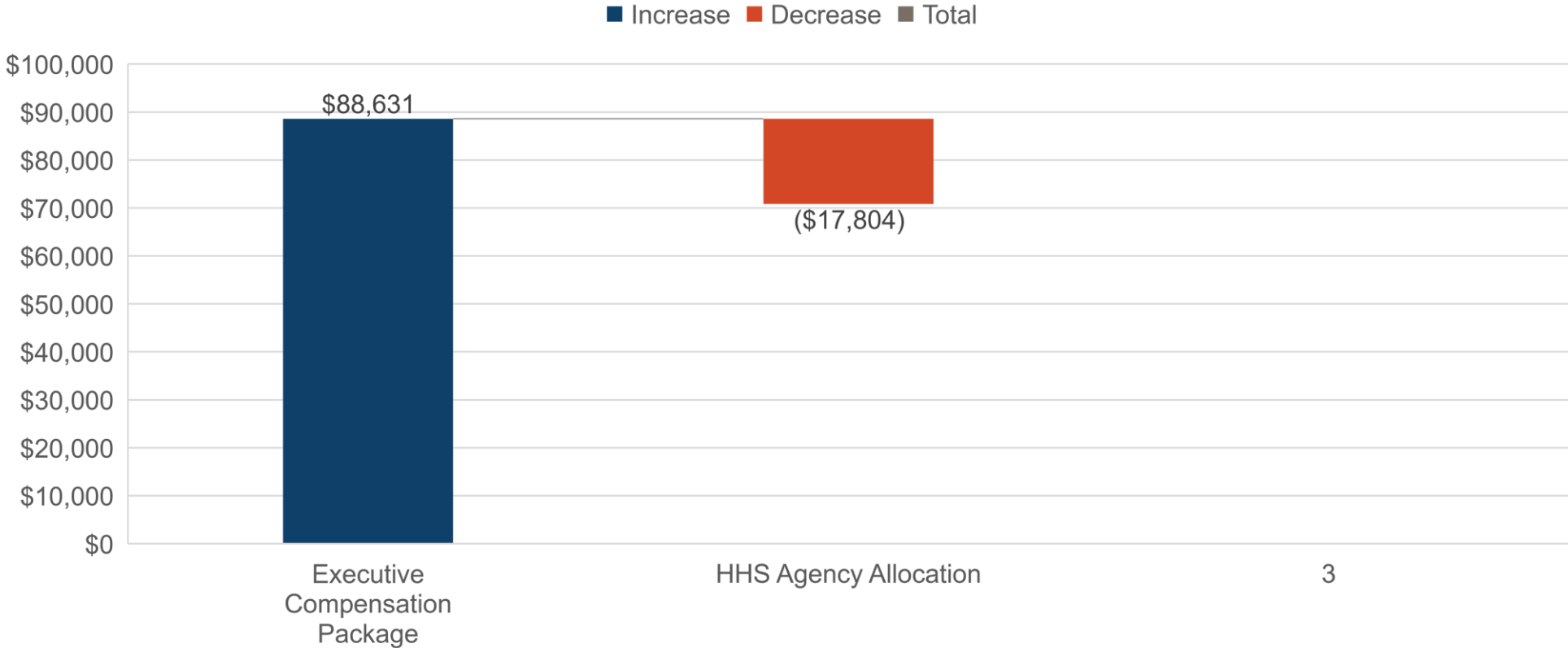
Budget Comparison

Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Rec.	House Increase / (Decrease)	2023-25 House Budget
Salaries and Wages	1,140,306	1,140,306	70,827	1,211,133	(13,814)	1,197,319
Operating Expenses	3,207,220	3,207,220	(6,554)	3,200,666	0	3,200,666
Grants	9,062,496	9,062,496	800,000	9,862,496	0	9,862,496
FTE	6.2	6.2		6.2		6.2

Overview of Funding Changes



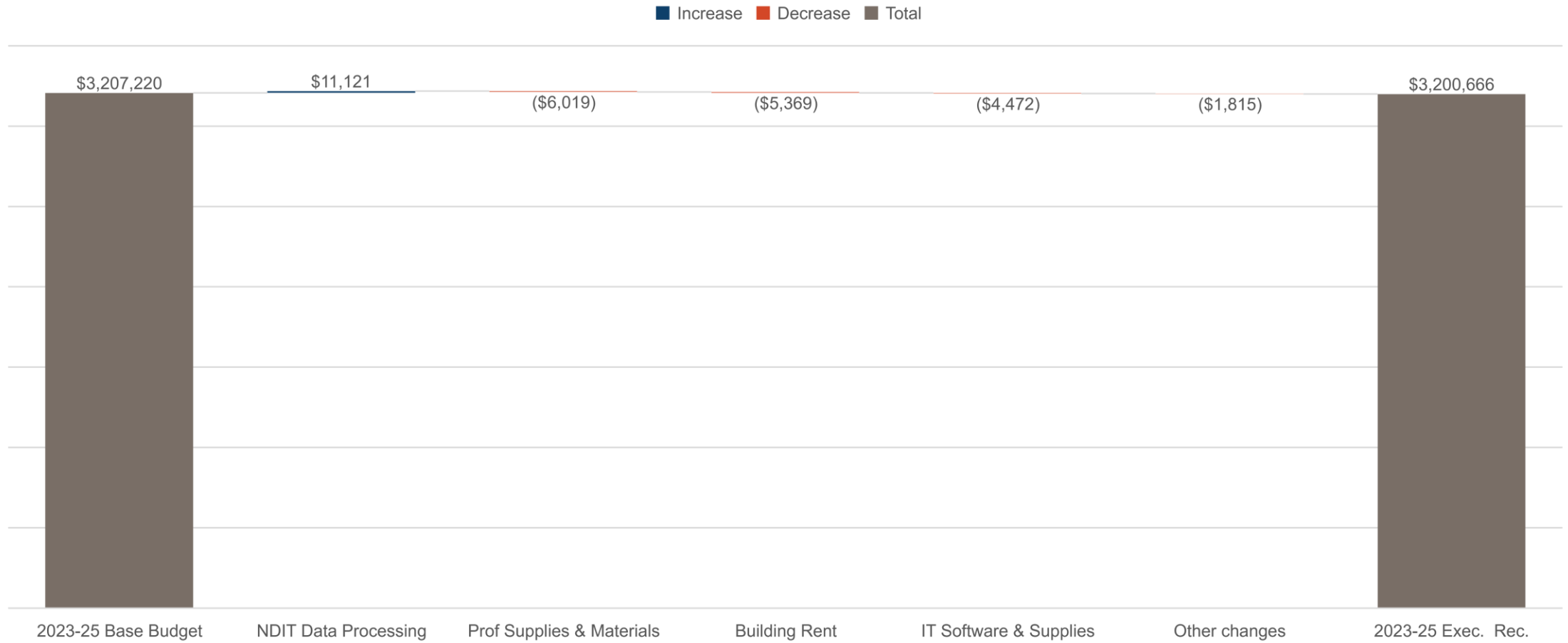
Major Salary & Wage Differences



Operating Differences Detail

Description	2023-25 Base Budget	Increase/ (Decrease)	2023 - 25 Executive Budget	House Increase / (Decrease)	2023-25 House Budget
Travel	14,105	-	14,105	0	14,105
IT - Software/Supp.	9,972	(4,472)	5,500	0	5,500
Professional Supplies & Materials	21,019	(6,019)	15,000	0	15,000
Buildings/Vehicle Maintenance Supplies	1,015	(1,015)	0	0	0
Miscellaneous Supplies	1,000	-	1,000	0	1,000
Office Supplies	4,646	-	4,646	0	4,646
Postage	3,928	-	3,928	0	3,928
Printing	55,246	-	55,246	0	55,246
IT Equip Under \$5000	2,800	(800)	2,000	0	2,000
Lease/Rentals - Equipment	759	-	759	0	759
Lease \Rentals-- Buildings.\Land	23,369	(5,369)	18,000	0	18,000
Repairs	105	-	105	0	105
IT-Data Processing	24,197	11,121	35,318	0	35,318
IT-Telephone	7,211	-	7,211	0	7,211
IT - Contractual Services	10,000	-	10,000	0	10,000
Professional Development	33,091	-	33,091	0	33,091
Operating Fees & Services	33,037	-	33,037	0	33,037
Professional Services	2,961,720	-	2,961,720	0	2,961,720
Total Operating	\$ 3,207,220	\$ (6,554)	\$ 3,200,666	\$ -	\$ 3,200,666

Major Operating Differences



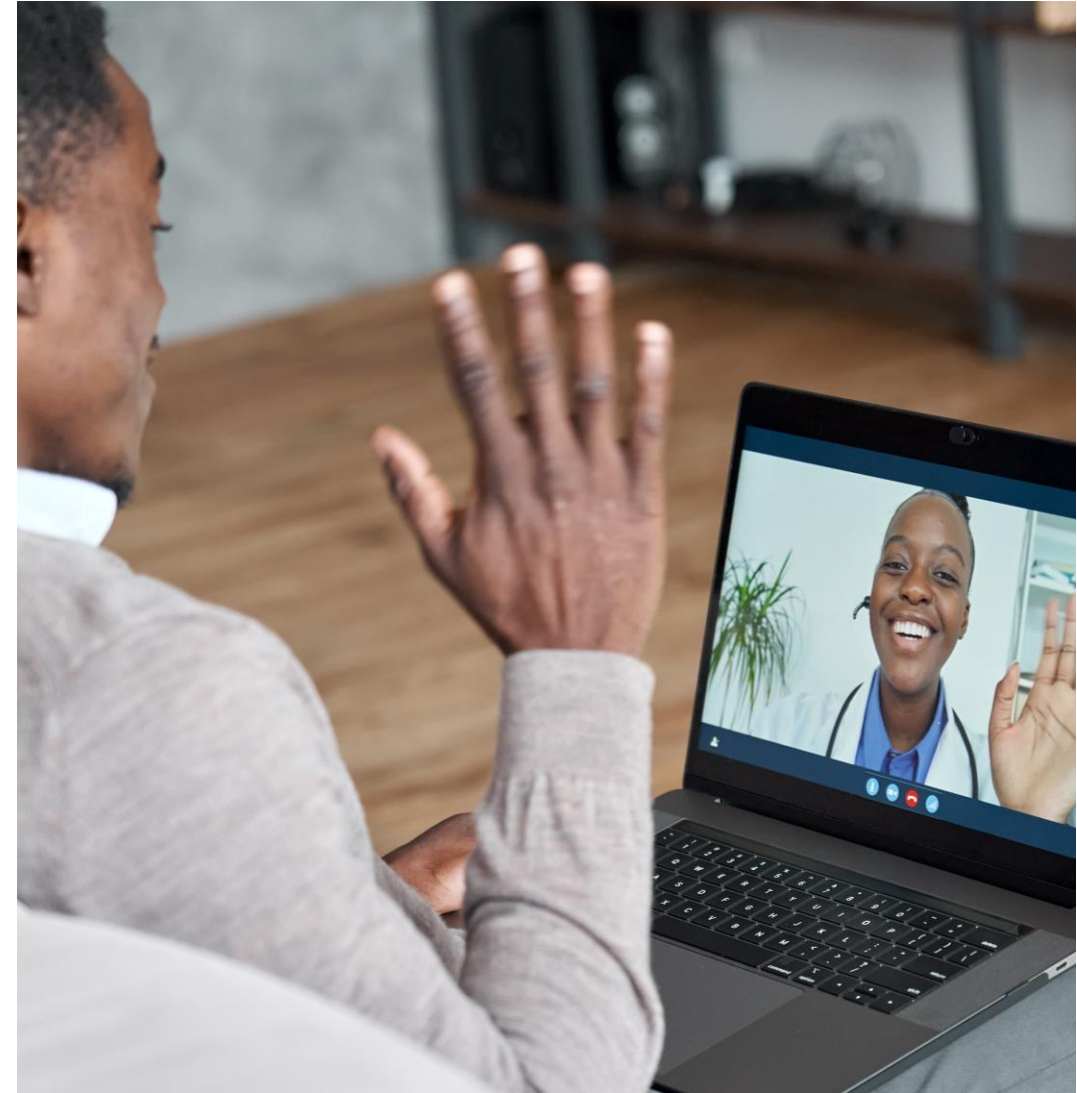
Grant Detail

Description	2021-23 Current Appropriation	Increase/ (Decrease)	2023-25 Base Budget	Increase / (Decrease)	2023-25 Executive Budget	2023-25 General Fund	2023-25 Federal Funds	2023-25 Special Funds
Grants to Local Public Health Units	6,250,000		6,250,000	-	6,250,000			6,250,000
Grants to Health Systems	1,159,000		1,159,000	-	1,159,000			1,159,000
Grants to Tribes	508,000		508,000	-	508,000		508,000	
Statewide coalition capacity building - Tobacco Free North Dakota	404,000		404,000	-	404,000			404,000
NDQuits Cessation Program with Pharmacies	-		-	500,000	500,000			500,000
Youth Vaping and Nicotine Prevention	-		-	300,000	300,000			300,000
Tobacco Grant for Pregnancy Risk Assessment Monitoring System (PRAMS) to NDSU	20,000		20,000	-	20,000		20,000	
NDQuits - UND	646,496		646,496	-	646,496			646,496
Synar Program - grants for Tobacco Compliance Checks	75,000		75,000	-	75,000	75,000		
Total Grants	9,062,496	-	9,062,496	800,000	9,862,496	75,000	528,000	9,259,496

Summary and Key Takeaways

Tobacco Prevention and Control:

- **Ingenuity** - Expanding Pharmacy Provider Support
- **Enterprising** - Effective, contextually relevant
- **Community** - Increasing youth involvement to address vaping issues
- **Opportunity** - Continue to expand on what works in tobacco prevention and control





THANK YOU

Neil Charvat | Program Director, Tobacco Prevention and Control | njcharvat@nd.gov | (701) 328-3344

GRAND FORKS COUNTY SHERIFF'S OFFICE

122 S 5TH ST, SUITE 210

GRAND FORKS, NORTH DAKOTA 58201-4632

SHERIFFS.OFFICE@GFCOUNTY.ORG

PHONE: 701-780-8280

FAX: 701-780-8307

SHERIFF ANDY SCHNEIDER



To: Senate Appropriations – Human Resources Division Committee

From: Sheriff Andy Schneider

RE: HB 1004

Date: 3/7/2023

Chairman Dever and Committee Members,

Throughout the past 20-plus years, deputies of the Grand Forks County Sheriff's Office have developed important relationships with advocates at the Community Violence Intervention Center (CVIC). This partnership has enabled us to provide more immediate support for domestic violence and sexual assault victims, all while reducing the risk of homicide and recidivism in our county.

Our relationship has allowed us to incorporate the Lethality Assessment Program (LAP). The LAP is an innovative, multi-pronged strategy to prevent domestic violence homicides. Deputies who respond to domestic violence and sexual assault incidents place calls while on scene directly to domestic violence advocates, any time of day or night. Our partners at CVIC report that victims are 50% more likely to seek services when law enforcement utilizes the Lethality Assessment Program. This partnership has also resulted in decreased lethality risk for victims. In 2021, nearly 200 persons were screened by law enforcement and nearly 60% of those were identified to be in a highly lethal situation. Impressively, 55 individuals in the most dangerous situations spoke with an advocate while law enforcement was still on scene with them.

From my perspective, this partnership is extremely vital for our community. The state funding needed to carry out important domestic violence intervention services is extremely important. Additional state funding is vital to support CVIC and its counterparts throughout the state who are working to reduce domestic violence.

I am respectfully asking for a do-pass on HB 1004. Thank you for your time.

Respectfully,

Andy Schneider

Sheriff

Testimony
House Bill 1004
Senate Appropriations Committee—Human Resources Division
March 9, 2023
Sherry Adams, Southwestern District Health Unit

Good morning, Chairman Dever and members of the Human Resources Division of the Senate Appropriations Committee. My name is Sherry Adams and I am the Executive Officer for Southwestern District Health Unit (SWDHU). My health unit covers the eight counties of the Southwest which includes Adams, Billings, Golden Valley, Bowman, Slope, Dunn, Hettinger and Stark. I am in support of House Bill 1004 which includes an additional \$2,750,000 state aid in the Governor's budget, bringing the local public health state aid total to \$8,000,000.

Local and state governmental public health agencies are recognized nationally as having the primary responsibility for promoting and protecting the public's health. Local public health units serve as the foundation to the public health system as the boots on the ground.

State Aid is our only flexible funding and fills gaps not covered by other funding sources. Southwestern District Health Unit relies on

State Aid Funding for a multitude of services to meet our annual community needs which, in part, is identified in our Community Health Needs Assessments.

I am extremely grateful for this increase which will serve our communities across North Dakota. Thank you for this opportunity to share my comments. I would be happy to answer any questions you may have.



House Bill 1004

Senate Appropriations Committee; Human Resources Division
Senator Dever, Chairman

Dr. Christie Massen, Section Director
Laboratory Services

Public Health Division | March 8, 2023



Health & Human Services

Laboratory Services Section

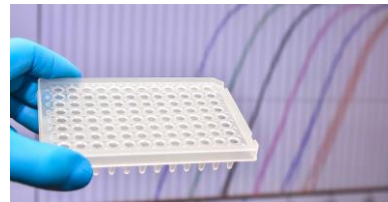
- The public health laboratory includes test capabilities in the areas of bacteriology, mycology, parasitology, immunology, virology, molecular diagnostics, bioterrorism response, water bacteriology and whole genome sequencing.
- The laboratory personnel are responsible for providing rapid, accurate detection and identification of organisms that may threaten the public's health.
- Outbreak response and control is dependent upon the continuing commitment to maintain and develop new technologies and advanced test capabilities considering new and emerging organisms and biothreat agents.
- In addition, the laboratory provides training and consultation expertise regarding safety and test methodologies to sentinel laboratories throughout North Dakota.



Biothreat Unit



General
Microbiology Unit



Special
Microbiology Unit



Testing and
Collection Unit



Quality
Management Unit

Laboratory Services Section Provides



Diagnostic Tests

In 2022, more than 300,000 tests were performed.



Testing and Collection

Provides access to rapid COVID-19 tests across the state.



Detection of Agents of Bioterrorism

Ready to respond to potential bioterrorism threats.



Insect Identification and Disease Detection

Active mosquito and tick surveillance programs.



Animal Tests

Perform necropsy and test to rule-out Rabies in animals.



Environmental Tests

Monitors drinking water for bacterial contamination.

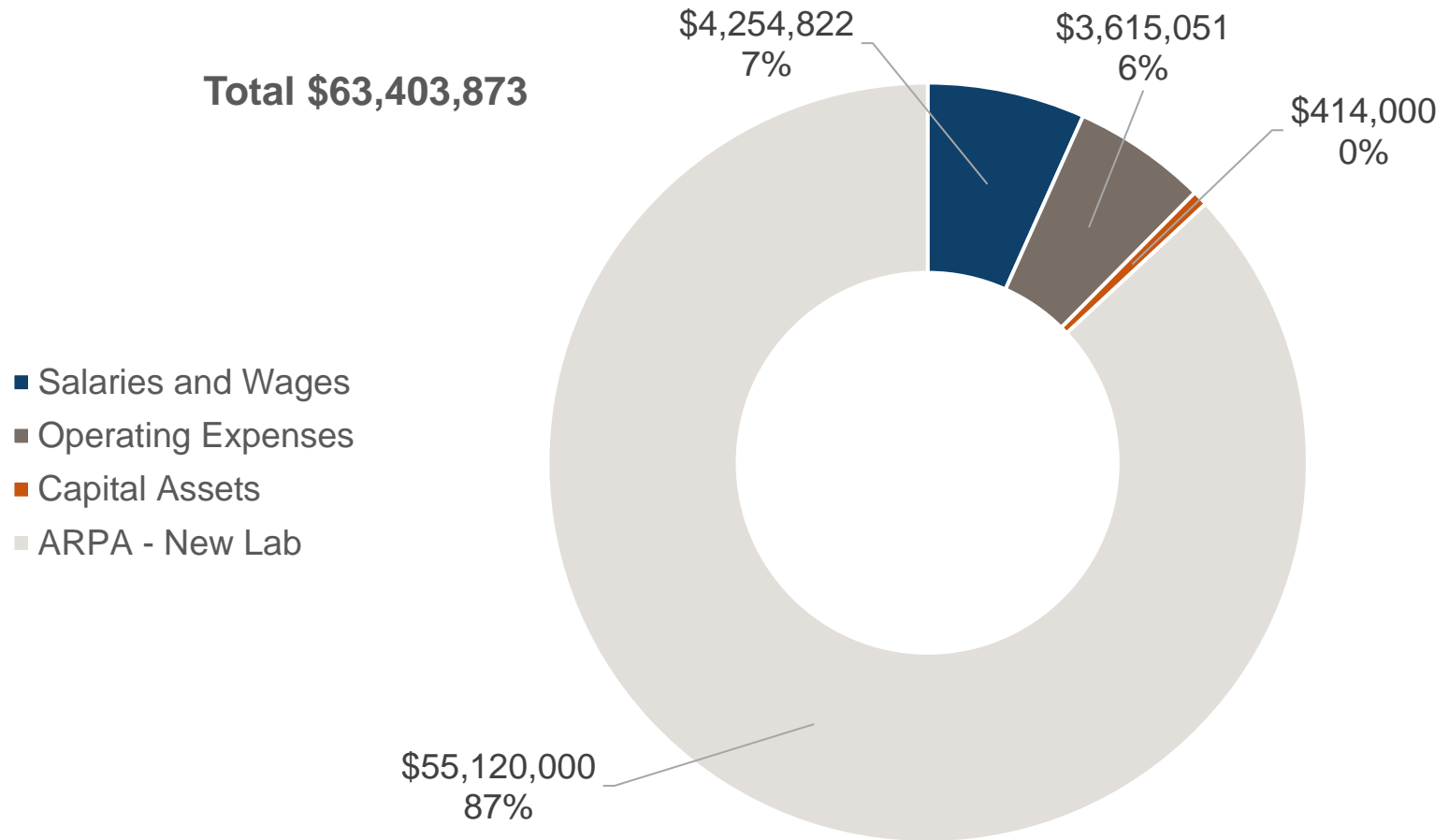


2023-2025 Budget request

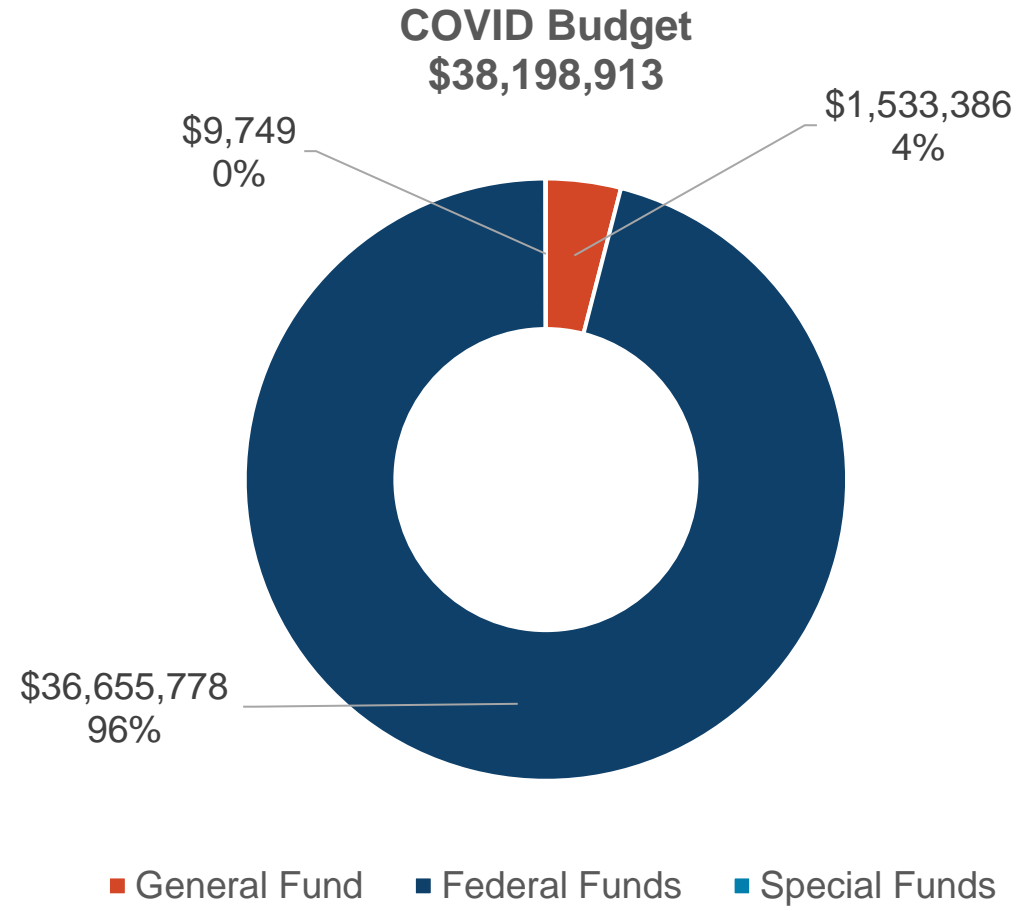
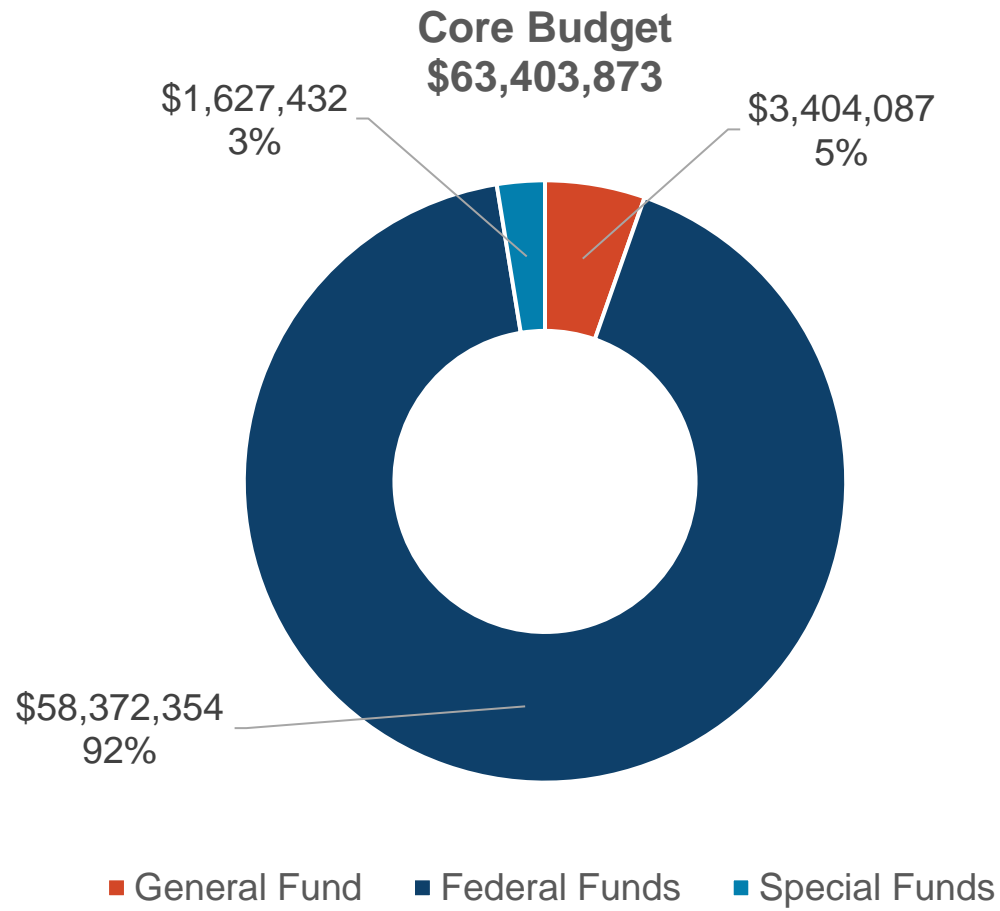
**The program, systems and
workforce support
necessary to continue to
serve North Dakotans**

2023-25 Executive Recommendation

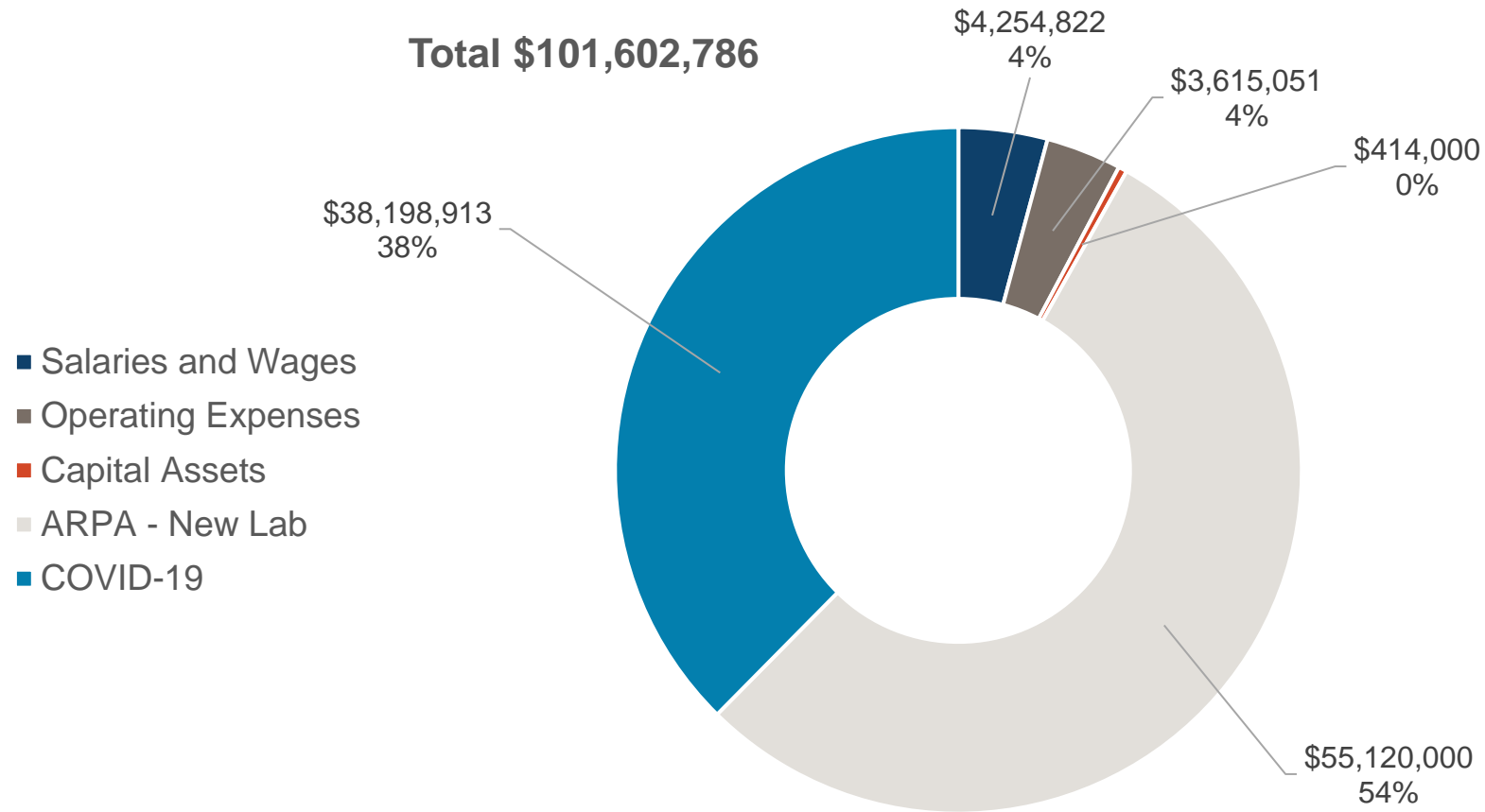
Core Budget By Line Item



2023-25 Executive Recommendation By Funding Source



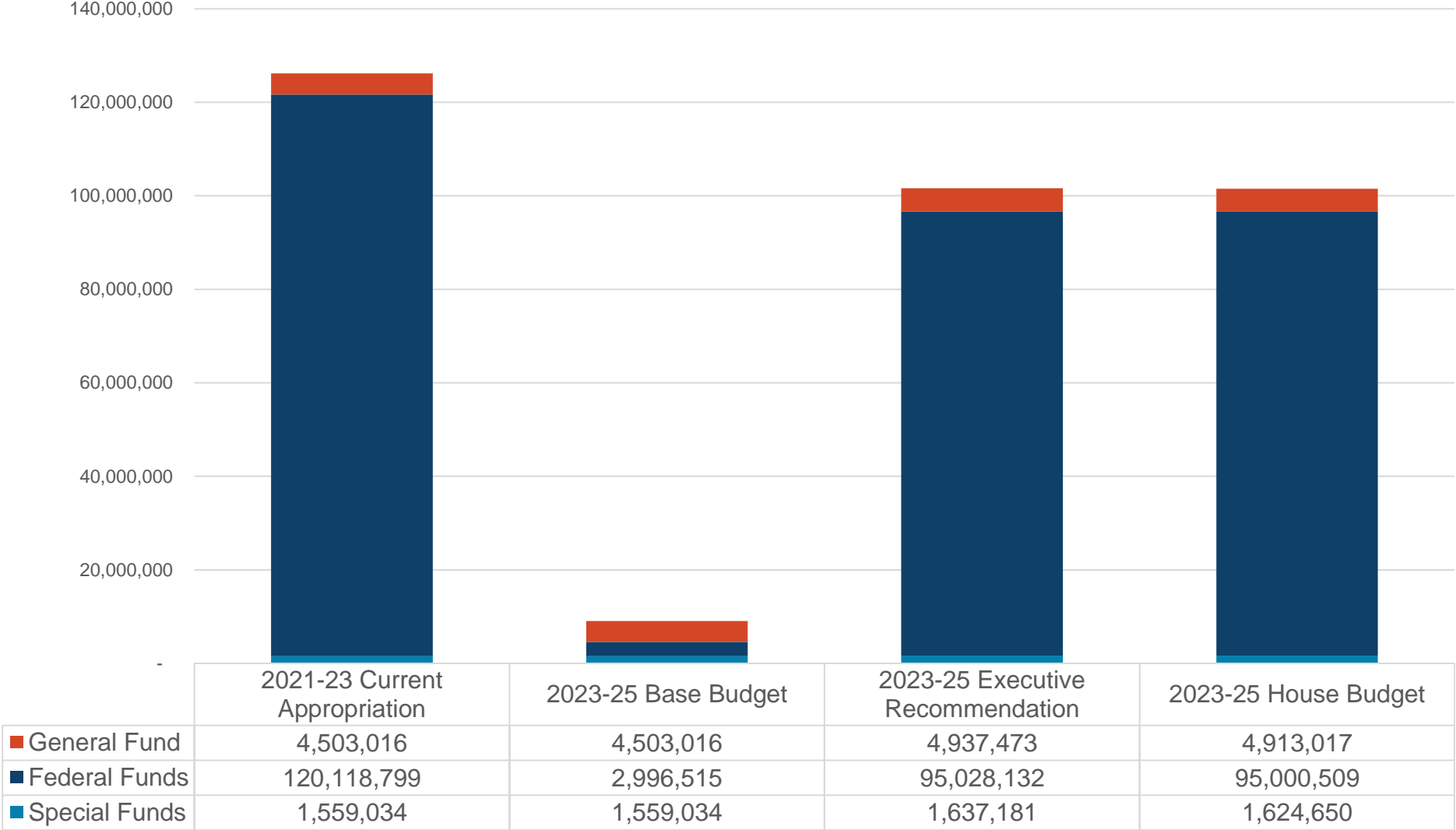
2023-25 Executive Recommendation By Line Item



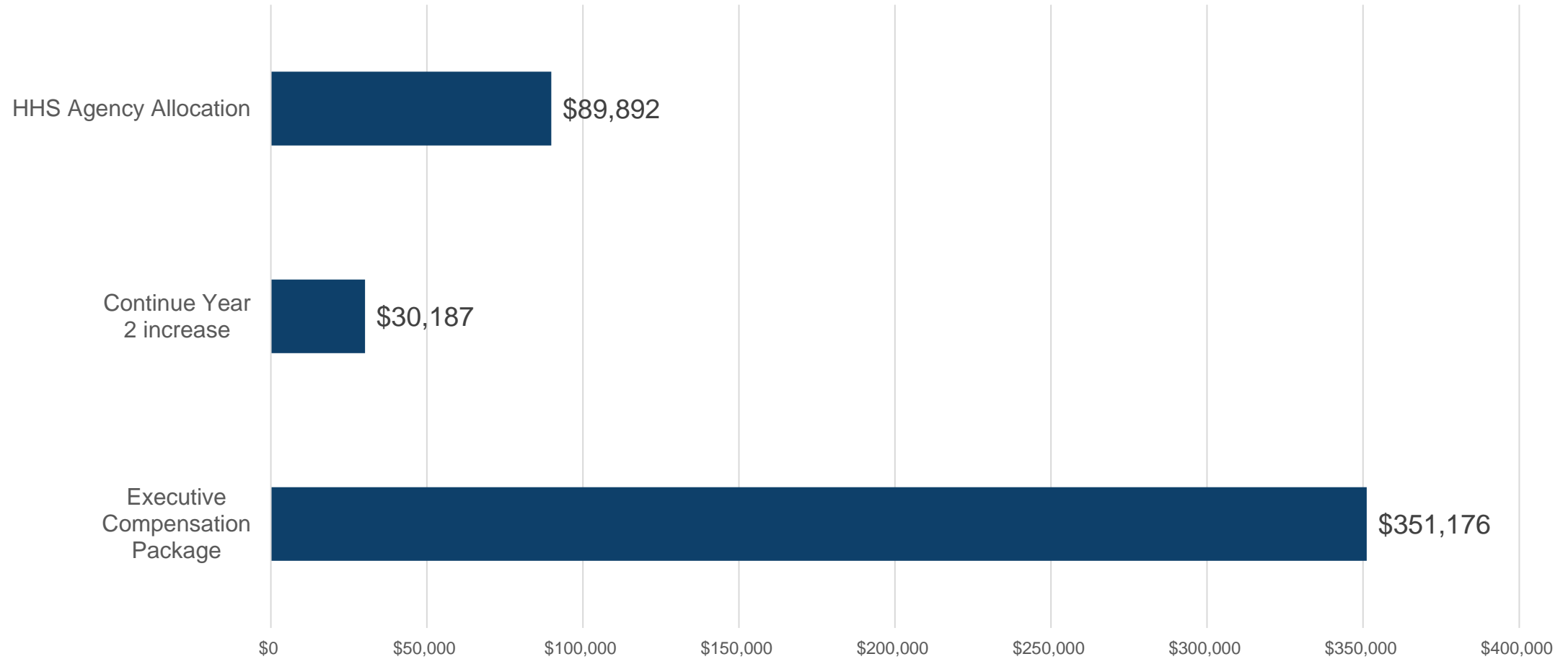
Comparison

Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Recommendation	House Increase / (Decrease)	2023-25 House Budget
Salaries and Wages	3,783,567	3,783,567	471,255	4,254,822	(58,611)	4,196,211
Operating Expenses	3,204,589	3,204,589	410,462	3,615,051	0	3,615,051
Capital Assets	666,128	666,128	(252,128)	414,000	0	414,000
ARPA – New Lab	15,000,000	0	55,120,000	55,120,000	0	55,120,000
COVID-19	103,526,565	1,404,281	36,794,632	38,198,913	(5,999)	38,192,914
FTE	21.5	21.5		21.5		21.5

Overview of Funding Changes



Major Salary & Wage Differences



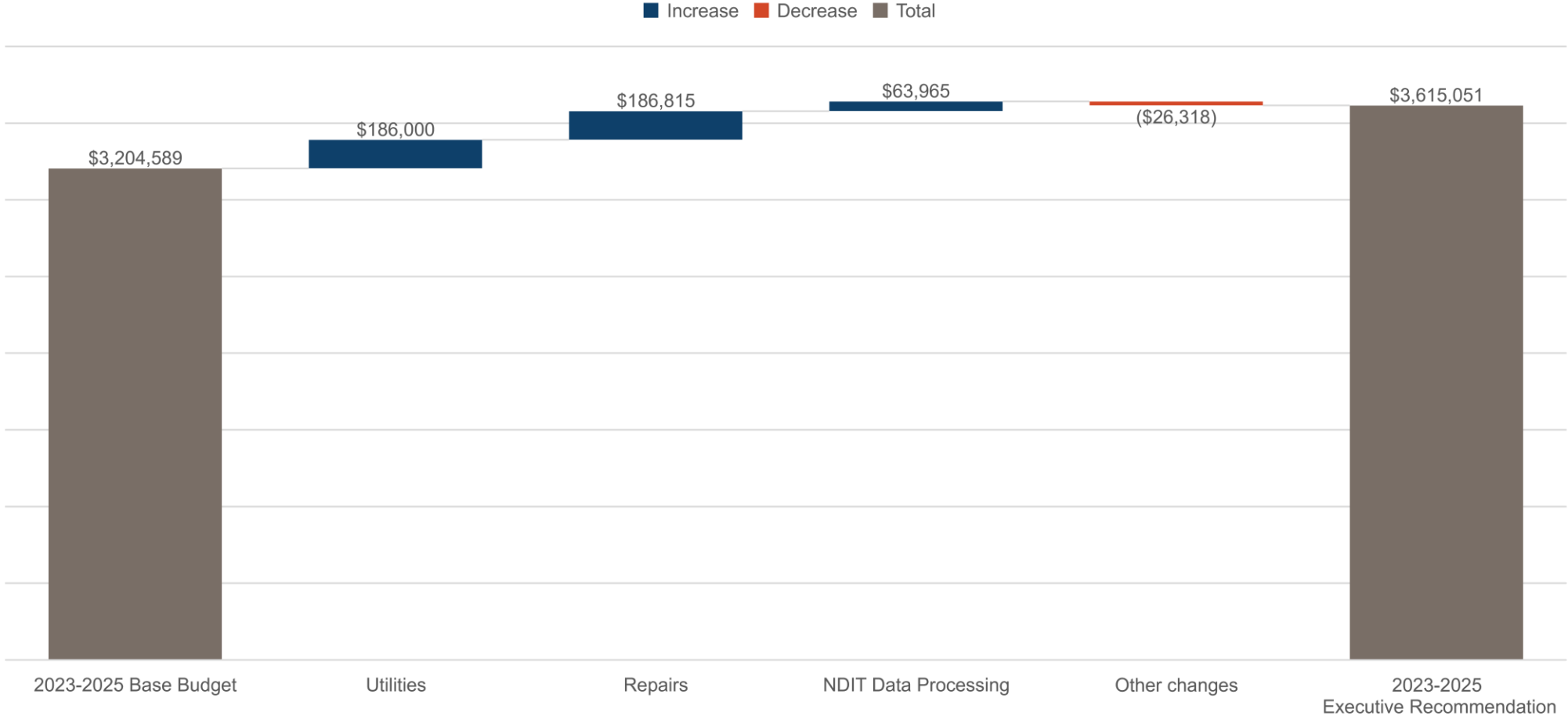
Operating Differences Detail

Description	2023 - 25 Budget Base	Increase/ (Decrease)	2023 - 25 Executive Budget	House Increase / (Decrease)	2023-25 House Budget
Travel	32,300	5,000	37,300	-	37,300
IT - Software/Supp.	104,097	-	104,097	-	104,097
Professional Supplies & Materials	7,275	-	7,275	-	7,275
Food & Clothing	187	-	187	-	187
Buildings/Vehicle Maintenance Supplies	39,316	-	39,316	-	39,316
Miscellaneous Supplies	7,082	(1,000)	6,082	-	6,082
Office Supplies	10,838	(1,500)	9,338	-	9,338
Postage	230,997	-	230,997	-	230,997
Printing	3,500	(2,500)	1,000	-	1,000
IT Equip Under \$5000	22,050	(22,050)		-	
Other Equip Under \$5000	6,300	-	6,300	-	6,300
Utilities	259,320	186,000	445,320	-	445,320

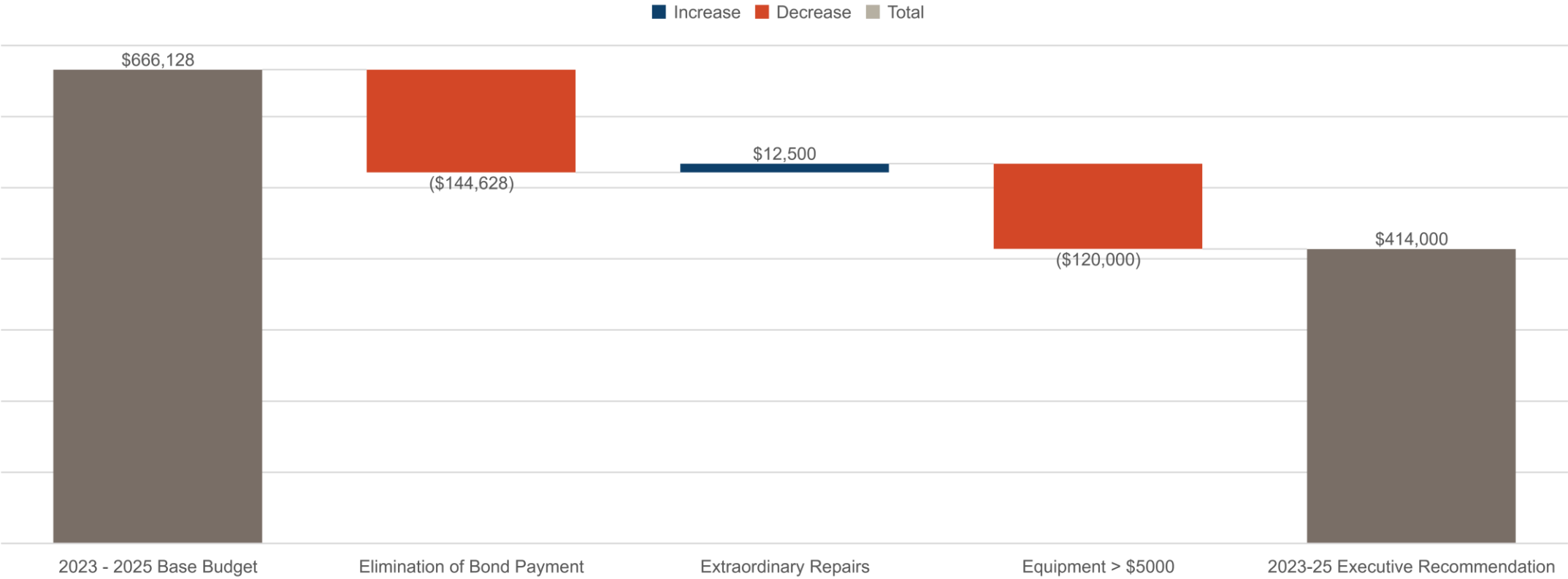
Operating Differences Detail, cont.

Description	2023 - 25 Budget Base	Increase/ (Decrease)	2023 - 25 Executive Budget	House Increase / (Decrease)	2023-25 House Budget
Lease/Rentals - Equipment	41,748	(20,000)	21,748	-	21,748
Lease \Rentals-- Buildings./Land	2,000	-	2,000	-	2,000
Repairs	561,260	186,815	748,075	-	748,075
IT-Data Processing	68,899	63,965	132,864	-	132,864
IT-Telephone	20,620	-	20,620	-	20,620
Professional Development	11,554	15,732	27,286	-	27,286
Operating Fees & Services	38,192	-	38,192	-	38,192
Professional Services	42,000	-	42,000	-	42,000
Medical, Dental, and Optical	1,695,054	-	1,695,054	-	1,695,054
Total Operating	3,204,589	410,462	3,615,051	0	3,615,051

Major Operating Differences

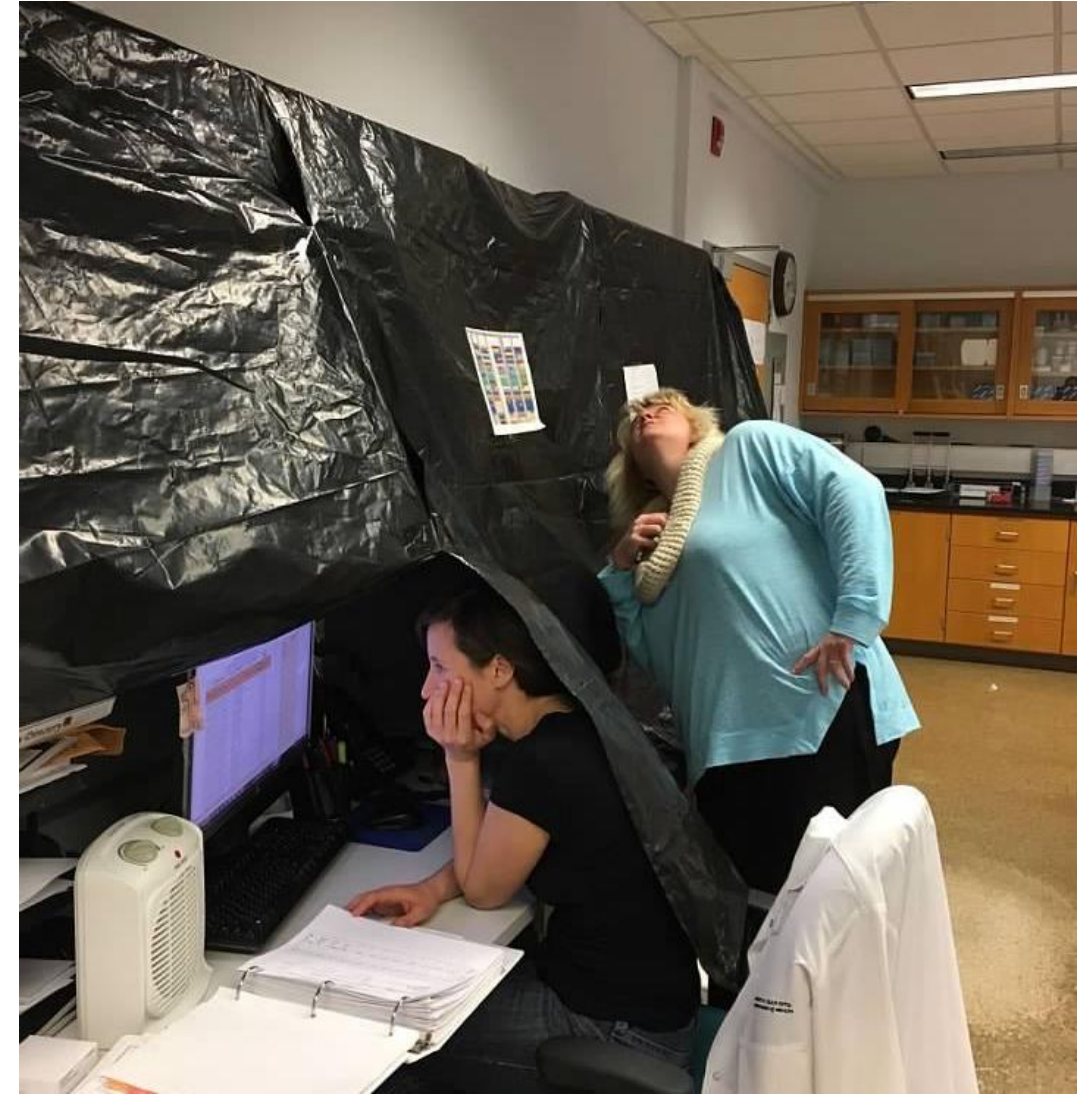


Capital Asset Differences



Summary and Key Takeaways

- North Dakota needs an adequate, safe, and efficient laboratory to move us into the future.
- Investing in the State Laboratories will allow the team to safely perform critical laboratory tests.
- ARPA funds can be leveraged to fully support the State Laboratory building project.





THANK YOU

Dr. Christie Massen | Section Director, Laboratory Services | clmassen@nd.gov | 328-6288

B|W|B|R



North Dakota State Laboratory

HB1004

Senate Appropriations - Human Resources Subcommittee

03.08.2023

- Introductions
- Project Vision & Goals
- Design Process
 - Space Programming
 - Design Concepts
- Site Selection Process
- Preliminary Cost Estimate
- Operating Cost Projections
- Schedule

Project Vision & Goals

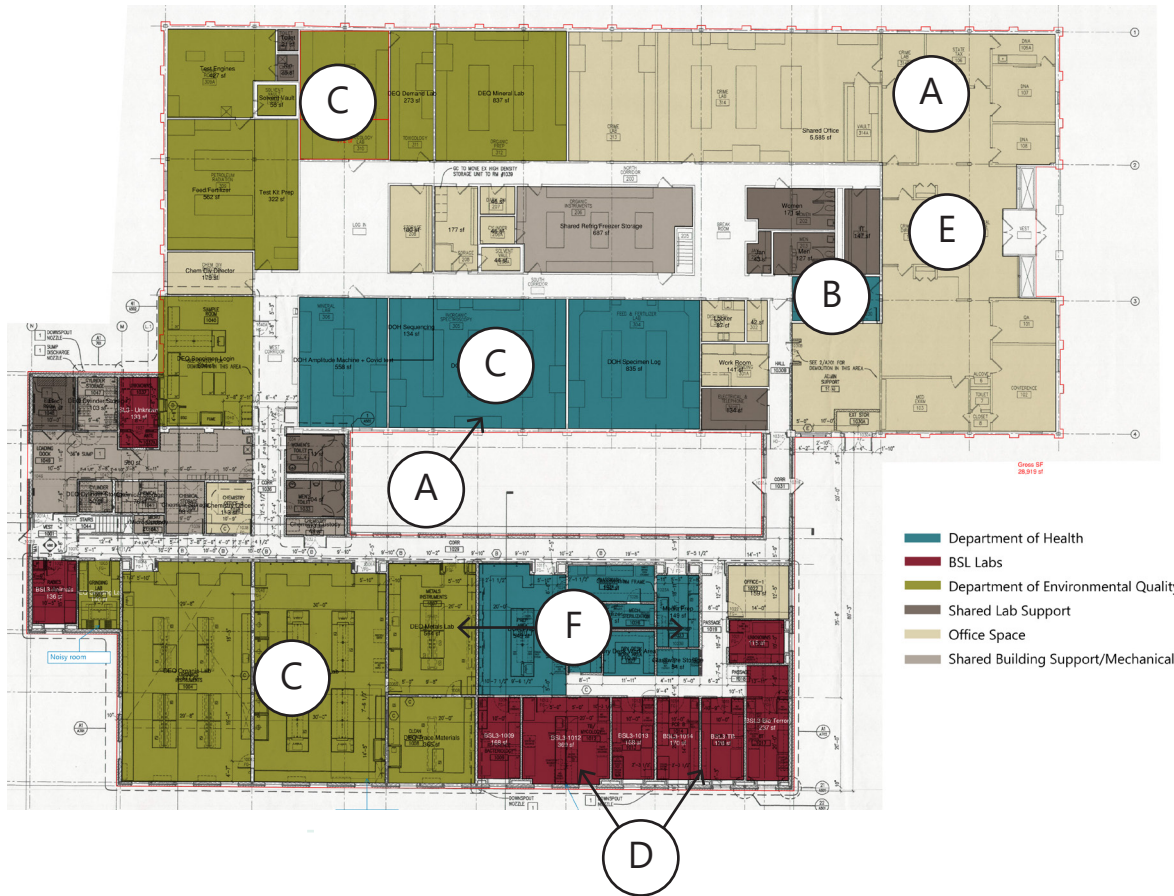
State laboratories support ***critical department functions...***

To accomplish our mission, the **North Dakota Department of Health** is committed to: ***improving the health status*** of the people of North Dakota; ***improving access to and delivery of*** quality health care and wellness services; ***promoting a state of emergency readiness*** and response; ***achieving strategic outcomes*** using all available resources; ***strengthening and sustaining stakeholder engagement*** and collaboration; and ***managing emerging public health challenges***.

The **North Dakota Department of Environmental Quality's** vision is for a ***sustainable, high quality environment*** for current and future generations. Our mission is to ***conserve and protect*** the quality of North Dakota's ***air, land, and water resources*** following science and the law.

....but our facilities are ***approaching the end*** of their useful life.





- A** Lack of Space for Office Functions

 - Officing tasks occur in labs (safety issue)
- B** Incoming Sample/Specimen Workflows

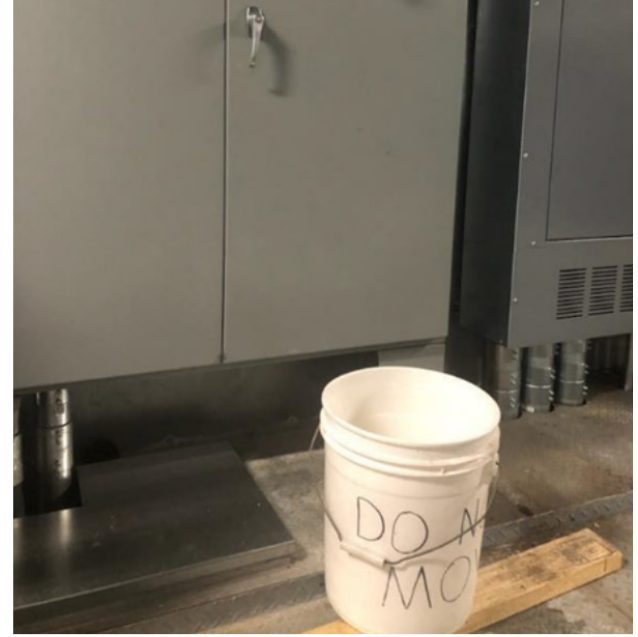
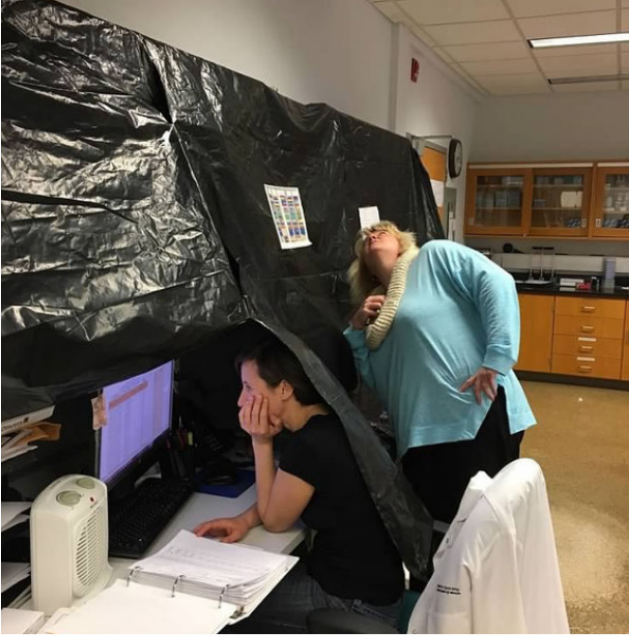
 - Lack of dedicated sample/specimen receipt areas.
 - DOH specimen receipt in hallways
 - Separated sample storage required to preserve DEQ sample integrity
- C** Lack of Space for Growth

 - Instrumentation updates in DOH fill current lab foot-prints
 - No space for new DOH programs (ie Corrections, LNR-C, Biosurveillance, Newborn Testing)
 - DEQ testing to parts-per-trillion level requires clean spaces and separated functions to avoid cross-contamination
 - Anticipated growth in DEQ volumes due to updated PFAS, copper, and lead regulations
- D** BSL-3 Lab Deficiencies

 - Lack of vestibules/anterooms in existing BSL-3 Labs
 - Single-aisle labs limit flexibility and efficiency
- E** Lack of Citizen-Focused Engagement

 - No space for outside visitors to experience lab functions, understand workflows, or develop interest in STEM functions
- F** Mechanical System Deficiencies & Reliability

 - Lack of separation of airflows between DOH & DEQ leads to cross-contamination risk
 - Reliability issues for power and mechanical equipment compromises testing capability



A new State Lab facility will preserve and advance our ability to
protect North Dakota's public health & environment.

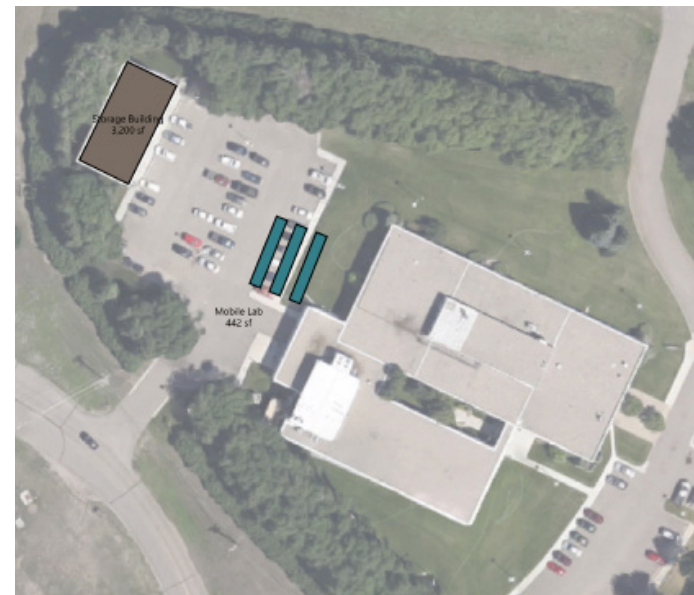
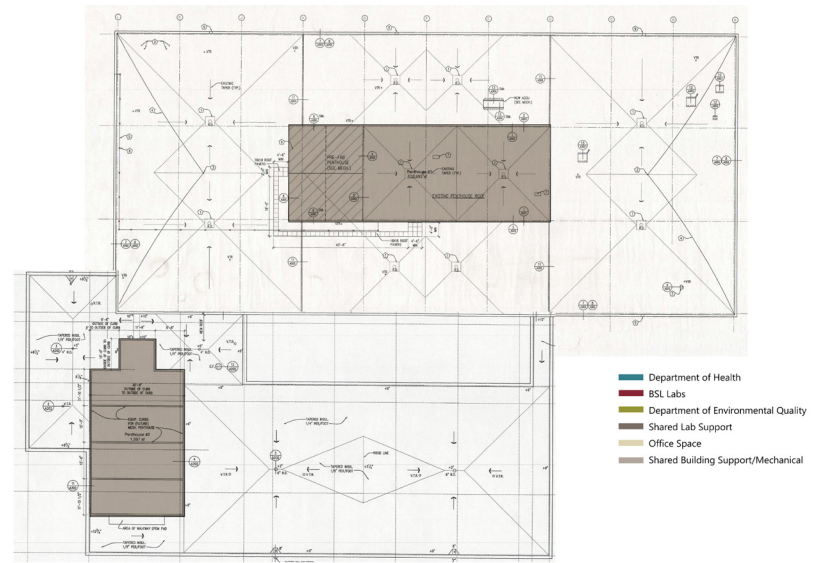


The proposed laboratory will provide Public Health & DEQ with:

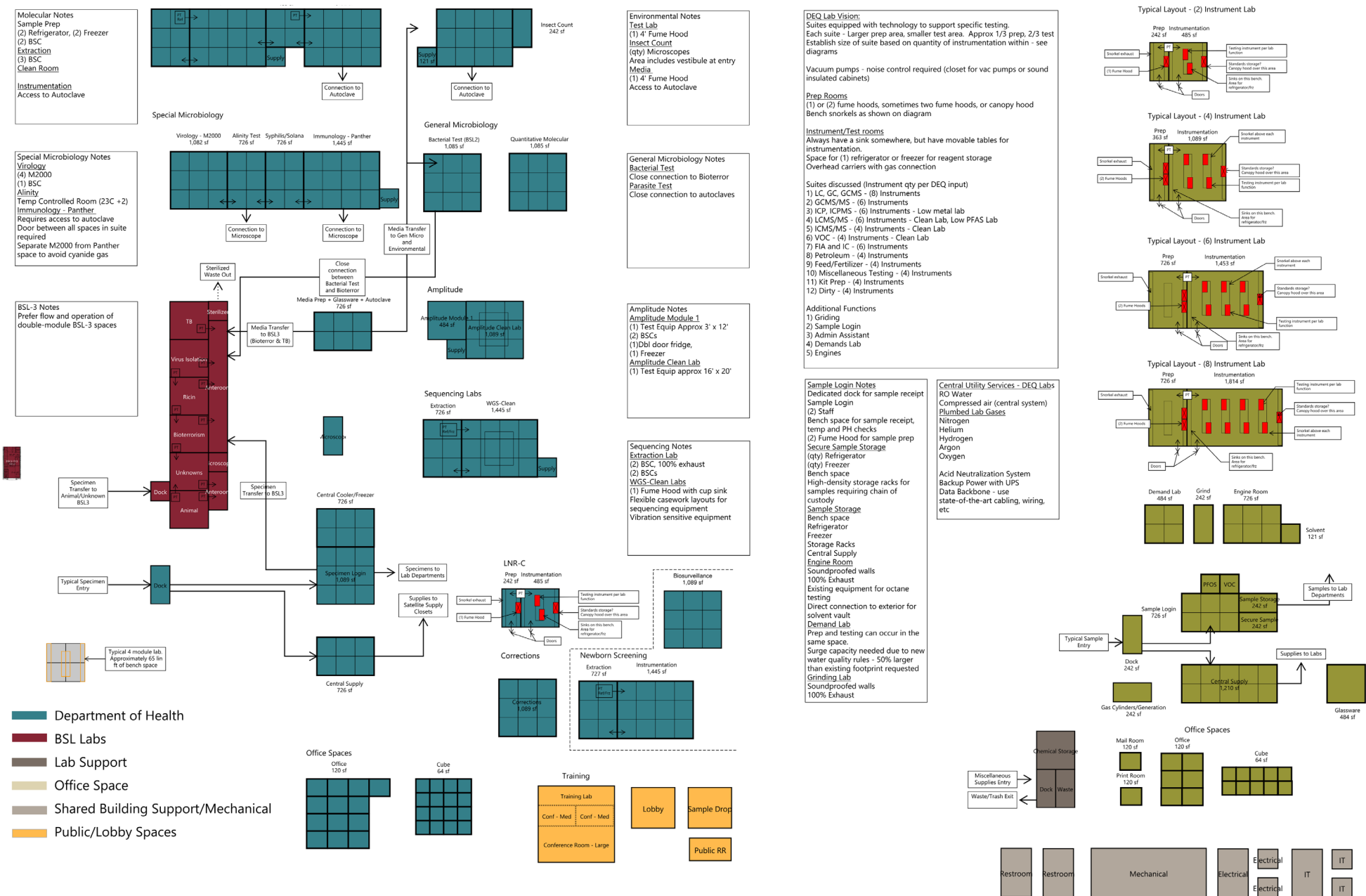
- **Improved regulatory compliance** to ensure continued access to testing programs
- **Additional programs** and access to testing
- **Adequate space** to support current and future testing needs
- **Optimized workflows** to enable more efficient testing
- **Safe and inviting** working environment for staff.
- **State-of-the-art utility systems** with minimized cross-contamination risks
- **Citizen-focused spaces** to share our work, collaborate with universities, and inspire future scientists

Design Process

Existing Building Analysis

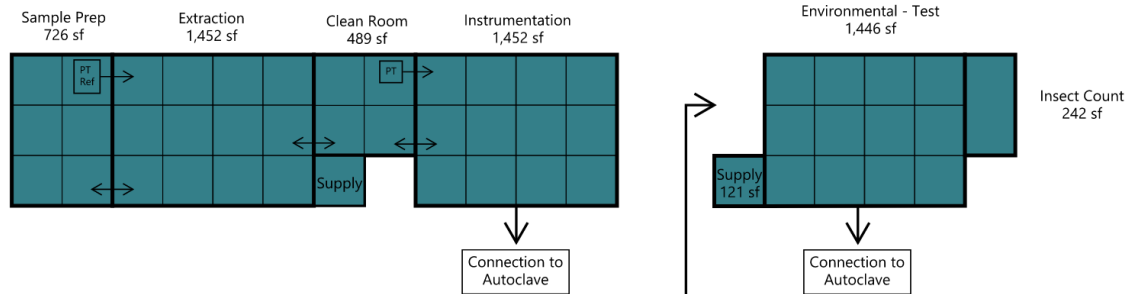


Visual Program & Adjacency Diagrams



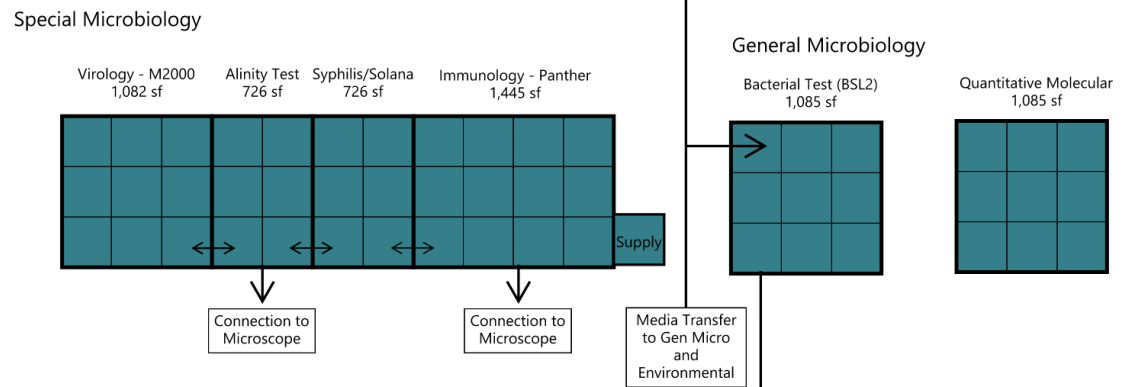
Visual Program & Adjacency Diagrams (DOH Detail)

Molecular Notes
Sample Prep
 (2) Refrigerator, (2) Freezer
 (2) BSC
Extraction
 (3) BSC
 Clean Room
Instrumentation
 Access to Autoclave



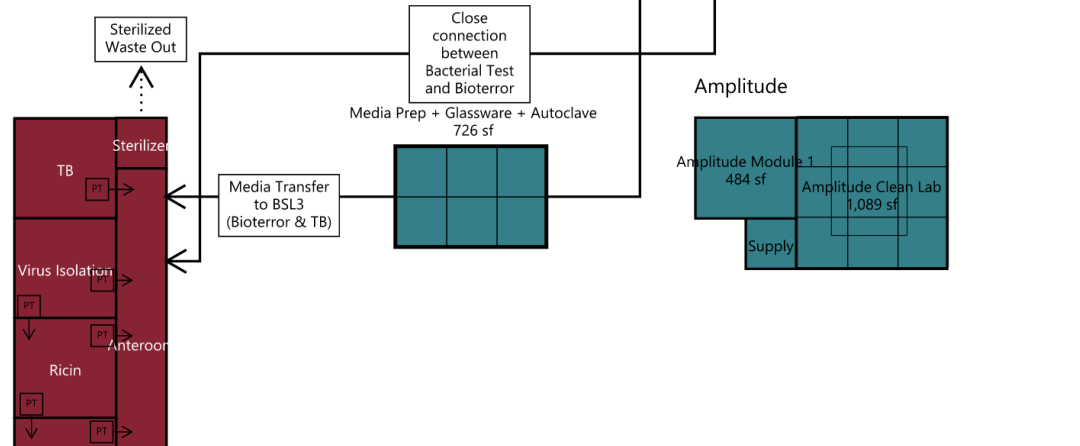
Environmental Notes
Test Lab
 (1) 4' Fume Hood
Insect Count
 (qty) Microscopes
 Area includes vestibule at entry
Media
 (1) 4' Fume Hood
 Access to Autoclave

Special Microbiology Notes
Virology
 (4) M2000
 (1) BSC
 Alinity
 Temp Controlled Room (23C +2)
Immunology - Panther
 Requires access to autoclave
 Door between all spaces in suite required
 Separate M2000 from Panther space to avoid cyanide gas



General Microbiology Notes
Bacterial Test
 Close connection to Bioterror
Parasite Test
 Close connection to autoclaves

BSL-3 Notes
 Prefer flow and operation of double-module BSL-3 spaces



Amplitude Notes
Amplitude Module 1
 (1) Test Equip Approx 3' x 12'
 (2) BSCs
 (1) Dbl door fridge,
 (1) Freezer
Amplitude Clean Lab
 (1) Test Equip approx 16' x 20'

Visual Program & Adjacency Diagrams (DEQ Detail)

DEQ Lab Vision:
 Suites equipped with technology to support specific testing.
 Each suite - Larger prep area, smaller test area. Approx 1/3 prep, 2/3 test
 Establish size of suite based on quantity of instrumentation within - see diagrams

Vacuum pumps - noise control required (closet for vac pumps or sound insulated cabinets)

Prep Rooms
 (1) or (2) fume hoods, sometimes two fume hoods, or canopy hood
 Bench snorkels as shown on diagram

Instrument/Test rooms
 Always have a sink somewhere, but have movable tables for instrumentation.
 Space for (1) refrigerator or freezer for reagent storage
 Overhead carriers with gas connection

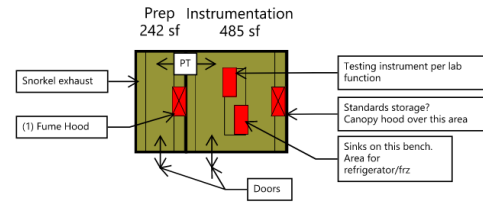
Suites discussed (Instrument qty per DEQ input)

- 1) LC, GC, GCMS - (8) Instruments
- 2) GCMS/MS - (6) Instruments
- 3) ICP, ICPMS - (6) Instruments - Low metal lab
- 4) LCMS/MS - (6) Instruments - Clean Lab, Low PFAS Lab
- 5) ICMS/MS - (4) Instruments - Clean Lab
- 6) VOC - (4) Instruments - Clean Lab
- 7) FIA and IC - (6) Instruments
- 8) Petroleum - (4) Instruments
- 9) Feed/Fertilizer - (4) Instruments
- 10) Miscellaneous Testing - (4) Instruments
- 11) Kit Prep - (4) Instruments
- 12) Dirty - (4) Instruments

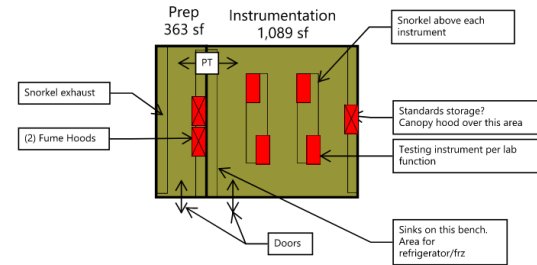
Additional Functions

- 1) Gridding
- 2) Sample Login
- 3) Admin Assistant
- 4) Demands Lab
- 5) Engines

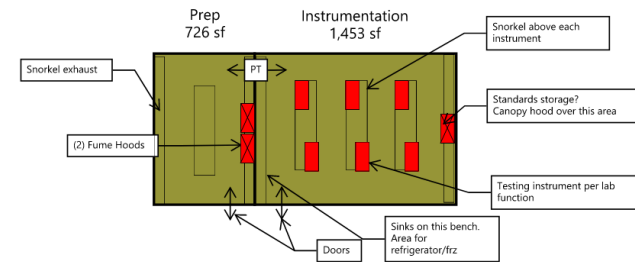
Typical Layout - (2) Instrument Lab



Typical Layout - (4) Instrument Lab



Typical Layout - (6) Instrument Lab



PROGRAM SUMMARY

	Existing		Proposed		Delta
	Staff	Square Feet (net)	Staff	Square Feet (net)	SF
Main Lab Building					
<i>Departments</i>					
Department of Health (DOH)	23	5,545	35	33,864	28,319
Department of Environmental Quality (DEQ)	12	7,671	16	26,571	18,900
Shared Lab Support		1,648		968	-680
Public/Lobby Spaces		0		2,209	
Office Space (Existing)		6,800			-6,800
Shared Staff Space		0		2,480	2,480
Shared Building Support/Mechanical		5,287		5,921	634
Program Contingency				2,500	
Subtotal Departmental Space Needs*	35	26,951	51	74,513	47,562
Building Gross Up (est) - walls, circulation, etc)	25%	6,258	35%	26,080	19,822
Total Building Needs (GSF)		33,209		100,593	67,384

* Departmental Square Footage includes 35% secondary circulation gross up.

** Staff headcounts include staff with dedicated office/cubicle space. Lab Techs without assigned office/cubicle are not included in these headcounts.

	Existing
	Square Feet (gross)
Existing Ancillary Support Buildings	
DOH/DEQ Storage Building - 2635 E Main	3,200
DOH Warehouse - 26th & Vermont	10,000
DOH Mobile Lab 1	442
DOH Mobile Lab 2	442
Total Ancillary Support Building Square Footage	14,084

Total Existing Square Footage	47,293
--------------------------------------	---------------

Space Type	Area	Comment
Lab space	53,100 sf	(A) (B) (C)
Office Space:	8,493 sf	
Training Lab and Conferencing:	2,200 sf	(D)
Support space (lab support, mechanical/electrical, circulation):	36,800 sf	(E) (F) (G)
Total proposed:	100,593 sf	

- (A) Additional Lab Space**
 - Separated lab functions address cross-contamination concerns
 - Dedicated space for sample receipt & storage
 - Growth space for new programs
- (B) BSL-3 Growth Factors**
 - Lack of vestibules/anterooms in existing
 - Additional area to improve workflow
- (C) General storage/supplies co-located with labs**
 - Allows more efficient utilization of storage square footage
- (D) Public-Facing Training and Conferencing**
 - Space provided for visitor training and conferencing, plus training lab for staff and outside training.

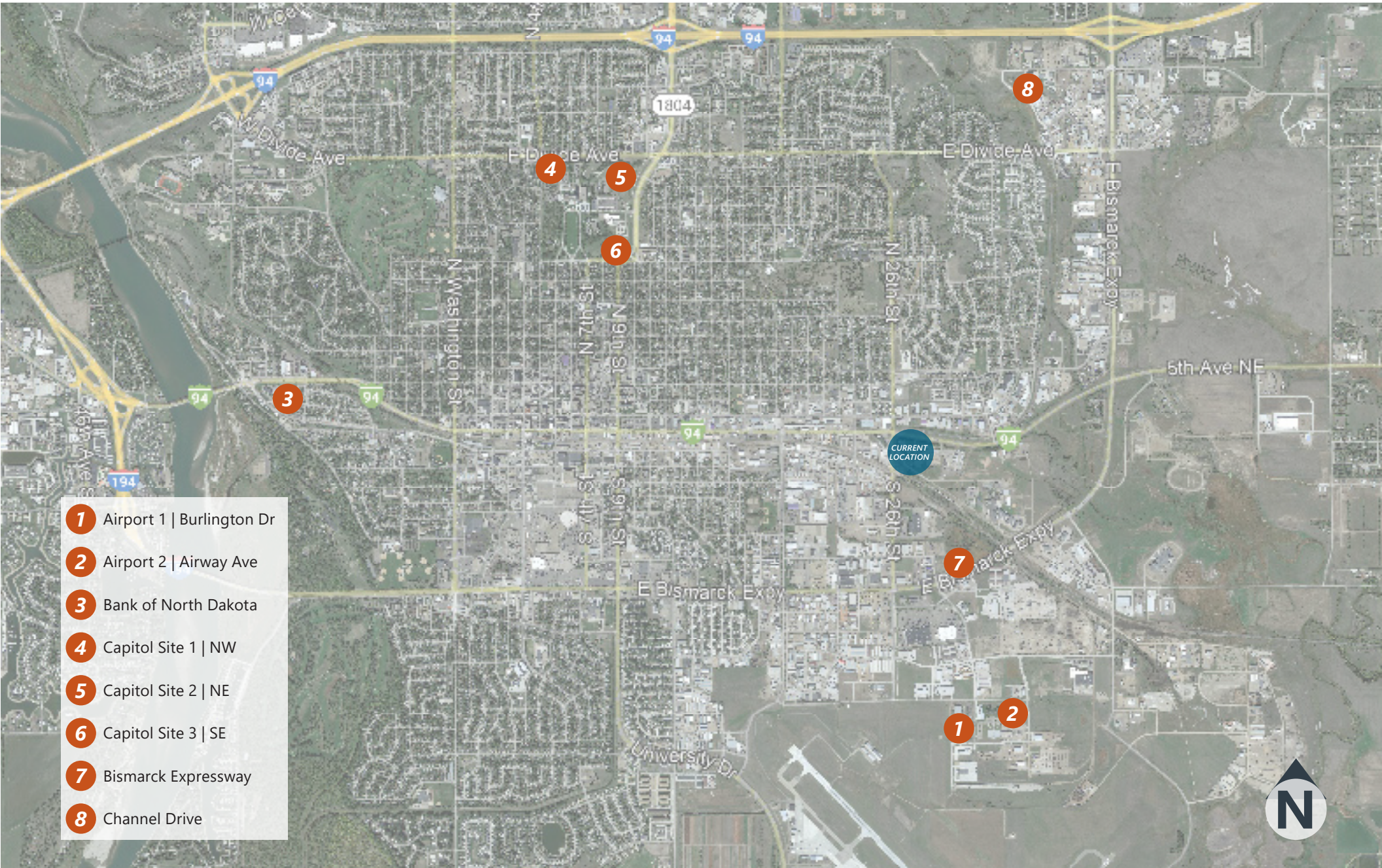
- (E) DOH Warehouse Exit Strategy**
 - Bulk storage space provided in program. Reduced COVID demands will drive eventual elimination of need for offsite warehouse space allowing 26th & Vermont warehouse lease to be terminated
- (F) Mechanical Equipment Strategy**
 - Indoor space for boilers, fire suppression, air compressors, vacuum process chillers, etc. Rooftop chillers, air handlers, exhaust fans with service vestibules. Design team is studying potential rooftop penthouse to allow indoor mechanical units
- (G) Building Gross-Up**
 - Additional gross-up to support vertical circulation, shafts, and wider hallways

Conceptual Floor Plans



- Currently planning for three story facility
- Level 1 - DOH/DEQ Labs, Training Labs, Warehouse
- Level 2 - DEQ Labs & Offices
- Level 3 - DOH Labs & Offices

Site Selection





- Site evaluation process is ongoing, focused on state-owned sites
- Leaning towards Capitol grounds due to land cost savings, shared infrastructure, and operational cost savings

- 1 Airport 1 | Burlington Dr
- 2 Airport 2 | Airway Ave
- 3 Bank of North Dakota
- 4 Capitol Site 1 | NW
- 5 Capitol Site 2 | NE
- 6 Capitol Site 3 | SE
- 7 Bismarck Expressway
- 8 Channel Drive

Cost Estimate



- Cost estimates performed in predesign process were utilized to establish Governor’s budget request
\$15 million (received in 2021-22 bienium)
+ \$55 million budget request

\$70 million total project budget
- State has retained Kraus Anderson Construction as construction manager at risk for the project
- SD cost estimating process is ongoing.

*Construction costs contingent on funding approval 2Q 2023

Operating Cost Analysis



Energy Use

- Existing Building Energy Use Intensity = 402 kbtu/sf/yr
- Proposed Energy Use Intensity = 180-240 kbtu/sf/yr
- Energy Cost = \$ 367,000/yr (~\$3.65/sf/yr)

Additional Operating Cost (Trash, snow removal, etc)

- Cost target dependent on site chosen and ability to share resources with adjacent state buildings
- Range of \$5-\$15/sf/yr

Operating Cost Projection

Low: \$9/sf x 100,600 sf = \$905,000 per year

High: \$20/sf x 100,600 sf = \$2,012,000 per year

Schedule

Milestone	Date
Finalize Site Selection	Q1 2023
Funding Secured	Q2 2023
Design Complete	Q3 2023
Construction Start	Q3 2023
Construction Complete	Q4 2025
Building Occupancy	Q1 2026

All approximate dates contingent on funding

Thanks!
Question/Answer



House Bill 1004

Senate Appropriations Committee; Human Resources Division
Senator Dever, Chairman

Tim Wiedrich, Section Director

Health Response and Licensure Section

Public Health Division | March 8, 2023



Health & Human Services

Health Response and Licensure Section



Tim Wiedrich

- Create and Maintain Public Health and Medical Emergency Response Systems
- Administer and Distribute Grant Funds
- Train, Certify and License Certain Medical and Other Providers
- Regulate and Designate Medical Systems of Care
- Regulate Food and Lodging Establishments

Emergency Medical Systems



Christopher Price

Emergency Preparedness and Response



Juli Sickler

Food and Lodging



Julie Wagendorf

Life Safety & Construction



Karla Aldinger

Health Facilities



Bridget Weidner

Health Response and Licensure Section



Staff
61.5 FTE-One Vacancy 18 Long-Term Temp 49 FT Covid Temp 51 PRN Covid Temp

Licenses, Certifications & Designations
5,459 Organizations 7,859 Site Survey 516 Plans Reviewed 31,256 People 356 Complaints

Grants Issued
\$13,731,941

Emergency Response
12,542 Medical Missions 5,961 Cache Orders 12,074 Vaccine Orders 5,389 Courier Missions 2,270 HAN Messages

Emergency Medical Systems



Emergency Medical Services

EMS Personnel and Agency Licensure, Prehospital Care Education



Trauma System of Care

Trauma Center Designation, Trauma System Performance Improvement



Cardiac System of Care

STEMI Referring/Receiving Center Designation, Cardiac System Performance Improvement



EMS for Children

Improve Access and Quality of Emergency Care for Children



Stroke System of Care

Stroke Center Designation, Acute Stroke Treatment Guidelines



Special Projects

Law Enforcement AED Project, Cardiac Ready Communities

Emergency Preparedness and Response



Public Health Emergency Preparedness & Response

LPH Statewide Response Team
All Hazards Response System
Incident Command Structure



Medical Volunteer Coordination

Medical Reserve Corp
CISM
EMAC



Hospital Preparedness Program

One Statewide Coalition
Partners: NDHA & NDLTCA



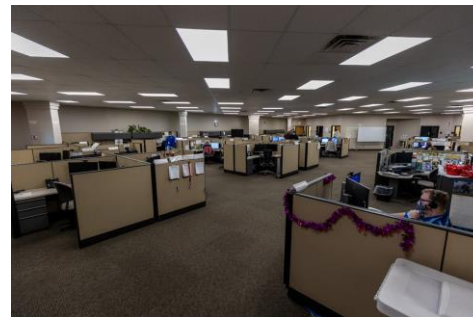
Health Alert Network

Emergency Medical
Information Distribution



State Medical Cache

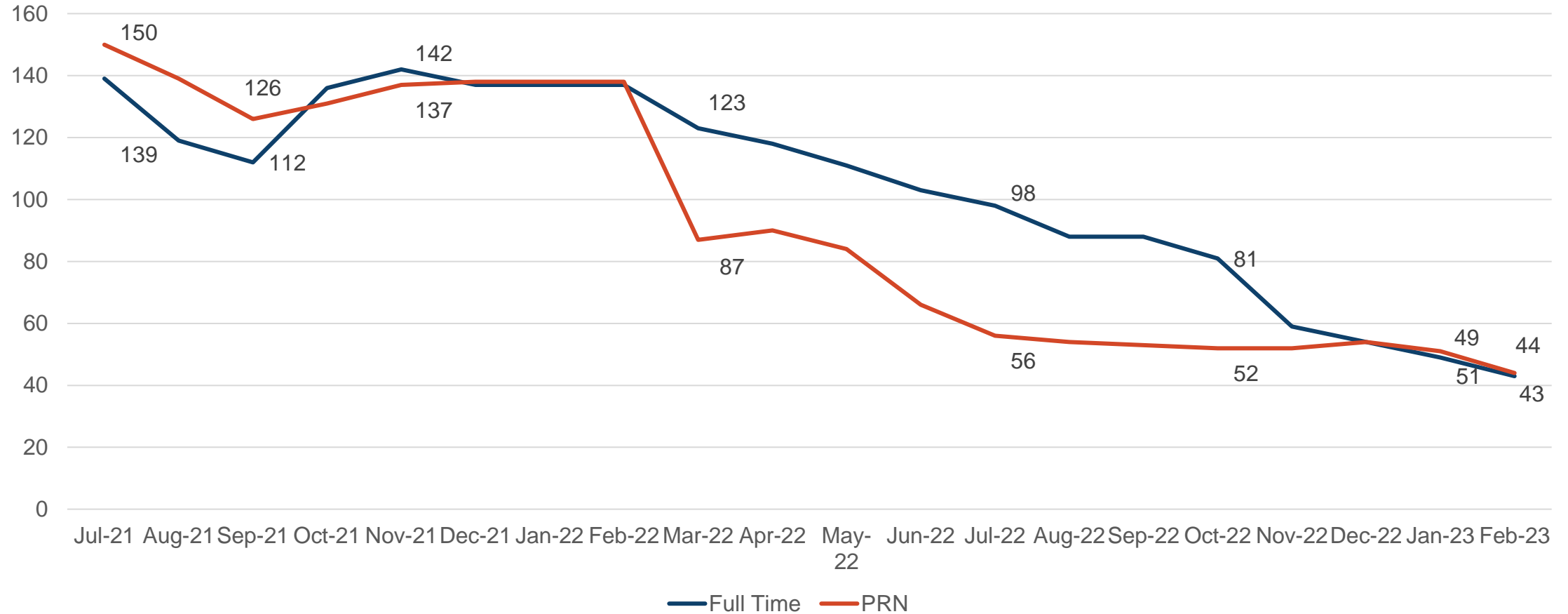
Distribution of Medical Supplies
Patient Evacuation Transport
Tactical Communications
Strategic National Stockpile



Department Operations Center

Coordination of Health and
Medical Emergency Events

COVID Response Team -Temporary Staff Levels July 2021 - January 13, 2023



Food and Lodging



Food and Beverage Establishments

License application, Plan Review and Inspections



Food Processing Plants

License application, Plan Review and Inspections



Assisted Living Facilities

License application, Plan Review, and Inspections of Foodservice and General Facility Sanitation



Lodging Establishments

License application, Plan Review, and Inspections of Hotels/Motels and Bed and Breakfasts



Tattoo, Body Art, Electrology, and Tanning Facilities

License application, Plan Review and Inspections



Mobile Home Parks/Recreational Vehicle Parks/Campgrounds

License application, Plan Review and Inspections

Life Safety and Construction



Life Safety Code Surveys

Survey inpatient & outpatient healthcare facilities



Plan Reviews for Healthcare Facilities

Review construction plans & specifications



Construction Inspections for Healthcare Facilities

Site inspections for new construction

Health Facilities



**Licenses and Certifies
Healthcare Facilities**



**Surveys Inpatient and
Outpatient Healthcare
Facilities**



**Maintains the
Nurse Aide Registry**

Improving the lives of North Dakotans

How legislative support and
appropriations made an impact in
the **2021-2023 biennium**



Continued Progress Includes an Enhanced Focus on Resources Across North Dakota



Strengthening Emergent Systems of Care via Collaboration with LE, FDs, EMS, CAHs and Tertiary Care Centers



Availability of an online, streamlined registry and licensure system



Coordination and maintenance of State Medical Cache



Enhanced training and educational opportunities for emergency response teams



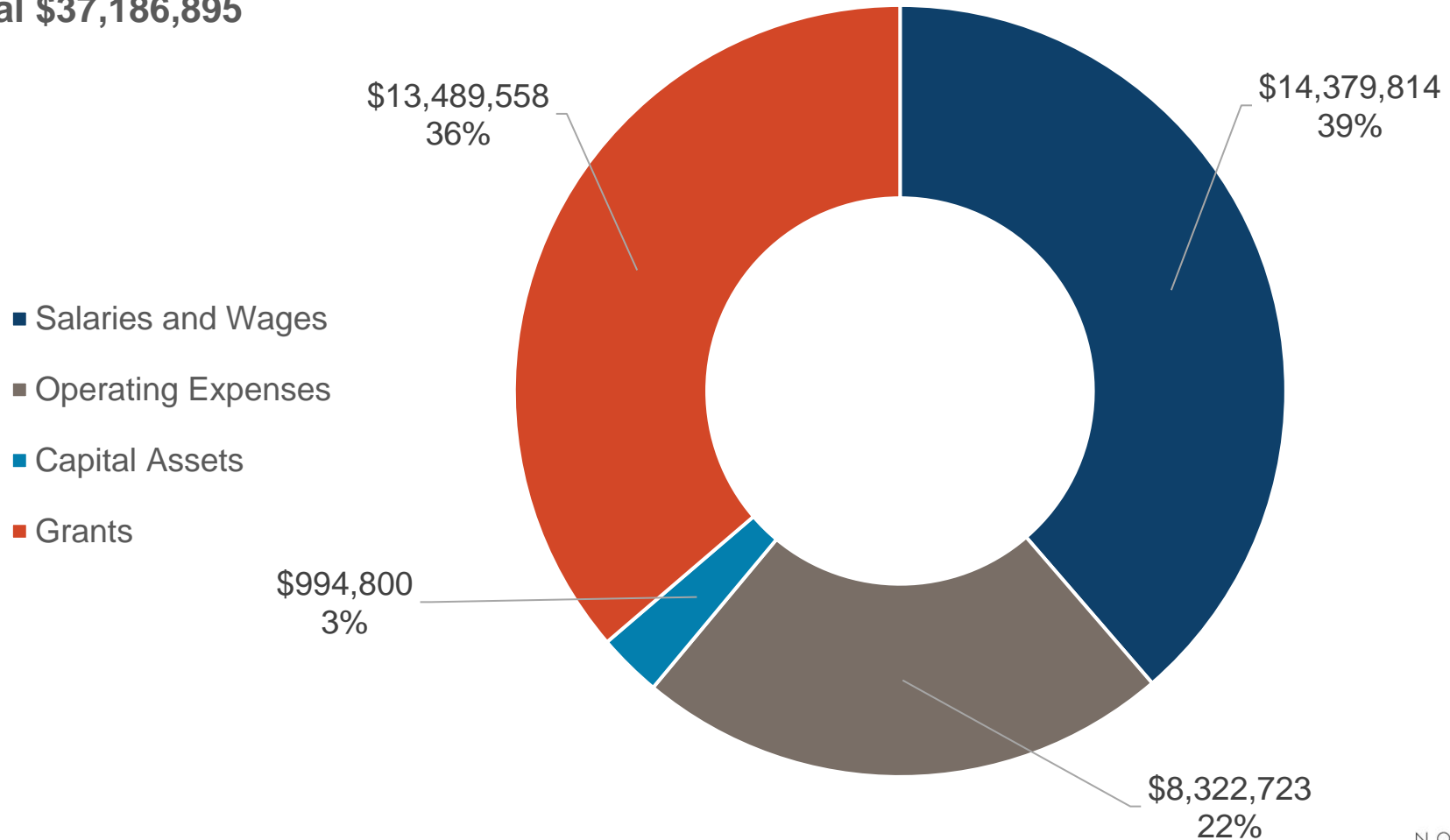
2023-2025 Budget request

The program, systems and workforce support necessary to continue to serve North Dakotans

2023-25 Executive Recommendation

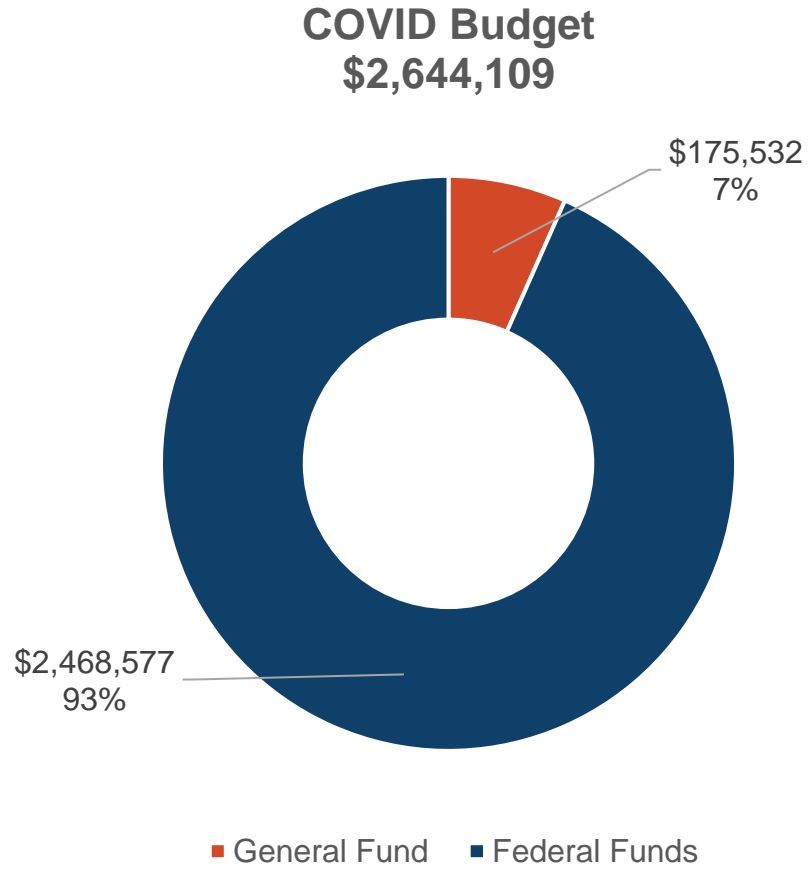
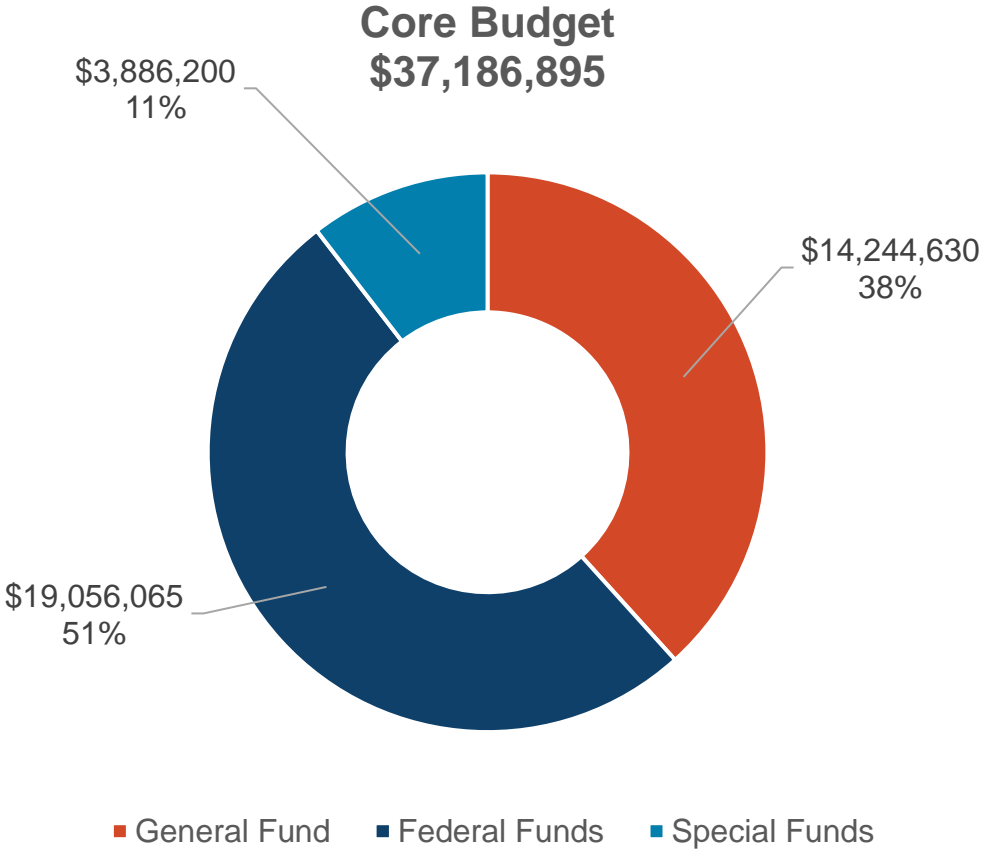
Core budget by line item

Total \$37,186,895



2023-25 Executive Recommendation

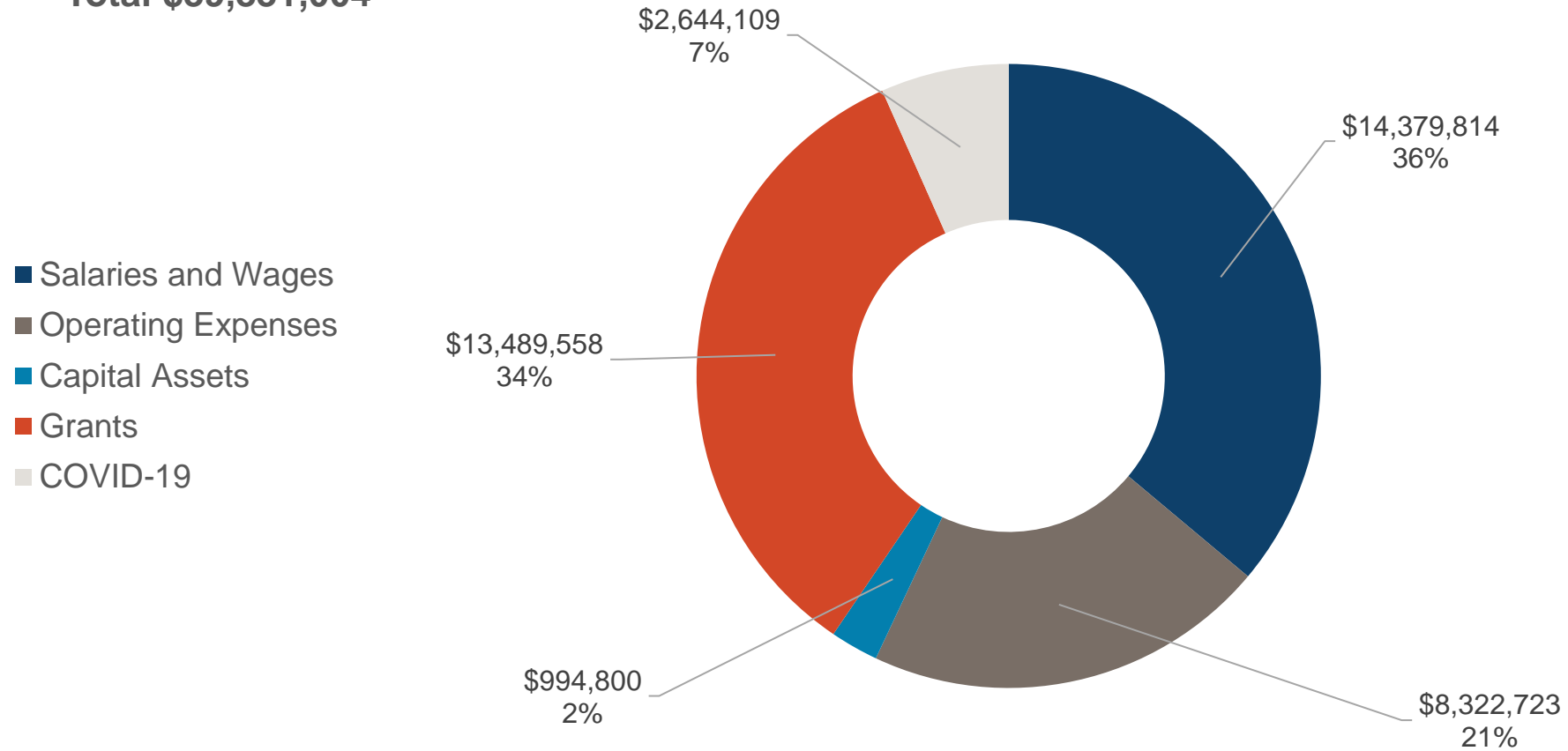
By funding source



2023-25 Executive Recommendation

By line item

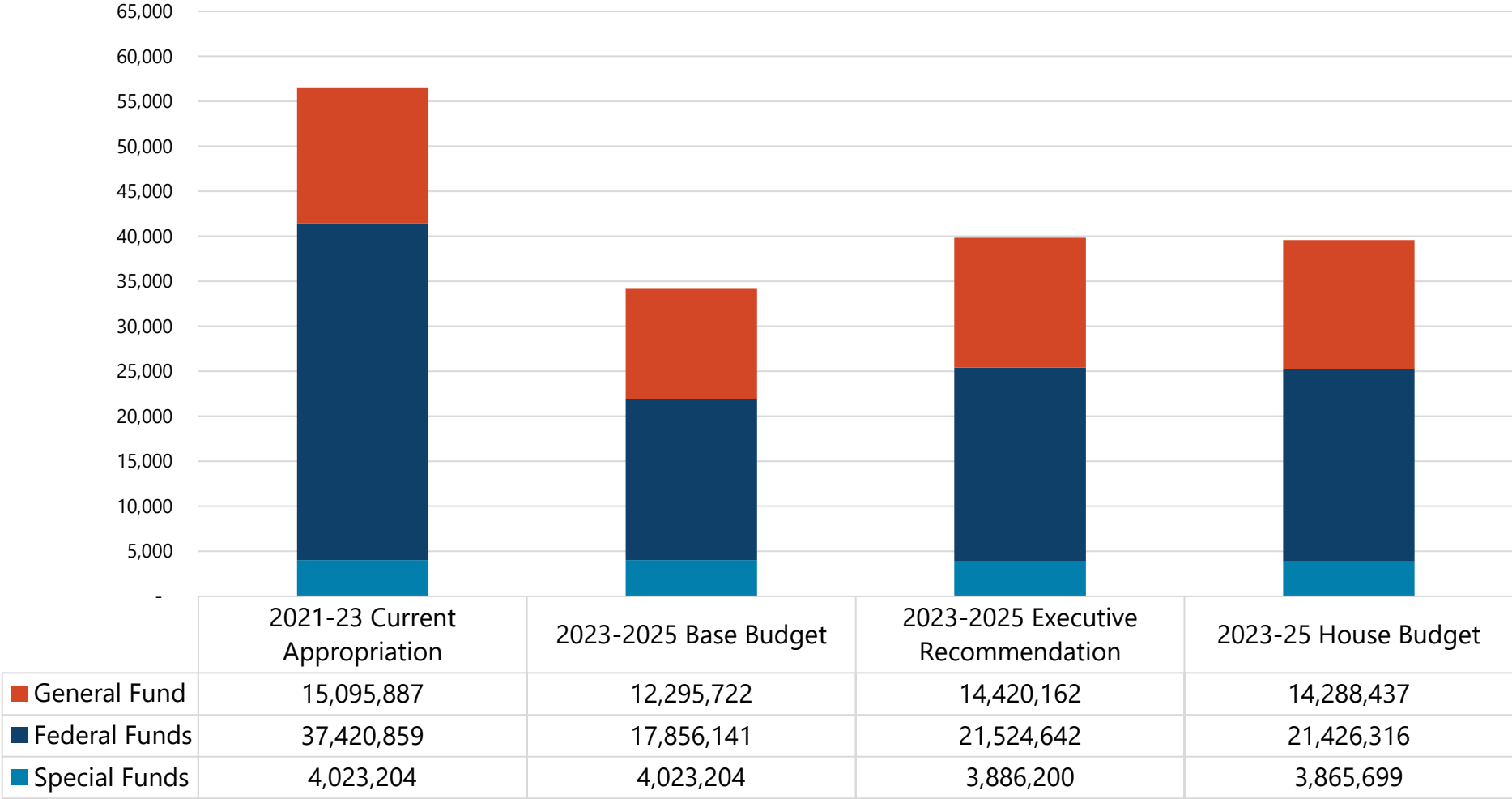
Total \$39,831,004



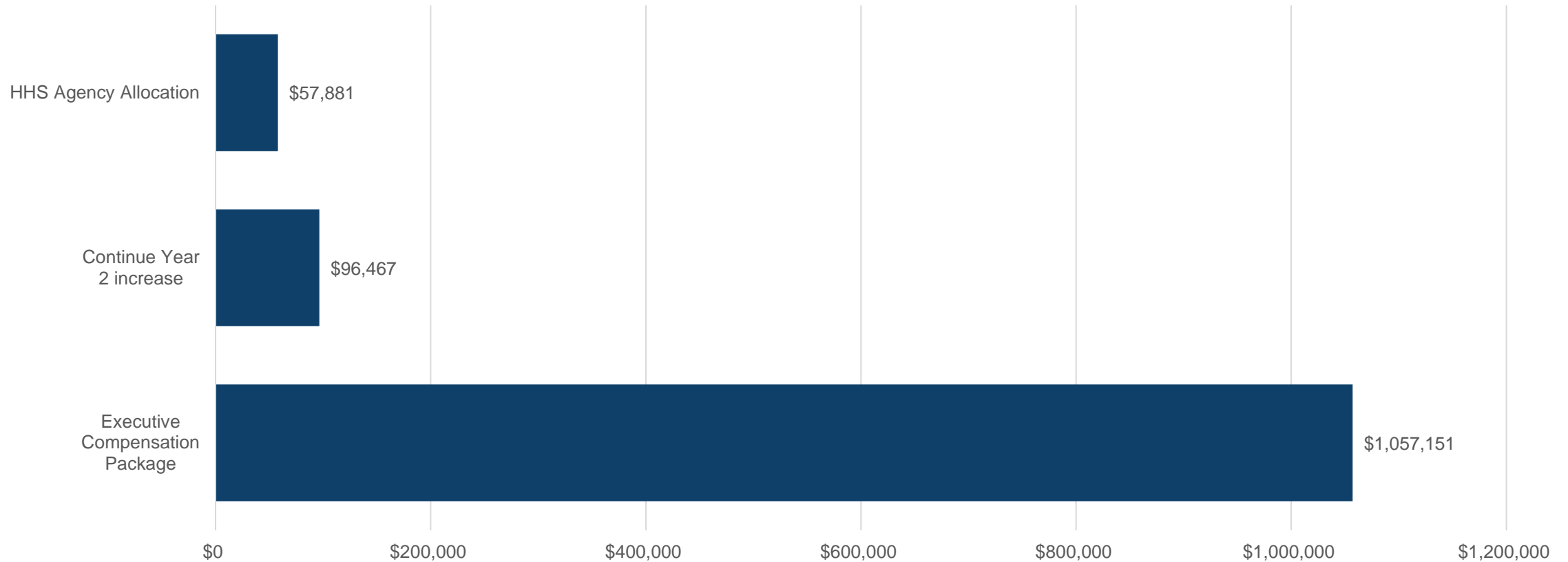
Budget Comparison

Description	2021-23 Current Appropriation	2023-25 Base Budget	Increase/ (Decrease)	2023-25 Executive Recommendation	House Increase / (Decrease)	2023-25 House Budget
Salaries and Wages	13,168,315	13,168,315	1,211,499	14,379,814	(177,687)	14,202,127
Operating Expenses	6,690,504	6,690,504	1,632,219	8,322,723	0	8,322,723
Capital Assets	993,500	993,500	1,300	994,800	0	994,800
Grants	13,160,585	13,160,585	328,973	13,489,558	(69,558)	13,420,000
COVID-19	22,527,046	162,163	2,481,946	2,644,109	(3,307)	2,640,802
FTE	61.5	61.5		61.5		61.5

Overview of Funding Changes



Major Salary & Wage Differences

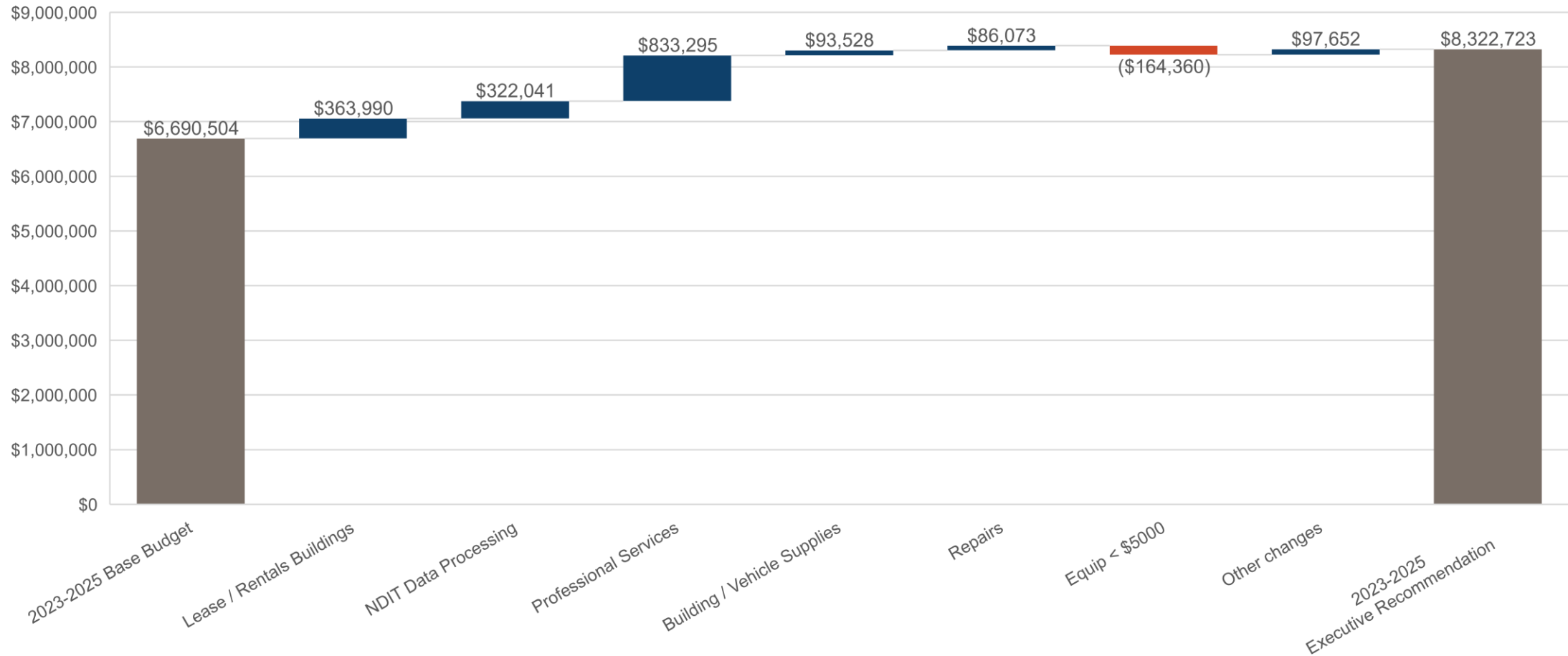


Operating Differences Detail

Description	2023-2025 Base Budget	Increase/ (Decrease)	2023 - 2025 Executive Budget	House Increase / (Decrease)	2023-2025 House Budget
Travel	817,840	28,085	845,925	0	845,925
IT - Software/Supp.	85,265	(505)	84,760	0	84,760
Professional Supplies & Materials	60,457	(16,001)	44,456	0	44,456
Food & Clothing	2,577	(1,304)	1,273	0	1,273
Buildings/Vehicle Maintenance Supplies	108,268	93,528	201,796	0	201,796
Miscellaneous Supplies	42,726	(15,532)	27,194	0	27,194
Office Supplies	45,693	(10,249)	35,444	0	35,444
Postage	27,651	(6,891)	20,760	0	20,760
Printing	46,972	(18,167)	28,805	0	28,805
IT Equip Under \$5000	113,860	(112,860)	1,000	0	1,000
Other Equip Under \$5000	51,500	(51,500)	-	0	-
Utilities	58,603	11,000	69,603	0	69,603
Insurance	108,400	28,000	136,400	0	136,400
Lease/Rentals - Equipment	33,045	11,617	44,662	0	44,662
Lease \Rentals-- Buildings./Land	1,284,548	363,990	1,648,538	0	1,648,538
Repairs	174,874	86,073	260,947	0	260,947
IT-Data Processing	846,830	322,041	1,168,871	0	1,168,871
IT-Telephone	267,258	-	267,258	0	267,258
IT - Contractual Services	606,000	84,154	690,154	0	690,154
Professional Development	107,959	-	107,959	0	107,959
Operating Fees & Services	243,853	3,800	247,653	0	247,653
Professional Services	1,047,940	833,295	1,881,235	0	1,881,235
Medical, Dental, and Optical	508,385	(355)	508,030	0	508,030
Total Operating	6,690,504	1,632,219	8,322,723	0	8,322,723

Major Operating Differences

■ Increase ■ Decrease ■ Total



Grant Detail

Description	2021-2023 Current Appropriation	Increase/ (Decrease)	2023-2025 Base Budget	Increase / (Decrease)	2023-2025 Executive Budget	2023-2025 General Fund	2023-2025 Federal Funds	2023-2025 Special Funds
Public Health Emergency Preparedness	4,230,313		4,230,313	105,683	4,335,996		4,335,996	
Hospital Preparedness Program	779,272		779,272	-	779,272		779,272	
Emergency Medical Systems Stroke Registry & Data Extraction	228,000		228,000	3,732	231,732	231,732		
Emergency Medical Systems Training Grants for Local Ambulance	846,000		846,000	-	846,000	846,000		
Emergency Medical Systems Rural Assistance Grants for Local Ambulance	6,875,000		6,875,000	-	6,875,000	5,750,000		1,125,000
Emergency Medical Systems Cardiac Registry	52,000		52,000	69,558	121,558	121,558		
Civil Money Penalty Fund – projects with personal impact on individuals -LTC facilities	150,000		150,000	150,000	300,000			300,000
Total Grants	13,160,585		13,160,585	328,973	13,489,558	6,949,290	5,115,268	1,425,000

Summary and Key Takeaways

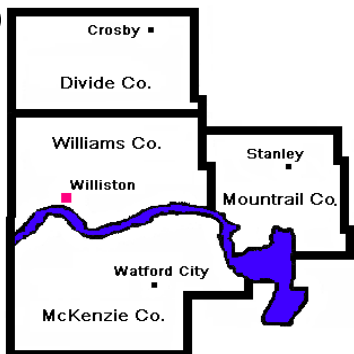
- **Provides a Safety Net**
- **We do this through:**
 - Emergency response plans, responders, equipment and supplies.
 - Provision of information.
 - Fair and reasonable establishment and enforcement of regulations.





THANK YOU

Tim Wiedrich | Director, Health Response and Licensure | twiedric@nd.gov | (701) 328-2388



Upper Missouri District Health Unit

"Your Public Health Professionals"

DIVIDE COUNTY

Divide Co. Courthouse
P.O. Box 69
300 Main St. N
Crosby, ND 58730
Phone 701-965-6813
Fax 701-965-6814

MCKENZIE COUNTY

Northern Plains Building
P.O. Box 1066
109 W 5th St.
Watford City, ND 58854
Phone 701-444-3449
Fax 701-842-6985

MOUNTRAIL COUNTY

Memorial Building
P.O. Box 925
18 2nd Ave SE
Stanley, ND 58784
Phone 701-628-2951
Fax 701-628-1294

WILLIAMS COUNTY

110 W. Bdwy, Ste 101
Williston, ND 58801-6056
Phone 701-774-6400
Fax 701-577- 8536
Toll Free 1-877-572-3763

House Bill 1004

Public Health Division of the Department of Health and Human Services budget
8:30 a.m., March 9, 2023, Senate Appropriations – Human Resources Division

Good morning, Chairman Dever and members of the Senate Appropriations – Human Resources Committee. I am Javayne Oyloe, Executive Officer of Upper Missouri District Health Unit, which provides services in Divide, McKenzie, Mountrail and Williams Counties. I have worked in public health for 27 years and in my current position since 2009. I am in support of the provision for an additional \$2.75 million in state aid to local public health.

North Dakota Century Code requires local public health to provide services to our residents regardless of ability to pay in most cases. Local public health agencies are expected and often required to provide services and reach people that private and other government agencies are unable to address. In other words, we are the gap fillers.

Funding is needed to address workforce needs, work on community initiatives, and respond to unexpected public health issues. For instance during the oil boom, UMDHU went from permitting 40 septic systems to 1100, and experienced other increased demand for programs or services within the four counties we serve. Thank you for your consideration.

Javayne Oyloe
Executive Officer
Upper Missouri District Health Unit
701-774-6409
joyloe@umdhu.org



House Bill 1004

Additional Detail

Dirk D. Wilke, Executive Director

Department of Health and Human Services

Public Health Division | March 8, 2023



Health & Human Services



Vital Records Certified Copy Fees

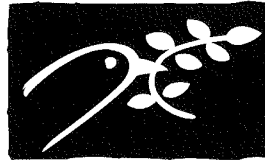
Established by NDCC 23-02.1-29

- **Births** - \$15.00 per copy issued
- **Deaths** - \$15.00 for the 1st copy, \$10.00 for each additional copy ordered at the same time
- **Fetal Deaths** - \$15.00 for the 1st copy, \$10.00 for each additional copy ordered at the same time
- **Marriage** – Copies issued by the counties, price varies
- **Divorce** – Decrees issued by the courts; fees unknown
- **Filing fees for amending records, for a new birth record or fetal death after adoption, for delayed birth and death records (all)** - \$15.00 each
- **Search Fee** – When no record is found - \$15.00
- **Certified copy of a Paternity Acknowledgment** - \$15.00

Vital Records Fee Collection

Description	2019-21	2021-23 Projected Estimate
Collections	2,887,088	2,787,255
Special Fund Appropriation	2,167,028	2,335,836
General Fund Turnback	720,060	451,419





A B U S E D
A D U L T
R E S O U R C E
C E N T E R

"Restoring hope. Building futures. Changing lives."

House Bill No. 1004

Senate HR Appropriations Committee
Testimony presented by Michelle Erickson

Email: michellee@aacnd.com

March 9, 2023

Chairman Dever and members of the Senate HR Appropriations Committee,

Good Morning. My name is Michelle Erickson and I am the Executive Director of the Abused Adult Resource Center (AARC) in Bismarck. AARC is a nonprofit agency that offers services to domestic violence, sexual assault and human trafficking victims including but not limited to crisis intervention, emergency shelter, transitional housing, education and employment programming, supervised parenting time services, offender intervention and support groups. AARC serves a seven-county area in South Central North Dakota including Standing Rock Indian Reservation. We currently have 81 employees and operate our programs out of 6 locations. Our almost 3-million-dollar budget consists of approximately 46.7% grant funding, 33.1% thrift store revenue, 2% United Way, and the remaining 16.7% is general donations and fundraising events.

We believe in a holistic approach of meeting our clients where they are and helping them achieve the goals they want to work towards. I am submitting this testimony in support of HB1004.

To illustrate further one of our funding needs, AARC operates the Family Safety Center which is where we provide supervised parenting time and exchanges. The largest percentage of our referrals are through Domestic Violence Protection Orders. Other referrals come from divorce orders, social services and other court orders. In 2022, we provided 719 supervised visits and exchanges. During those 719 services, our staff intervened 38 times. Currently there are no visitation services available in Minot so over the last year, we have had families driving to Bismarck to safely exchange and/or visit their children also. We believe so strongly in this program and that it keeps adults and children safe and provides children with a healthy space to see their parents that we actually operate in the negative every year. In 2022, we supplemented our program from our general donations in the amount of \$43,000. Those funds could have been used elsewhere if we had additional grant funding from the state.

PO Box 5003 • Bismarck, ND 58502-5003

Office: 701-222-8370 • Fax: 701-323-9399
24-Hr. Crisis: Toll Free: 1-866-341-7009
www.abusedadultresourcecenter.com



Lack of funding has also prevented us from increasing our wages in some areas. Currently, our thrift store staff is hired at \$12/hour. Our part time residential advocates at our shelters are hired at \$13.50/hour and our Family Safety Center staff is hired at \$15/hour. We are expected to hire people at those wages that are able to resolve conflicts, think on their feet in emergencies, deescalate tense situations, and be flexible in their work schedules. Unfortunately, with the job market the way it is right now, hiring anyone is difficult. Hiring at non-competitive wages makes it even MORE difficult.

Several of the agencies, including AARC, stepped up to the plate when Lutheran Social Services closed and took on the responsibility of the Domestic Violence Offender Intervention programs. We didn't know for sure HOW we were going to manage it but we knew it was important and by providing these services to our communities, it can only help decrease violence in our communities.

Finally, if the domestic violence/sexual assault agencies in the state aren't able to provide these services, who will? In 2022, AARC served **1313** adult clients. All but 231 of those were victims that sought our help for the first time. We provided shelter and safety to 153 families with 118 children. Where will they get the services they need to break free of those violent relationships if the domestic violence programs are forced to downsize or in some instances possibly close due to lack of funding?

Our mission has been and will always be to break the cycle of violence. We want children to grow up in healthy homes and not mimic the violence they have learned. We want victims to become survivors and understand they have a right to be safe and a right to have peace in their lives and we want to continue to make sure that offenders are held accountable.

I strongly urge you to vote "Do pass – plus" on HB 1004. It is not only the right thing to do for victims but it is the right thing to do for our state to help keep our residents safe.



Testimony
HB 1004
Senate Appropriations: Human Resources
March 9, 2023

Good morning, Chairman Dever and members of the Senate Appropriations Human Resources Committee. My name is Kathy Keiser, and I am the Executive Director of Ronald McDonald House Charities in Bismarck; our mission is “to improve the lives of children and their families”.

We own and operate the Ronald McDonald Care Mobile which delivers dental care to underserved children in the western half of North Dakota. I am here today to provide testimony in support of HB 1004 and requesting \$100,000 for supplies for the Care Mobile.

I would like to begin by thanking you for the generous support that we’ve received from you for many years.

We have just completed our 11th year of service and in 2022, the Care Mobile treated 962 children in 1,679 visits/encounters providing 7,145 services for a value of \$532,860 in treatment provided. Of the children served, 76% were uninsured with 33% enrolled in Medicaid; no child is turned away for inability to pay and for most, we are their only option for care. Over the 2 years of the Appropriation, the total value of \$1,065,720 in services provided is a very good return on the \$100,000 investment that we receive from the Legislature.

Our preliminary demographics show that of the children treated in 2021, 44% were Native American, 36% were Caucasian, 9% were African American, 7% were Hispanic and <4% were other races. This data indicates that we are reaching our target population, treating a high percentage of Native American children as they experience tooth decay at a much higher rate than non-native children.

Since the Care Mobile began operations 12 years ago, nearly 14,000 children have been served and more than 24,000 appointments provided for a total value of \$5,861,229. We are completely booked for 2023 and the demand for services continues to far outweigh our capabilities.

Our annual budget is approximately \$600,000/year and on-going funding is always a challenge. Any support will help us reach our goal of serving underserved children.

We work closely with the ND Oral Health and Medicaid Programs, the ND Oral Health Coalition and the ND Dental Association to enhance existing programs, as well as in the development of new programs to reach even more children.

Working with children is always rewarding and I'd like to share a recent story. A young boy finished his visit with one of our Dental Hygienists and asked her: "did you learn how to do this on YouTube?"

Thank you again and please support HB 1004 to continue to make dental care accessible to some of North Dakota's most vulnerable children.

I would be happy to answer any questions that you might have.

Kathy Keiser
Executive Director
Ronald McDonald House Charities of Bismarck
kathy@rmhbismarck.org
701-258-8551

Attachments: Ronald McDonald Care Mobile Service Delivery Summary
Ronald McDonald Care Mobile 2022 Summary & Progress Report

Ronald McDonald Care Mobile 2022 Summary & Progress Report

The Ronald McDonald Care Mobile (RMCM) is a state-of-the-art mobile dental clinic that has been delivering pediatric dental services directly to underserved children in their own neighborhoods in western North Dakota since 2012. The Care Mobile brings the dental care directly to the school-based or school-linked community setting, breaking down barriers to care.

The Care Mobile's target populations are low-income and underserved children living in the western half of ND. To be eligible for care, children must be age 0-21, not have a regular dentist and not have seen a dentist for treatment in the past two years. Medicaid and insurance are billed, but no child is denied care due to inability to pay. We strive to reach children who have no other means to access oral health care. The majority of the children seen are uninsured or on Medicaid and unable to find a dental provider in their area that accepts Medicaid. The Care Mobile complements and does not replace services in the community.

To reach the children in greatest need, we prioritize service sites including schools with greater than 40 percent of their children on the free/reduced fee school lunch programs, Head Start and Early Head Start programs, American Indian reservation areas, and community health centers without dental clinics.

Services include diagnostic, preventive, restorative and referrals as needed. The program provides dental exams, x-rays, caries risk assessments, oral health education, cleanings, fluoride treatments, dental sealants, fillings, pulpotomies, simple extractions, and referrals for more complex care. The RMCM is staffed by a dentist, dental hygienist and dental assistant licensed to practice in ND.

In 2022, still in the midst of the Pandemic, the Care Mobile was able to return to fairly normal operations with continued COVID preventive measures. We were able to deliver services at 46 sites, treated 962 children and provided 1,679 appointments and 7,145 dental services for a total value of \$532,860. And we were able to achieve these results with our generator out and service suspended for 5 weeks. Since the Care Mobile began operations 12 years ago, nearly 14,000 children have been served and more than 24,000 appointments provided for a total value of \$5,861,229. We are completely booked for 2023 and the demand for services continues to far outweigh our capabilities. Our goal of treating over 1,000 children in 2023 seems attainable.

Our Demographic figures show that of the children treated in 2021, 44% were Native American, 36% were Caucasian, 9% were African American, 7% were Hispanic and <4% were other races. This data indicates that we are reaching our target population, treating a high percentage of Native American children as they experience tooth decay at twice the rate of non-native children. In 2021, 76% of the children we served were uninsured, 33% were on Medicaid and 1% had private insurance. However, no child is denied care due to inability to pay. More than two-thirds of the children are in pre-school and elementary school.

A comparison of Care Mobile yearly data shows that the number of appointments and the cost of care per child continues to decrease slightly over the years indicating that providing some continuity of care for the children can reduce their dental needs and costs. The Care Mobile is definitely making a difference. By bringing the oral health care directly to the child, the program eliminates many of the barriers underserved families face in accessing healthcare services. And, while it was not our intention at the outset, the Care Mobile has become the dental home for the majority of children that we treat each year. We are their only option.

**Ronald McDonald Care Mobile Service Delivery Summary
January – December 2022 (11th Year of Service) (suspended for 5 weeks due to Generator Issues)**

Aggregate Data:

Number of Sites: 46 (46 in 2021)
 Total number of children seen: 962 (818 in 2021)
 Total number of visits/encounters: 1,679 (1,710 in 2021)
 Total number of services provided: 7,145 (6,835 in 2021)
 Total value of treatment provided: \$532,860 (\$516,963 in 2021)

Individual Data:

Average value of services provided per child: \$553,908 (\$631.98 in 2021)
 Average cost per child to deliver RMCM services: \$530.92 (\$563.77 in 2021)
 Average number of visits per child: 1.75 (2.09 in 2021)
 Average number of services per child: 7.43 (8.35 in 2021)

Detail of Services provided:

Diagnostic	Number Provided		Preventive	Number Provided		Restorative/Surgical	Number Provided	
Exams	681		Oral health education	613		Fillings	1,042	
X-rays	1,170		Cleanings	617		Stainless Steel Crowns	2	
Caries Risk Assess	553		Fluoride Treatments	608		Extractions	166	
Referrals	0		Sealants	2,012		Pulpotomies	54	
						Other	179	

Demographics:

<u>Race/Ethnicity</u>		<u>Grade</u>		<u>Age</u>	
Caucasian	36%	Pre-K	1%	0-2	1%
Native American	44%	K-6	76%	3-5	12%
African American	9%	7-9	12%	6-8	36%
Hispanic	7%	10-12	10%	9-11	27%
Asian	1%	13+	1%	12-14	13%
Mixed Race/Other	3%	NA	0%	15-17	8%
				18-21	1%

Gender

Males 47%
 Females 53%

Service delivery sites: 46
 Service delivery days: 146

Payor Source:

33% Medicaid
 1% Private insurance
 76% Uninsured
 (2021 figures)

Communities Served:

- Belcourt
- Bismarck
- Cannon Ball
- Dickinson
- Fort Yates
- Hebron
- Mandan
- Minot
- New England
- New Town
- Selfridge
- United Tribes
- Mott/Regent
- Hazelton MB
- Parshall
- Solen
- St. John

Kathy Keiser, Executive Director, RMHC Bismarck, kathy@rmhcbismarck.org, 701-258-5131
 Celeste Espeseth, Program Manager, RMHC Bismarck, celeste@rmhcbismarck.org, 701-258-8551

Testimony
To the
Senate Appropriations -Human Services Division
on
HB 1004

Good morning, Chairman Dever 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.

I am in support of the additional \$2,750,000 state aid to local public health in the Governor's budget and increased funding for workforce and data systems. State aid funding is one of the few streams of funding local public health units receive that is flexible to address the unique needs of the communities we serve Traditionally; most of the public health funding is disease-specific with a narrow focus and does not provide support for ongoing infrastructure and specific community needs.

Local public health is continually assessing their community needs in regards to the community's ability to have healthy people in healthy communities. In the geographic area First District Health Unit serves, there are a wide range of needs that vary depending on access to health care (including mental health), emergency response times, varied economic and housing situations and leading causes of death.

Local public health units work with numerous community partners to address community needs. Partners include private health care providers, educators, clergy, local governments, UND family practice residents, emergency responders, parents, aging services, long term care facilities, etc. We need to be creative about addressing community needs and often use a multi-agency approach. That is why state aid is so important. We need flexible funding to support our community collaborative efforts and to address concerns specific to the populations we serve. Our local community health needs continue to grow and become more complex, and increases in state aid funding is needed to ensure a strong local public health system.

I have listened to the state health budget presentations and appreciate the work that they do. I want to provide additional information regarding the local health responses to some of the situations your committee has discussed.

- Tuberculosis – we have provided daily observed medication, facilitated quarantine orders, and arranged housing and provided food for those in quarantine for TB. Local public health performs case management for positive TB cases in our communities.
- Community engagement – we have worked with community coalitions and partners, and conducted focus groups to identify community needs and develop strategic plans that are unique to the subject communities. One of our strategies was to purchase a mobile clinic unit that will allow us to go into rural and hard to reach populations and provide immunizations, wellness checks, syringe services, and better respond to public health environmental health and emergency events. We will partner with North Central Human Services to provide mental health services to communities that do not have accessible services now.



- Immunizations – throughout the COVID vaccine distribution we facilitated calls with 28 health care providers every Tuesday to move vaccine across providers and assure that priority groups in each community had access. We have a very good working relationship with health care providers and were able to operate mass vaccination clinics to protect the public.

We provided 25 monkey pox vaccinations. We did 3 presentations to high-risk populations. Information included an explanation of the disease, how to prevent the spread of monkey pox and when to seek vaccinations.

Local public health units are addressing significant workforce issues. By the end of 2023, 21 of the 28 local health administrators will have resigned within the last 3 years. There are a variety of reasons for the high turnover. Some are (or have) retired, some have left for other jobs, and some have elected to do an earlier than planned retirement due to the stressful and ever-changing working environments. First District Health Unit is in the process of recruiting for my position. They need all the tools available to recruit qualified applicants. This is not unique to public health administrators. We struggle recruiting nurses and environmental health practitioners also. The workforce challenges are nationwide.

In addition, data systems are a challenge for local public health units because of the increased cost and the need to maintain local data in all of the programs and services we provide. Throughout the pandemic we were repeatedly asked for data at the local level. We relied on the state health department to give us case information in our service areas because the local public health departments did not have direct access this data which is reported to the state health department. This process was not efficient, and we did not receive local information in a timely manner. It is also important that we have local data on such programs as environmental health, nutrition and services that we provide specifically to our communities.

The COVID-19 pandemic emphasized the critical importance of a robust public health system and revealed the weaknesses in current public health infrastructure due to chronic underfunding. For the first time, the federal government has allocated funds to support critical public health infrastructure needs through the Strengthening U.S. Public Health Infrastructure, Workforce and Data Systems Grant. A requirement for this funding was that a minimum of 40% be allocated directly to local public health departments so jurisdictions could address their most pressing needs.

The North Dakota Department of Health and Human Services applied for this funding and developed a plan to distribute funds to local public health departments in North Dakota. The total award to NDDHHS is \$8,929,580 which is one-time funding to be spent over 5 years. Of this

total grant award, \$2,544,000 will be distributed directly to local public health departments to be used to meet the needs in their communities. This is just 28% of the total award, not the required 40%. The remaining 12% is being utilized at the state level to provide indirect support through state funded positions, training, and resources.

The National Association of City and County health officials have indicated that these dollars are better utilized at the local level and have advocated to get unrestricted funds to local public health departments. Nationally, this federal funding for local public health departments is a step in right direction, yet we are still cut short at the local level from the state of North Dakota. Other states have been allocated the entire 40% and some even more than that to meet the needs in their communities. Although I appreciate the State's efforts in applying for the grant funding, I would ask this committee to consider reallocating at least 12% of the funds the state received from the Strengthening U.S. Public Health Infrastructure, Workforce and Data Systems Grant to the local public health units to meet the minimum requirement of 40% to local public health. This will assist us in meeting the needs in our communities and keep the boots on the ground workforce staffed with qualified people. It will also assist us with improving our data systems at the local level.

Each Health Unit throughout the State develops services, activities and responses based on the resources available, and specific community needs. Local public health units appreciate your support. It allows us the ability to develop creative, efficient and effective strategies appropriate for our jurisdictions.

I would be happy to answer any questions.

Senator Dick Dever, Chairman
North Dakota State Legislature
Senate Appropriations Committee, Human Resources Division
600 East Boulevard Avenue
Bismarck, ND 58505

Chairman Dever and Members of the Senate Appropriations Committee,

Good morning,

My name is Darianne Johnson, and I am the Executive Director of the Domestic Violence and Rape Crisis Center (DVRCC) in Dickinson.

I was born and raised on a farm in southwest North Dakota where I thought I lived the perfect existence because I didn't know any different, I guess.

In September I will start my 23rd year at DVRCC. It seems like it's been a lifetime, but it also seems like just yesterday. I want to share some stories today from my work, because so many of the people our agency has helped over the years didn't have a voice. As an executive director and an advocate, one of my roles is to give a voice to those who cannot speak. Some of these situations might be hard to hear, but as you can imagine, it does not begin to compare to living through it.

I remember the first client that I worked with, I remember her name and how badly she had been beaten and her crying while telling me her story. I remember her 2-year-old daughter who sat stoically with her little hand on her mom's arm, not shedding a tear. I realized at that point that this was "normal" and that she didn't know any different, I guess.

I remember receiving the call from a young man who had been gang raped by a group of young women out of spite for something that he had done. I hung up the phone with him...not knowing if I made a difference or if he committed suicide as he told me he was going to do.

I remember receiving a call from the hospital. They said they had a young woman there who was sexually assaulted and could we please send an advocate. When we got there the doctor told us that she would need to be sedated before he could do an examination. He said that ethically he would need to do this because there was so much damage the pain would be excruciating- We, as advocates took shifts at the hospital as there was no one there with her and we did not want her to wake up alone.

I remember the tiny elderly spitfire woman who was raped in her own home in her own bed. She was black and blue from head to toe, bruises everywhere.

And I remember the staff person who submitted her resignation the Monday that we came to work and received a call from the hospital that there were 2, 2-year olds at the hospital that had been sexually assaulted. With tears streaming down her face, she told me "I can't do this anymore, why would anyone want to hurt a baby?"

Advocacy is hard. Advocates who work in this field are truly special people and work tirelessly to help people when they are in crisis and beyond. We are here today asking the state for help so that we can be there in the future as well. What if one of these people that I have talked about today were a family member of yours? I hope your answer is that you would do anything in your power to help them put the pieces of their life back together again.

All of you in this room also have difficult jobs. And you also have power. I'm asking you to share that power and your voice with the voiceless and fully fund our proposal with the department of health and human services.

Thank you.

March 8, 2023

Dick Dever, Chairman
North Dakota Senate Appropriations Committee/
Human Resources Division
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Chairman Dever and Members of the Senate Appropriations Committee,

For the record, my name is Coiya Tompkins and today I come to you wearing a few different hats: I serve as the president/CEO for the Community Violence Intervention Center in Grand Forks County. I'm also a volunteer as the Legislative Committee Chair and a member organization of CAWS North Dakota, a statewide coalition of 20 domestic violence and sexual assault programs throughout the state. In addition to professional roles, I'm also both a child and adult survivor of domestic violence.

As a former corporate marketing executive who spent more than half my career in health care, a small business owner who helped farmers and contractors manage risk, and now nonprofit leader, I've become accustomed to measuring both day-to-day and long-term outcomes. This includes operational outputs that impact clients to long-range strategic initiatives that guide CVIC's 82 employees, more than 3,500 private donors and an annual operating budget of more than \$6 million. CVIC serves more than 3,300 direct service clients and educates nearly 10,000 students and professional annually. When we track performance, expand services, and measure results, we're not only doing right by our clients, we're also safeguarding future generations.

My colleagues and I are going to dive into a few of these data points and results with you today. As we do this, I ask you to also consider the individuals they represent. Like me as an 11-year-old, who spent time with my kid brother and mother in Minot's Domestic Violence Crisis Center, these statistics represent human beings. Many of these clients are your parents, your brother or sister, your children or your grandchildren. Because of the secrecy of these issues, you may or may not know this about them. They are community leaders, they are everyday folks, they are rich and poor, they own lake homes and are homeless, but all

It's been almost 40 years since my mother loaded my younger brother and me into a dated Chrysler to make a call from Trinity Medical Center in Minot. This was long before cell phones and texting, so my mother picked the closest location she could with free phone access. About 30 minutes later, a lovely volunteer named Vicki drove us to an unmarked home in far east Minot. It's been 37 years, and I can still smell the damp carpet and see the dark wood paneling. We spent a few days in that shelter while Vicki and other staff helped my mother prepare a safety plan and problem solve next steps.

We left without personal belongings because my mother told this now deceased partner that we were going to the grocery store. In that old house, which is now a beautifully constructed facility, thanks to local Minot donors, I remember an entire room filled with clothing and personal care items that Vicki offered us. I was so grateful because I was wearing heavy corduroy pants, feeling very tired and wanted something more comfortable to sleep in.

Today, as my colleagues will share with you in just a few minutes, survivors face far more complex situations. I'm sad to report, particularly following COVID, a depressed economy and since January 2021, depleted resources impacted by Lutheran Social Services' closure, that violence is escalating. In Grand Forks County alone, last year law enforcement screened 156 individuals using a lethal assessment protocol, an evidence-based program designed to avoid domestic violence homicides. Of these individuals, 111 (more than 70 percent) of them were deemed to be in high lethality situations.

On the other side of this, are resources my colleagues and I provide to also help those who use violence. At CVIC, we served nearly 200 individuals who were court ordered to participate in a domestic violence intervention program. Through this program, we track several measurements including reductions in 911 calls and criminal charges. In Grand Forks County, we track progress two years following an individual's completion of this program. We've seen a 78 percent reduction in 911 calls and more than a 90 percent reduction in criminal charges. When we address violence intervention for both survivors and those who use violence, both adults and children win. The nearly 200 participants in CVIC's domestic violence intervention program are the parents and guardians of more than 300 children. When we help mom and dad, we also help kiddos. If you'd like additional insights, we encourage you to review the joint letter in your packet, which reflects testimony from 11 sheriffs and nine police chiefs throughout North Dakota.

When we talk about children, we also note support for visitation and exchange programs as well as children, one as young as six months old, who've experienced sexual assaults. In just a few minutes, I'll yield a bit of my time to my colleagues from Bismarck (Michelle Erickson, executive director of the Abused Adult Resource Center) and Minot (Jill McDonald, executive director of the Domestic Violence Crisis Center), who can share more about the how decreased state funding has a direct impact on victims. Our colleague Darianne Johnson from the Domestic Violence and Rape Crisis Center in Dickinson also has provided written testimony.

In your packet, we've outlined a request we were asked to share for consideration in the executive budget last summer. In December, Gov. Doug Burgum responded with an ~~slight~~ increase of a little more than \$3 million for the biennium. We are deeply grateful to Gov. Burgum for this investment. At the same time, our funding partners in the Department of Health and Human Services, who work closely with our programs, manage grant applications and reports, and monitor compliance with statewide standards prioritized our request closer to \$15 million.

Our original request was \$17.65 million. Prior to the session, my colleagues and I revisited this number. After several hours of spirited debate and discussion, we still believe this is the right number.

- The statewide coalition represents 20 domestic violence/sexual assault agencies (supporting all 53 counties).
- The annual operating budgets to run these programs cost roughly \$22 million.
- Current state funding, which has remained relatively flat throughout the past decade, is currently at 9%.
- We serve roughly 6,500 survivors and educate nearly 50,000 community members/professionals and students annually.
- Please note that this only takes into account new domestic violence and sexual assault clients. It does not include hundreds of families served through our supervised visitation and exchange, and domestic violence intervention programs or thousands of victims of crime each year.
- Based on data from the CDC, We estimate that 18% of North Dakotans will experience domestic violence or sexual assault in their lifetime. (CDC reports that 1 in 4 women and 1 in 9 men will be impacted by domestic violence or sexual assault in their lifetime.)
- This equates to nearly 140,000 North Dakota citizens.

Here is a breakdown of the \$17.65 million:

- The first number of each bullet is what is currently budgeted.
- The number in green is what we requested.
- The number in italics is what the executive team put forth for the legislature's consideration.

Domestic Violence General Funds (currently \$1.9M per biennium):

- **Requesting \$10M/biennium**, *executive/recommended budget: \$2,686,285*
- This amount represents the gap between our fundraising and state funding as well as our crime victim witness costs. Please note that several programs support crime victim witness services pro-bono, even though contracts for these advocacy services are administered through county state's attorney offices.

Domestic Violence Offender Treatment (currently \$300K per biennium)

- **Requesting \$1.45M/biennium**, executive/recommended budget: \$700,000

Supervised Visitation and Exchange (currently \$425K per biennium)

- **Requesting \$2.2M/biennium**, executive/recommended budget: \$0

Sexual Violence Prevention Funds (currently \$200K per biennium)

- **Requesting \$4M/biennium**, executive/recommended budget: \$0
- Allocations for this are currently significantly under resourced. The fund also does not provide for domestic violence prevention needs. Enhancing this fund’s flexibility and capacity would offer significant savings to ND.

Total request: \$17.65M/biennium, executive/recommended budget: \$3,386,285

To date, the House of Representatives has graciously passed House Bill 1004 with additional increases, which collectively puts our funding at \$7.2 million.

A current breakout is noted below:

	Current Biennium		2023-2025 Biennium
State General Fund	\$1,910,000		\$5,596,285
Safe Havens	\$425,000		\$425,000
Sexual Violence Prevention	\$200,000		\$200,000
Offender Treatment (Community Health Trust Fund)	\$300,000		\$1 million
TOTAL	\$2,835,000		\$7,221,285

Given all of the funding requests facing you this biennium, I don’t envy this committee and your tough decisions. However, I urge you to consider additional resources for HB1004 or at a minimum, support the House of Representative’s recommendation.

I’m going to yield the remainder of my time to my colleagues now who are going to underscore a few points that reinforce our request for additional funding. Yvonne Griffin, a former client and current CVIC Board member, also will share a few words about her experience with our agency.

Best Regards,



Coiya M. Tompkins, MBA
 President/CEO, Community Violence Intervention Center
 Chair, CAWS ND (statewide coalition) Legislative Committee

March 8, 2023

Senator Dick Dever, Chairman
North Dakota Legislature
Senate Appropriations Committee/Human Resources Division
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Chairman Dever and Members of the Senate Appropriations/HR Division Committee,

My name is Jill McDonald, I am the executive director of the Domestic Violence Crisis Center in Minot. I support HB 1004 providing additional funding for Crisis Centers.

Our agency and many of my colleagues across the state have been in place for over four decades in North Dakota. Our services use evidence-based methods to respond to the most heinous situations, such as sexual assault, domestic abuse, and human trafficking. I was appointed executive director seven years ago. But as a student in the late 1990's I was a volunteer. Little did I know then that I would join this team of Advocates years later. I am so grateful I did. These services are life-changing and, for some, lifesaving.

Domestic Violence Crisis Center works collaboratively to provide a coordinated response to domestic and sexual abuse calls with law enforcement and other community partners. This collaboration has been developed over decades of communication and respect for each agency's role in responding to some of the most dangerous cases in our community. Hundreds of these calls pour in each year.

In 2022 alone in Minot, over 750 calls were placed to law enforcement requiring a response. Of these calls, 21 individuals were determined through the Danger Assessment to be at extremely high risk of being killed by an abusive partner. These cases were staffed by a coordinated Domestic Violence High-Risk Team (DVHRT). Our law enforcement partners assess the abusive partner in these cases using the Ontario Domestic Assault Risk Assessment, indicating the likelihood they will re-offend. The individuals that score higher than an 8 commit more assaults sooner and cause more injuries than those offenders with lower scores.

Strangulation was identified in 76% of the cases identified as high-risk. I ask you to really think about that. Strangulation is so intimate and horrific because it intentionally takes a victim to and from the brink of death. A plethora of medical challenges can follow strangulation that can impact that victim far beyond the incident. These are the life and death cases we and our law enforcement partners see and respond to in our communities.

When the DVHRT coordinates resources, we provide a variety of services. We keep safety at the forefront of our minds. We have provided security cameras that gave some peace of mind to sleep as survivors moved out of our shelter and into the community to begin the next phase of their lives.

Since becoming a director, I learned that communities could not simply provide services for the victim and expect change. In 2021, when LSS closed, DVCC and many sister agencies stepped up and began domestic violence offender treatment (intervention). This provides an abusive partner with education on healthy relationships from staff that understand the dynamics of domestic violence, and unlike traditional therapy, coordinates information with the criminal just.

Minot has also lost our provider for supervised visitation. A partnering agency provided this service. This means that since the last legislative session, two agencies that did support work after violence had occurred no longer do. That terrifies our team and the survivors we serve. Imagine not having a safe place to exchange your children with your abusive partner. For now, these families must travel to Bismarck or Devil's Lake.

We need more resources. We have several programs that are mandated in statute, and we have been entrusted to carry out the services. We have done so diligently and with solid outcomes. We came to our partners here at the Department of Health and said, "The crisis centers are in crisis." They heard us and recommended our full request. The executive budget did increase our prior funding but did not fulfill it all. The House Appropriations added to the executive request, and I stand before you asking you to invest in the total amount detailed below on behalf of CAWS North Dakota our state coalition of crisis centers.

Here is a breakdown of the \$17.65 million:

- The first number of each bullet is what is currently budgeted.
- The number in green is what we requested.
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- Requesting \$10M/biennium, executive/recommended budget: \$2,686,285

· This amount represents the gap between our fundraising and state funding as well as our crime victim witness costs. Please note that several programs support crime victim witness services pro-bono, even though contracts for these advocacy services are administered through county state's attorney offices.

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· Allocations for this are currently significantly under resourced. The fund also does not provide for domestic violence prevention needs. Enhancing this fund's flexibility and capacity would offer significant savings to ND.

Total request: \$17.65M/biennium, executive/recommended budget: \$3,386,285

Thank you for your time. I stand for questions.

Sincerely,

Jill McDonald
Executive Director
Domestic Violence Crisis Center

Submitted: March 9, 2023

North Dakota Domestic Violence/Sexual Assault

Senate Appropriations Committee/Human Resources Division Testimony

Submitted by:

CAWS ND (statewide domestic violence/sexual assault coalition) Legislative Committee

In-Person Testimony Shared By:

Coiya Tompkins, CVIC/Grand Forks & CAWS Legislative Committee Chair, Jill McDonald (DVCC/Minot), Michelle Erickson (AARC/Bismarck), Darianne Johnson (DVRCC/Dickinson) and Yvonne Griffin (CVIC/Grand Forks)

Statewide Domestic Violence and Sexual Assault Services



The following is collective data from all member programs in the CAWS North Dakota coalition. North Dakota domestic violence/sexual assault (DV/SA) programs are uniquely structured and vary significantly in size (i.e., with the largest program’s annual operating budget reaching nearly \$6M and the smallest at nearly \$160K).

DV/SA programs provide wrap-around safety, healing and education/prevention services. This includes round-the-clock crisis response, shelter/housing, counseling, accountability/education for those who have used violence, crime victim advocacy, sexual assault response/advocacy, supervised visitation and exchange, prevention/outreach, legal services and transitional housing/self-sufficiency support.

Collectively,
North Dakota
DV/SA agencies:



SERVE more than **6,556 survivors of domestic violence/sexual assault** (5,417 DV/1,139 SA),



EDUCATE over **49,476 community members and professionals** annually about interpersonal violence, intervention and prevention, **data from 17 agencies,*



EMPLOY approximately **337 employees,** **data from 18 agencies,*



PROVIDE safety, healing and education/prevention benefits to 53 North Dakota counties, and,



REPRESENT nearly **710 years of service** to North Dakota in both urban and rural communities, **data from 18 agencies.*

Lifetime Impact of DV/SA in North Dakota—Statewide Population (779,094)

- **139,155 North Dakotans** are estimated to have experienced DV/SA in their lifetime (18% of our population—94,660 women and 44,495 men.)
- **6,556 DV/SA victims** (5,646 female, 910 male) were served across 19 programs in 2021, **representing only about 5% of the nearly 140,000 North Dakotans impacted.**



Nearly 1 in 5 North Dakotans are estimated to have experienced DV/SA in their lifetime.

5%

The victims served in ND in 2021 represent only about 5% of the total number of North Dakotans impacted by DV/SA.

Financial Need

With a collective annual operating need of nearly **\$22M** and an average **state contribution of only 9%** across the state of ND, our DV/SA centers are in dire need of increased resources. In fact, in aggregate, private fundraising and private grants represent nearly three times the state funding allocated (\$5M/private vs. \$1.9M/state).

State contribution of DV/SA agency funding



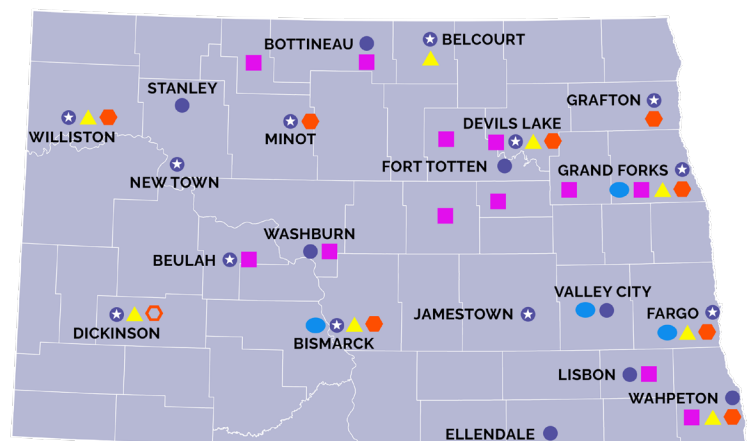
State funding for many of our DV/SA agencies has remained relatively flat (and in some years decreased) throughout the past 10 years, even though services/needs have increased. A majority of this pattern transpired long before an international pandemic, fear of a potential recession and loss of major resources such as Lutheran Social Services. **Funding is for services only and does not currently provide for any indirect costs to agencies.**

- Domestic Violence General Funds (currently \$1.9M per biennium):
 - **Requesting \$10M/biennium, executive/recommended budget: \$2,686,285**
This amount represents the gap between our fundraising and state funding as well as our crime victim witness costs. Please note that several programs support crime victim witness services pro-bono, even though contracts for these advocacy services are administered through county state’s attorney offices.
- Domestic Violence Offender Treatment (currently \$300K per biennium)
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- **Total request: \$17.65M/biennium, executive/recommended budget: \$3,386,285**

Statewide Services Map

The map to the right shows the services currently provided by DV/SA agencies in ND. The above request is just to **maintain the status quo in services**. Expanding services into areas not currently being served would require additional investment.

Evidence-based primary prevention and overall **services to our reservation communities** are particularly lacking. Other services, such as supervised visitation in the Minot area offered by the Village, closed operations in 2021.



Learn more about statewide DV/SA services at cawsnorthdakota.org

North Dakota Domestic Violence/Sexual Assault

Decision Package for Consideration: Governor Doug Burgum's 2023-24 Budget
Department of Health & Human Services

Requested by: Deanna Askew, MPA, RDN, LRD

Director, Domestic Violence/Rape Crisis Program & Director, Division of Family Health and Wellness

Domestic Violence/Sexual Assault Decision Package Proposal Authors
(representing all member programs in the statewide coalition):

- Melandie Deplazes, SAAF (Devils Lake)
- Michelle Erickson, AARC (Bismarck)
- Dr. Chris Johnson, RACC (Fargo)
- Darianne Johnson, DVRCC (Dickinson)
- Jill McDonald, DVCC (Minot)
- Tara Muhlhauser, CAWS ND (Statewide Coalition)
- Lynne Tally, SS (Jamestown)
- Coiya Tompkins, CVIC (Grand Forks) (Chair, CAWS ND Legislative Committee)

Dear Deanna,

Thank you again for your willingness to spend time with several of the programs in the statewide coalition regarding our funding challenges related to domestic violence and sexual assault. Per your request, as you and other state department leaders are building your budgets and presenting decision package considerations for Governor Doug Burgum's 2023-24 budget, we appreciate your consideration of domestic violence and sexual assault resources. The following is a summary of answers to your questions as well as our position (both current and future) and justification for additional state funding. We hope the following data, charts and narrative shed a little more color on our collective needs.

STATEWIDE BENEFITS/COMMUNITY IMPACTS

We were able to garner collective data from all member programs in the CAWS ND coalition. North Dakota domestic violence/sexual assault (DV/SA) programs are structured slightly differently and vary significantly in size (i.e., with the largest program's annual operating budget reaching nearly \$6M and our smallest nearly \$160K). Collectively, however, they provide wrap-around safety, healing and education/prevention services. This includes round-the-clock crisis response, shelter/housing, counseling, accountability/education for those who have used violence, crime victim advocacy, sexual assault response/advocacy, prevention/outreach, legal services and transitional housing/self-sufficiency support.

Collectively, these agencies:

- Serve more than 6,556 survivors of domestic violence/sexual (5,417 DV/1,139 SA),
- Educate nearly 49,476 community members/professionals annually about interpersonal violence intervention and prevention, *data from 17 agencies,
- Employ approximately 337 employees, *data from 18 agencies,
- Provide safety, healing and education/prevention benefits to 53 North Dakota counties, and
- Represent nearly 710 years of service to North Dakota, in both urban and rural communities. *data from 18 agencies.

ANNUAL OPERATING RESOURCES

Included in this report is data for all member programs in the state coalition, which itemizes annual operating budgets according to the following sources: federal grants, state grants, private grants & fundraising, contracts and other sources. **The charts below illustrate each of our agency's funding sources, which reflect collective annual operating needs of nearly \$22M and an average state contribution of only 9%.** In fact, in aggregate, private fundraising and private grants represent nearly three times the state funding allocated (\$5M/private vs. \$1.9M/state).

	Annual Budget	Federal Grants	State Grants	Private Grants & Fundraising	Contracts	Other
Beulah	\$ 545,836	\$ 152,386 28%	\$ 45,500 8%	\$ 345,000 63%	\$ - 0%	\$ 2,950 1%
Bismarck	3,716,737	2,274,497 61%	280,922 8%	303,425 8%	- 0%	857,893 23%
Bottineau	167,657	101,780 61%	42,502 25%	18,800 11%	- 0%	4,575 3%
Devils Lake	625,437	526,992 84%	30,282 5%	16,028 3%	- 0%	52,135 8%
Dickinson	822,500	348,975 43%	125,566 15%	222,000 27%	- 0%	125,959 15%
Ellendale	157,681	94,300 60%	30,364 19%	33,017 21%	- 0%	- 0%
Fargo	2,853,489	1,137,305 40%	200,568 7%	960,000 34%	43,178 2%	512,438 17%
Grafton	367,418	254,966 69%	56,452 15%	25,000 7%	- 0%	31,000 9%
Grand Forks	5,711,475	1,931,728 34%	238,563 4%	2,343,292 41%	518,514 9%	679,378 12%
Jamestown	304,206	138,423 45%	68,705 23%	97,078 32%	- 0%	- 0%
Lisbon	284,637	162,388 57%	30,866 11%	88,042 31%	- 0%	3,341 1%
Minot	1,954,073	1,265,991 65%	120,446 6%	445,380 23%	90,756 4%	31,500 2%
Stanley	218,878	179,287 82%	26,391 12%	13,200 6%	- 0%	- 0%
Valley City	311,000	145,000 47%	85,000 27%	80,000 26%	1,000 0%	- 0%
Wahpeton	293,721	148,766 50%	84,555 29%	34,000 12%	- 0%	26,400 9%
Washburn	177,310	85,347 48%	31,900 18%	60,063 34%	- 0%	- 0%
Williston	534,900	233,263 43%	195,875 37%	90,162 17%	15,600 3%	- 0%
TOTAL NON-TRIBAL	\$ 19,046,955	\$ 9,181,394 48%	\$ 1,694,457 9%	\$ 5,174,487 27%	\$ 669,048 4%	\$ 2,327,569 12%

	Annual Budget	Federal Grants	State Grants	Private Grants & Fundraising	Contracts	Other
Belcourt	\$ 2,403,628	\$ 2,268,206 94%	\$ 135,422 6%	\$ - 0%	\$ - 0%	\$ - 0%
Spirit Lake	463,777	392,412 85%	71,365 15%	- 0%	- 0%	- 0%
TOTAL TRIBAL	\$ 2,867,405	\$ 2,660,618 93%	\$ 206,787 7%	\$ - 0%	\$ - 0%	\$ - 0%

	Annual Budget	Federal Grants	State Grants	Private Grants & Fundraising	Contracts	Other
TOTAL	\$ 21,914,360	\$ 11,842,012 54%	\$ 1,901,244 9%	\$ 5,174,487 23%	\$ 669,048 3%	\$ 2,327,569 11%

INTERSECTION OF STATE LAWS AND DV/SA SERVICES

Unfortunately, funding is significantly incongruent with the need, particularly as it relates to state-mandated laws and our agencies' services in support of those laws. The three core programs enforced by state laws (and for which some of our coalition agencies are the service providers) include: crime victim witness, supervised visitation and exchange, and domestic violence intervention.

Crime Victim Witness

Six agencies serving more than 1,400 clients.

SERVICE LOCATIONS	ANNUAL COST TO PROVIDE SERVICE	STATE FUNDING	STATE % OF TOTAL ANNUAL COST
Benson Bottineau Eddy Grand Forks McLean Mercer	Nelson Ramsey Ransom Renville Richland Wells	\$603,371	\$18,750 4%

Parenting Time/Exchange

Seven agencies currently serving more than 400 families (663 adults & 531 children), providing nearly 6,000 hours of parenting time and more than 1,000 safe exchanges. Please note that Minot lost its parenting time services when The Village ceased services due to funding.

SERVICE LOCATIONS	ANNUAL COST TO PROVIDE SERVICE	STATE FUNDING	STATE % OF ANNUAL TOTAL COST
Belcourt Bismarck Devils Lake Dickinson	Fargo Grand Forks Wahpeton Williston	\$1,088,057	\$212,500 20%

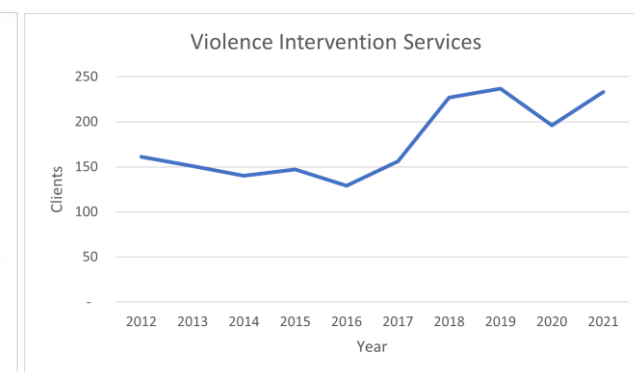
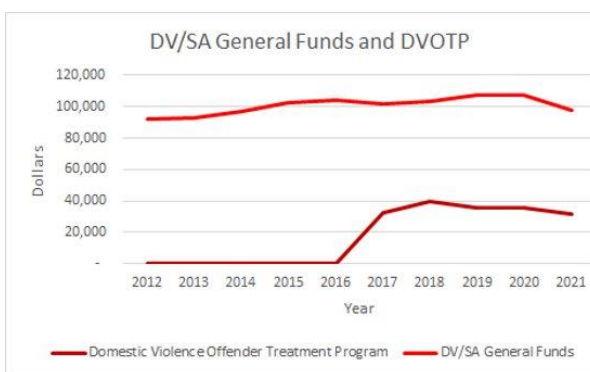
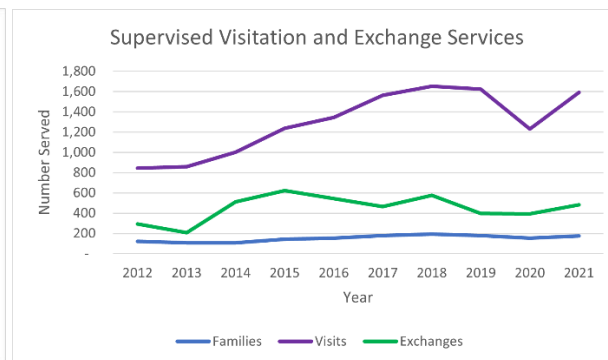
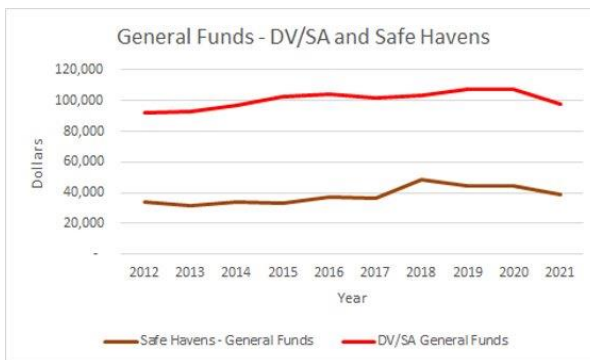
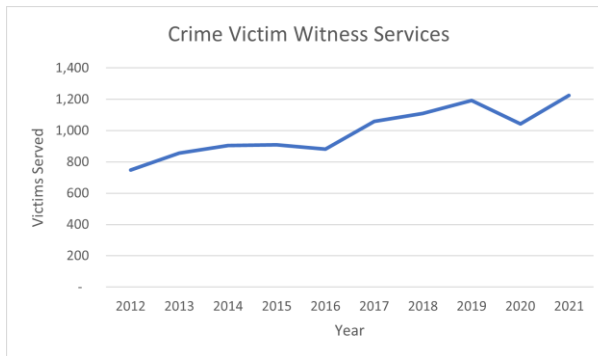
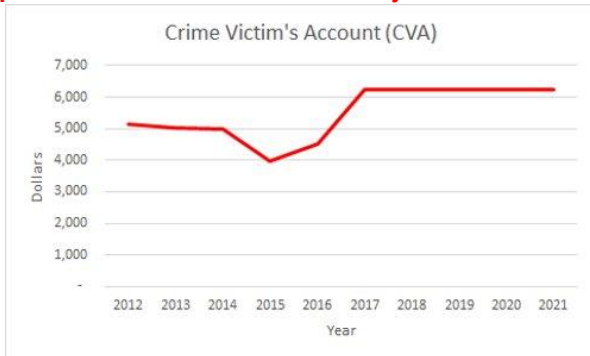
Domestic Violence Offender Treatment

Eight agencies provided evidence-based curriculum to more than 390 individuals. All agencies meet the Battering Intervention Standards and deliver services in a collaborative approach with the criminal justice system.

SERVICE LOCATIONS	ANNUAL COST TO PROVIDE SERVICE	STATE FUNDING	STATE % OF TOTAL ANNUAL COST
Bismarck Devils Lake Fargo Grafton	Grand Forks Minot Wahpeton Williston	\$723,067	\$150,000 21%
TOTAL	\$2,414,495	\$381,250	16%

NEED HAS EXCEEDED RESOURCES AVAILABLE

Compounding our concern is that state funding has not kept up with DV/SA demands. As you will see from the charts below, state funding for our largest DV/SA agency has remained relatively flat (and in some years decreased) throughout the past 10 years, even though services/needs have increased. **A majority of this pattern transpired long before an international pandemic, fear of a potential recession and loss of major resources such as Lutheran Social Services.**



RESULTS IMPACT FUTURE GENERATIONS

In spite of several compounding obstacles, agency teams have produced powerful results for violence prevention and intervention.

- In one county alone, for instance, our domestic violence offender treatment program documented a 74% decrease in 911 calls and 90% decrease in criminal charges two years post program completion. This agency's same offender treatment program also educated more than 200 adults who were the parents/guardians of more than 380 children.
- Continued funding for these important programs promote opportunities for communities to thrive with less crime, and for individuals to become more resilient. This impacts adults who complete the program as well as their children, future generations.

PREVENTION IS KEY (AND FAR LESS EXPENSIVE THAN INTERVENTION) BUT SHORT FUNDED

Through a comprehensive, collaborative approach that is possible thanks to fervent partnerships with law enforcement, education, health care, human services and others, our intent is to not only eradicate violence, but prevent it.

- Four programs also offer bystander intervention training (Green Dot).
- This program is sourced with \$200,000 of state funds and without private support, this prevention program could not be implemented.
- A focus on prevention not only creates resilient individuals, strong families and thriving communities, it saves North Dakota considerable violence-related costs.
- If we are to end violence in future generations, we need to enhanced engagement within our communities, from grade school students to retirees. Providing prevention programming for young people is very important but imagine what we could accomplish if we had whole communities on board. With additional funds we could hold round table discussions, conduct marketing campaigns, sponsor events, and get more people involved in the work of publicly promoting respect and accountability, and encouraging others to do the same. That's how we build healthy communities for generations to come.

DV/SA AGENCY RESPONSE TO UNANTICIPATED SERVICE, ECONOMIC AND VIOLENCE-RELATED CHALLENGES

- When Lutheran Social Services (LSS) closed in January 2021, several DV/SA agencies throughout the state responded to a crucial need to continue services related to domestic violence intervention (mandated court-ordered programming for those who have used violence), restorative justice (holding offenders accountable, facilitating collaboration between offenders, survivors and community support networks) as well as other support services such as counseling.
- Recent program closures were exacerbated by a national pandemic. Agencies are reporting increases in the number of victims served during the last six months. Victims in our communities are experiencing increased danger, harm and more intense violence-related situations, too many of which include fatality risks and murder.
 - Most recently, a mother was shot and killed in broad daylight while holding her infant son in a public parking lot.
 - One agency in a heavily populated county reported that nearly 60 percent of 200 individuals screened by law enforcement in 2021 were deemed to be in high lethality situations.
 - In another highly populated county, 94% of danger assessments completed were identified as increased danger or higher.
- Without additional state resources to bring our current funding to a place of sustainability, our ability to serve will be impacted. Private funding has enabled us to stay the course, but it's not sustainable long term, nor is it the ideal way to allocate resources for base services. In addition, violence severity and incidences are likely to escalate, particularly as economic conditions and fear of a recession loom, and many of our communities continue to grow in population.

FUNDING REQUEST TO ADVANCE DV/SA WORK (SERVE MORE & SERVE BETTER)

- **Domestic Violence General Funds (currently \$1.9M per biennium):**
 - **Requesting \$10M/biennium**
 - This amount represents the gap between our fundraising and state funding as well as our crime victim witness costs. *Please note that several programs support crime victim witness services pro-bono, even though contracts for these advocacy services are administered through county state's attorney offices.*
- **Domestic Violence Offender Treatment (currently \$300K per biennium)**
 - **Requesting \$1.45M/biennium**
- **Supervised Visitation and Exchange (currently \$425K per biennium)**
 - **Requesting \$2.2M/biennium**
- **Sexual Violence Prevention Funds (currently \$200K per biennium)**
 - **Requesting \$4M/biennium**
 - Allocations for this currently are significantly under resourced. The fund also does not take into account domestic violence prevention needs, which as we noted above are significantly incongruent with need. Enhancing this fund's flexibility and capacity would better the health and safety of North Dakota and ultimately, move toward eradicating violence and its devastating impacts to the economic, health, and wellbeing of our communities.
- **Total: \$17.65M/biennium (vs. \$2.825M/biennium)**

Please reach out if there are additional questions we can answer. Thank you again for listening to our concerns and for considering this request on behalf of the families and individuals we serve.

Best Regards,
(on behalf of the authors noted above/statewide member programs)



Coiya M. Tompkins
Chair, CAWS/ND Legislative Committee
President/CEO, Community Violence Intervention Center, Inc.

Executive Offices
1622 East Interstate Avenue
Bismarck, ND 58503



701-221-0567
ndemsa.office@ndemsa.org
www.ndemsa.org

Testimony
House Bill 1004
Senate Appropriations Committee – Human Resources Division
Thursday, March 9, 2023; 8:30 AM
North Dakota Emergency Medical Services Association

Good morning, Chairman Dever and members of the committee. My name is Tyler Kientopf, I am the Vice President of the North Dakota Emergency Medical Services Association's. I am here today in support of HB 1004.

The EMS unit'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 \$1,750 per call while the average reimbursement averages only \$750. Therefore, for ambulance to be sustainable they require a combination of local and state support along with the insurance reimbursements they receive. The legislature determines the disbursement of the state grant through a formula contained in HB 1294. Last biennium the appropriation was funded at only 29% of the formulas calculation. Based on our estimates, the legislature would need to appropriate approximately \$15 million to fully fund the formula for this biennium.

The Rural EMS Assistance Grant benefits approximately 89 ambulances across the state. EMS faces several challenges, including reimbursement, workforce challenges, and closures of neighboring ambulance services. Therefore, to ensure ambulance service sustainability across North Dakota it is important to provide adequate funding.

The budget contains an additional \$846,000 allocated for training grants. These grants are important to offset the cost of recruiting and training EMS providers across the state.

Additionally, the budget includes costs associated with purchasing ESO Solutions, a charting and data repository program, for all ambulance services. The state has previously paid for this, however the costs have increased significantly and the contract is set for renewal. The costs for each ambulance to purchase charting software separately only increases the cost more and services would be stuck to bear the cost.

Lastly, the EMS association wants to note the EMS unit has the least staff than any other state EMS office in the country, while they manage more programs than is typical of an EMS office. Therefore, the EMS association supports increasing the FTE's for the EMS unit to help ensure the EMS system receives necessary attention as we partner to develop and sustain an EMS system in North Dakota.

Executive Offices
1622 East Interstate Avenue
Bismarck, ND 58503



701-221-0567
ndemsa.office@ndemsa.org
www.ndemsa.org

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.

March 8, 2023

Dick Dever, Chairman
North Dakota Senate Appropriations Committee/
Human Resources Division
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Chairman Dever and Members of the Senate Appropriations Committee,

For the record, my name is Coiya Tompkins and today I come to you wearing a few different hats: I serve as the president/CEO for the Community Violence Intervention Center in Grand Forks County. I'm also a volunteer as the Legislative Committee Chair and a member organization of CAWS North Dakota, a statewide coalition of 20 domestic violence and sexual assault programs throughout the state. In addition to professional roles, I'm also both a child and adult survivor of domestic violence.

As a former corporate marketing executive who spent more than half my career in health care, a small business owner who helped farmers and contractors manage risk, and now nonprofit leader, I've become accustomed to measuring both day-to-day and long-term outcomes. This includes operational outputs that impact clients to long-range strategic initiatives that guide CVIC's 82 employees, more than 3,500 private donors and an annual operating budget of more than \$6 million. CVIC serves more than 3,300 direct service clients and educates nearly 10,000 students and professional annually. When we track performance, expand services, and measure results, we're not only doing right by our clients, we're also safeguarding future generations.

My colleagues and I are going to dive into a few of these data points and results with you today. As we do this, I ask you to also consider the individuals they represent. Like me as an 11-year-old, who spent time with my kid brother and mother in Minot's Domestic Violence Crisis Center, these statistics represent human beings. Many of these clients are your parents, your brother or sister, your children or your grandchildren. Because of the secrecy of these issues, you may or may not know this about them. They are community leaders, they are everyday folks, they are rich and poor, they own lake homes and are homeless, but all deserve to live resiliently and free from violence.

It's been almost 40 years since my mother loaded my younger brother and me into a dated Chrysler to make a call from Trinity Medical Center in Minot. This was long before cell phones and texting, so my mother picked the closest location she could with free phone access. About 30 minutes later, a lovely volunteer named Vicki drove us to an unmarked home in far east Minot. It's been 37 years, and I can still smell the damp carpet and see the dark wood paneling. We spent a few days in that shelter while Vicki and other staff helped my mother prepare a safety plan and problem solve next steps.

We left without personal belongings because my mother told this now deceased partner that we were going to the grocery store. In that old house, which is now a beautifully constructed facility, thanks to local Minot donors, I remember an entire room filled with clothing and personal care items that Vicki offered us. I was so grateful because I was wearing heavy corduroy pants, feeling very tired and wanted something more comfortable to sleep in.

Today, as my colleagues will share with you in just a few minutes, survivors face far more complex situations. I'm sad to report, particularly following COVID, a depressed economy and since January 2021, depleted resources impacted by Lutheran Social Services' closure, that violence is escalating. In Grand Forks County alone, last year law enforcement screened 156 individuals using a lethal assessment protocol, an evidence-based program designed to avoid domestic violence homicides. Of these individuals, 111 (more than 70 percent) of them were deemed to be in high lethality situations.

On the other side of this, are resources my colleagues and I provide to also help those who use violence. At CVIC, we served nearly 200 individuals who were court ordered to participate in a domestic violence intervention program. Through this program, we track several measurements including reductions in 911 calls and criminal charges. In Grand Forks County, we track progress two years following an individual's completion of this program. We've seen a 78 percent reduction in 911 calls and more than a 90 percent reduction in criminal charges. When we address violence intervention for both survivors and those who use violence, both adults and children win. The nearly 200 participants in CVIC's domestic violence intervention program are the parents and guardians of more than 300 children. When we help mom and dad, we also help kiddos. If you'd like additional insights, we encourage you to review the joint letter in your packet, which reflects testimony from 11 sheriffs and nine police chiefs throughout North Dakota.

When we talk about children, we also note support for visitation and exchange programs as well as children, one as young as six months old, who've experienced sexual assaults. In just a few minutes, I'll yield a bit of my time to my colleagues from Bismarck (Michelle Erickson, executive director of the Abused Adult Resource Center) and Minot (Jill McDonald, executive director of the Domestic Violence Crisis Center), who can share more about the how decreased state funding has a direct impact on victims. Our colleague Darianne Johnson from the Domestic Violence and Rape Crisis Center in Dickinson also has provided written testimony.

In your packet, we've outlined a request we were asked to share for consideration in the executive budget last summer. In December, Gov. Doug Burgum responded with an ~~slight~~ increase of a little more than \$3 million for the biennium. We are deeply grateful to Gov. Burgum for this investment. At the same time, our funding partners in the Department of Health and Human Services, who work closely with our programs, manage grant applications and reports, and monitor compliance with statewide standards prioritized our request closer to \$15 million.

Our original request was \$17.65 million. Prior to the session, my colleagues and I revisited this number. After several hours of spirited debate and discussion, we still believe this is the right number.

- The statewide coalition represents 20 domestic violence/sexual assault agencies (supporting all 53 counties).
- The annual operating budgets to run these programs cost roughly \$22 million.
- Current state funding, which has remained relatively flat throughout the past decade, is currently at 9%.
- We serve roughly 6,500 survivors and educate nearly 50,000 community members/professionals and students annually.
- Please note that this only takes into account new domestic violence and sexual assault clients. It does not include hundreds of families served through our supervised visitation and exchange, and domestic violence intervention programs or thousands of victims of crime each year.
- Based on data from the CDC, We estimate that 18% of North Dakotans will experience domestic violence or sexual assault in their lifetime. (CDC reports that 1 in 4 women and 1 in 9 men will be impacted by domestic violence or sexual assault in their lifetime.)
- This equates to nearly 140,000 North Dakota citizens.

Here is a breakdown of the \$17.65 million:

- The first number of each bullet is what is currently budgeted.
- The number in green is what we requested.
- The number in italics is what the executive team put forth for the legislature's consideration.

Domestic Violence General Funds (currently \$1.9M per biennium):

- **Requesting \$10M/biennium**, *executive/recommended budget: \$2,686,285*
- This amount represents the gap between our fundraising and state funding as well as our crime victim witness costs. Please note that several programs support crime victim witness services pro-bono, even though contracts for these advocacy services are administered through county state's attorney offices.

Domestic Violence Offender Treatment (currently \$300K per biennium)

- **Requesting \$1.45M/biennium**, executive/recommended budget: \$700,000

Supervised Visitation and Exchange (currently \$425K per biennium)

- **Requesting \$2.2M/biennium**, executive/recommended budget: \$0

Sexual Violence Prevention Funds (currently \$200K per biennium)

- **Requesting \$4M/biennium**, executive/recommended budget: \$0
- Allocations for this are currently significantly under resourced. The fund also does not provide for domestic violence prevention needs. Enhancing this fund’s flexibility and capacity would offer significant savings to ND.

Total request: \$17.65M/biennium, executive/recommended budget: \$3,386,285

To date, the House of Representatives has graciously passed House Bill 1004 with additional increases, which collectively puts our funding at \$7.2 million.

A current breakout is noted below:

	Current Biennium		2023-2025 Biennium
State General Fund	\$1,910,000		\$5,596,285
Safe Havens	\$425,000		\$425,000
Sexual Violence Prevention	\$200,000		\$200,000
Offender Treatment (Community Health Trust Fund)	\$300,000		\$1 million
TOTAL	\$2,835,000		\$7,221,285

Given all of the funding requests facing you this biennium, I don’t envy this committee and your tough decisions. However, I urge you to consider additional resources for HB1004 or at a minimum, support the House of Representative’s recommendation.

I’m going to yield the remainder of my time to my colleagues now who are going to underscore a few points that reinforce our request for additional funding. Yvonne Griffin, a former client and current CVIC Board member, also will share a few words about her experience with our agency.

Best Regards,



Coiya M. Tompkins, MBA
 President/CEO, Community Violence Intervention Center
 Chair, CAWS ND (statewide coalition) Legislative Committee

March 8, 2023

Senator Dick Dever, Chairman
North Dakota State Legislature
Senate Appropriations Committee, Human Resources Division
600 East Boulevard Avenue
Bismarck, ND 58505

Chairman Dever and Members of the Senate Appropriations Committee,

As law enforcement agencies across the state, we collaborate almost daily with domestic violence and rape crisis agencies in our local communities. These collaborative relationships have grown significantly throughout the past 40 plus years, with law enforcement agencies and domestic violence/sexual assault organizations working closely together for the safety of citizens and their children, while holding individuals responsible for these crimes accountable.

Our organizations work together for mutual benefit by providing shared training to staff, attending collaborative meetings, tracking criminal justice data, and making criminal justice system improvements on an ongoing basis.

When law enforcement responds to sexual assault, many of our communities activate a Sexual Assault Response Team. These multidisciplinary teams include members from law enforcement, medical professionals and advocates, responding together to ensure that victims of this invasive crime repeat the accounts of their experience the least number of times possible. This coordination ensures that evidence is collected, the chain of custody is followed, and evidence is preserved for prosecution, all while providing a trauma-informed response that gives victims the support they need.


In cases of domestic violence, officers respond in the heat of the moment during times of elevated risk to themselves and victims and must make decisions that take into account the safety of all. Several communities participate in the Lethality Assessment Program, connecting victims of violence with a domestic violence advocate at the time of the incident, increasing awareness of safety services available to them while decreasing the likelihood that they will be killed during a future incident.

Law enforcement also supports the work of domestic violence and sexual assault organizations by responding to requests for welfare checks, providing police escorts in high danger situations, responding to security threats at shelters and offices when needed, serving and enforcing protection orders and much more. Related, our organizations count on the services of these agencies to provide safety, support, and guidance after our officers and deputies leave the scene. Through long-term support provided by domestic violence and sexual assault

organizations, these complex patterns can be interrupted. In addition, the risk to victims can be lessened through successful investigation, prosecution and ultimately rehabilitation for those who use violence.

The below undersigned fully support increased funding for the critical services provided by domestic violence and sexual assault agencies in our state.


Respectfully submitted,


DocuSigned by:

8B5425977565460...
Shawn Brien, Sheriff, Burke County Sheriff's Office

Corey Bristol, Mountrail County Sheriff's Office

DocuSigned by:

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Joe Cianni, Chief, Dickinson Police Department


DocuSigned by:

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Dave Draovitch, Chief, Bismarck Police Department

DocuSigned by:

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Shane Gallagher, Chief Deputy Sheriff, Cavalier County Sheriff's Office

DocuSigned by:

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Jesse Jahner, Sheriff, Cass County Sheriff's Office

Demetrius Jamerson, Chief, Stanley Police Department

DocuSigned by:

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Ron Jurgens, Sheriff, Walsh County Sheriff's Office

John Klug, Chief, Minot Police Department

DocuSigned by:
Joseph Knowski
4063563CEC1F4F5...

Joe Knowski, Chief, Devils Lake Police Department

DocuSigned by:
Bryan Lang
E61D1F44AACB41D...

Bryan Lang, Ramsey County Sheriff's Office

DocuSigned by:
Kelly Leben
5BDBF63A781B419...

Kelly Leben, Sheriff, Burleigh County Sheriff's Office

DocuSigned by:
Corey Lee
CBC7E388ABE648B...

Corey Lee, Sheriff, Stark County Sheriff's Office

DocuSigned by:
Mark Nelson
6004B69F56104D4...

Mark Nelson, Chief, Grand Forks Police Department

DocuSigned by:
Jeff Oswald
74AEE6D60DEF453...

Jeff Oswald, Chief, Cavalier Police Department

DocuSigned by:
Denis Otterness
24773CA3D27C42D...

Denis Otterness, West Fargo Police Department

DocuSigned by:
Dave Peterson
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Dave Peterson, Chief, Williston Police Department

DocuSigned by:
Andrew Schneider
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Andrew Schneider, Sheriff, Grand Forks County Sheriff's Office

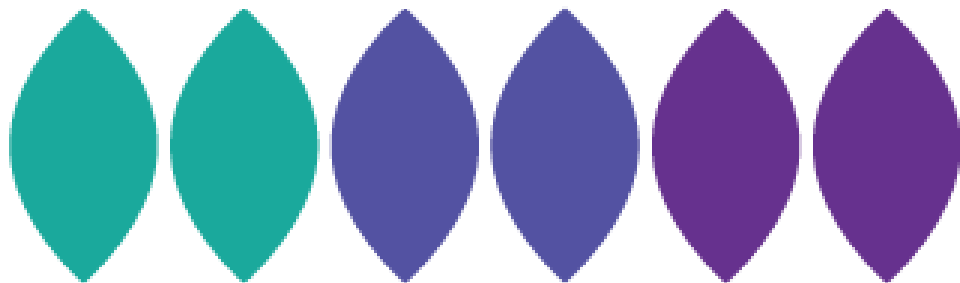
DocuSigned by:
Kurt Schwind
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Kurt Schwind, Nelson County Sheriff's Office

David Zibolski, Fargo Police Department

CAVUS

NORTH DAKOTA



ending sexual and domestic violence

House Bill 1004:
Domestic Violence/Sexual Assault
Funding

March 9, 2023

Chairman Dick Dever
& Members of the Senate
Appropriations/HR Division

Presented by:

Michelle Erickson (AARC/Bismarck)
Yvonne Griffin (CVIC/Grand Forks)
Darianne Johnson (DVRCC/Dickinson)
Jill McDonald (DVCC/Minot)
Coiya Tompkins (CVIC/Grand Forks)



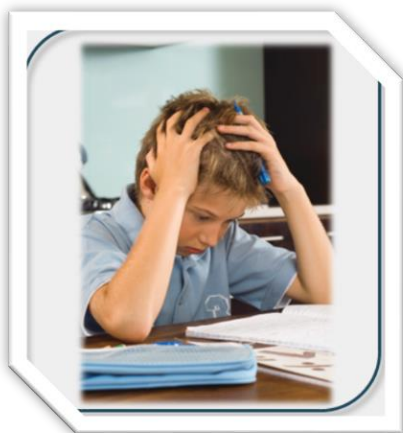
Generational Trauma & Its Lifelong Impacts



Changes to
children's brain
makeup



Addictions
4+ trauma exposures



Difficulty at school
3+ trauma exposures



Health Issues,
Suicide
4+ trauma exposures

**Lifelong
Impacts:**

Adverse
Childhood
Experiences
(ACEs)

Interpersonal Violence Affects On North Dakotans

CDC REPORTS

- 1 in 4 women and 1 in 9 men will be impacted by domestic violence or sexual assault in their lifetimes

State Population: 779,094

- Nearly 1 in 5 North Dakotans
- 139,155 North Dakotans (18%)
- 94,660 women/44,495 men

A HOLISTIC APPROACH

Serving the whole family



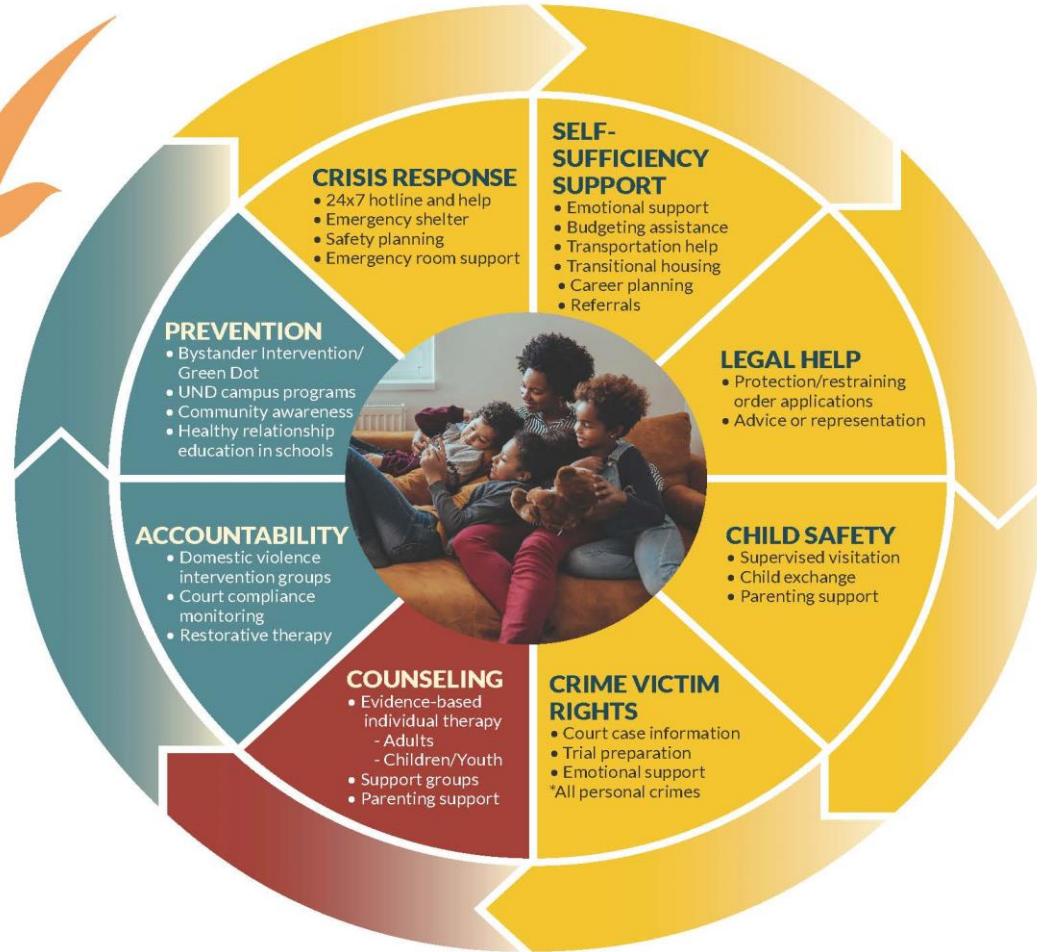
SAFETY



HEALING



EDUCATION



Holistic Approach

Community Collaboration

Police/Sheriff/Legal

Healthcare

Clergy

Human Services

Military

Educators



**Law
Enforcement
Partnerships
Paramount
To Successful
Outcomes**

Shawn Brien,
Burke County
Sheriff's Office

Corey Bristol,
Mountrail County
Sheriff's Office

Joe Cianni,
Dickinson Police
Department

Dave Draovitch,
Bismarck Police
Department

Shane Gallagher,
Cavalier County
Sheriff's Office

Jesse Jahner,
Cass County
Sheriff's Office

**Demetrius
Jamerson,**
Stanley Police
Department

Ron Jurgens,
Walsh County
Sheriff's Office

John Klug,
Minot Police
Department

Joe Knowski,
Devils Lake Police
Department

Bryan Lang,
Ramsey County
Sheriff's Office

Kelly Leben,
Burleigh County
Sheriff's Office

Corey Lee,
Stark County
Sheriff's Office

Mark Nelson,
Grand Forks Police
Department

Jeff Oswald,
Cavalier Police
Department

Denis Otterness,
West Fargo Police
Department

Dave Peterson,
Williston Police
Department

Andrew Schneider,
Grand Forks County
Sheriff's Office

Kurt Schwind,
Nelson County
Sheriff's Office

David Zibolski,
Fargo Police
Department

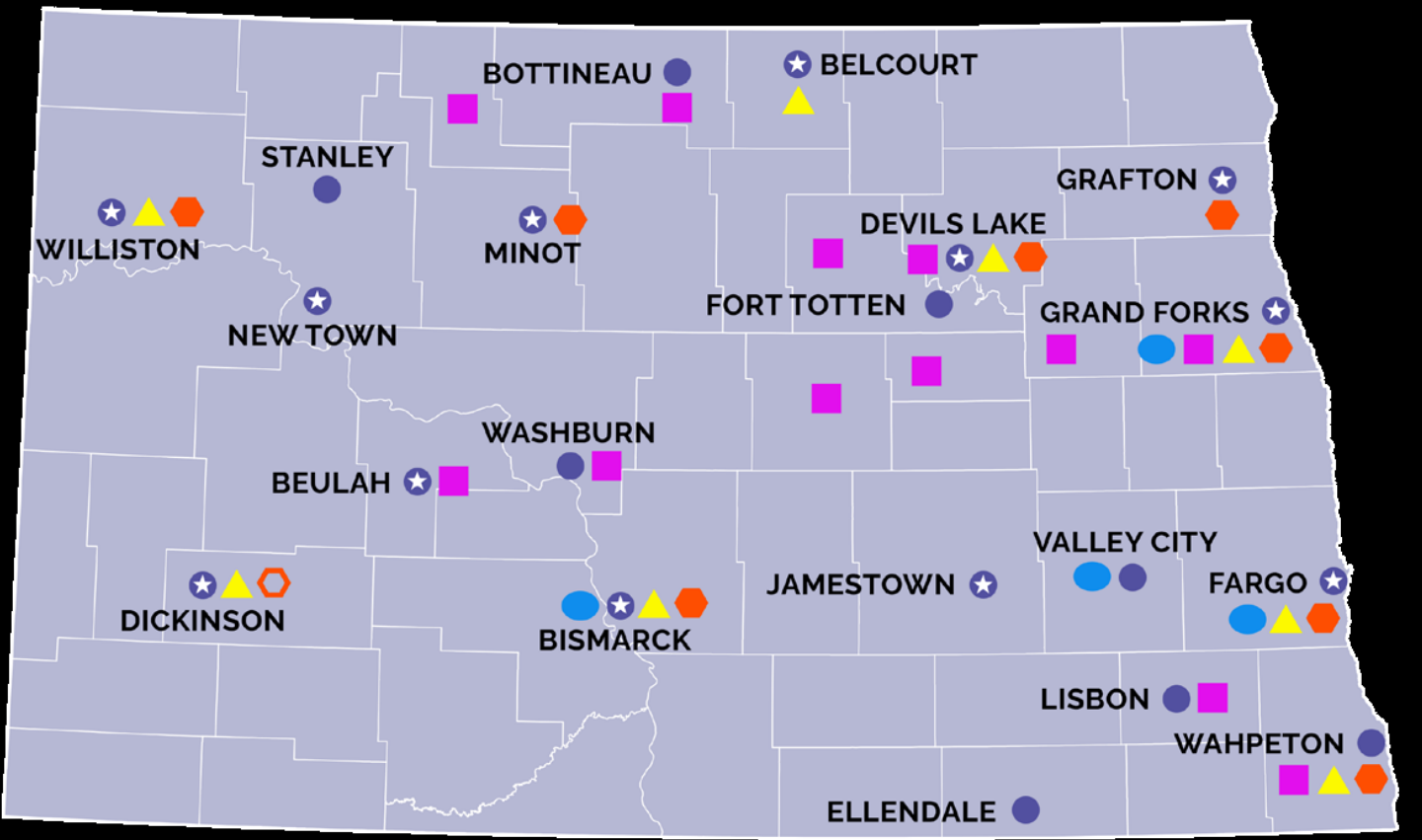
Joint Support for HB 1004:

10 County Sheriff Depts, 10 Police Chiefs



 Sheriff's Office
  Police Department

Law Enforcement Support



- Crisis Intervention Center
- ★ Shelter Services
- ⬠ Domestic Violence Intervention
- ⬠ Services Offered/External Agency
- ▲ Supervised Visitation
- Victim Witness
- Primary Prevention

Serving 53 ND Counties

About Us

\$22 million annual operating

Current state funding is 9%

Serve 6,500 new survivors annually

Educate nearly 50,000 community members/professionals and students annually

Does not include supervised visitation and exchange clients, domestic violence intervention programs or victims of crime

A national pandemic changed our view

FAMILIES IN
CRISIS

ESCALATING
VIOLENCE

INCREASED
DEATH RISKS

BASIC NEED
REQUESTS

LONGER
SHELTER
STAYS

HIGHEST
THERAPY
WAITING LIST





Health & Human Services

**Thank you,
State Partners**

Total request:
\$17.65M/biennium

**Executive budget
Recommendation:**
\$3,386,285

House Vote:
\$7.2 Million

Domestic Violence General Funds (currently \$1.9M per biennium)

- **Requesting \$10M/biennium**, executive/recommended budget: \$2,686,285
- This amount represents the gap between our fundraising and state funding as well as our crime victim witness costs. Please note that several programs support crime victim witness services pro-bono, even though contracts for these advocacy services are administered through county state's attorney offices.

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Sexual Violence Prevention	\$200,000	\$200,000
Offender Treatment (Community Health Trust Fund)	\$300,000	\$1,000,000
TOTAL	\$2,835,000	\$7,221,285

**House Vote:
\$7.2 Million**



Jill McDonald

Domestic Violence Crisis Center, Minot



Michelle Erickson

Abused Adult Resource Center, Bismarck



Darianne Johnson

Domestic Violence & Rape Crisis Center,
Dickinson



Yvonne Griffin

Community Violence Intervention Center,
Board Member/Past Client Grand Forks

Questions?

Thank You!

Safer Tomorrows Survey



ELEMENTARY

The Safer Tomorrows Survey evaluates the effectiveness of prevention and education activities in Grand Forks County rural schools. A total of six rural school districts participate in this survey, administered to 4-5 grade students. Questions asked for responses to student's experiences with violence, bullying, cyber-bullying, feelings of safety, and communication perception with adults (both parents and educators).

YEAR	STUDENTS
2022	258
2020	255
2018	246

Note: The 2020 surveys were administered in February, prior to COVID-19.

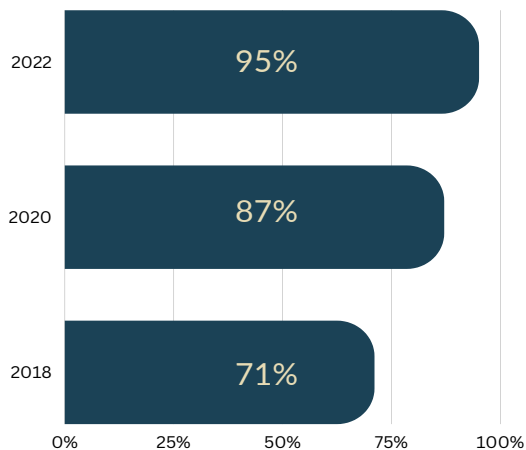


SAFETY TRENDS



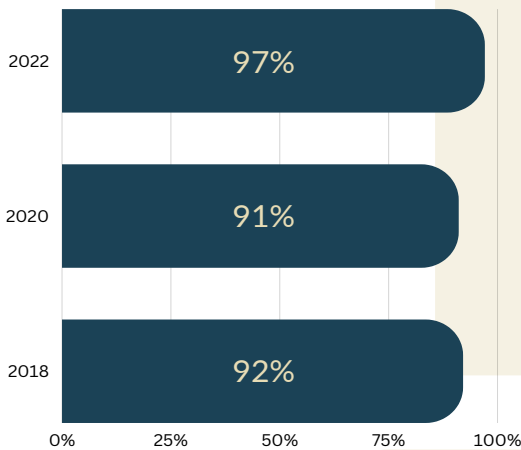
SCHOOL CONNECTEDNESS

Students reported they feel connected to their school.



CLASSROOM CLIMATE

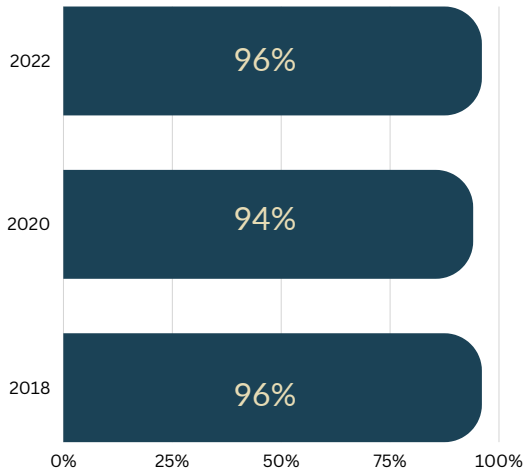
Students experience a positive classroom climate.



HEALING TRENDS

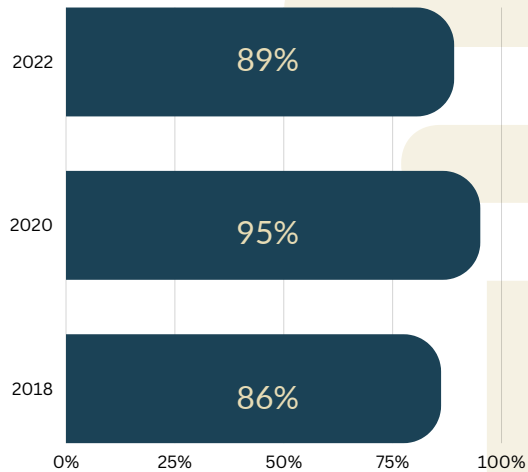
SOCIAL SUPPORT

Students who have felt supported by family and friends.



EMPATHY

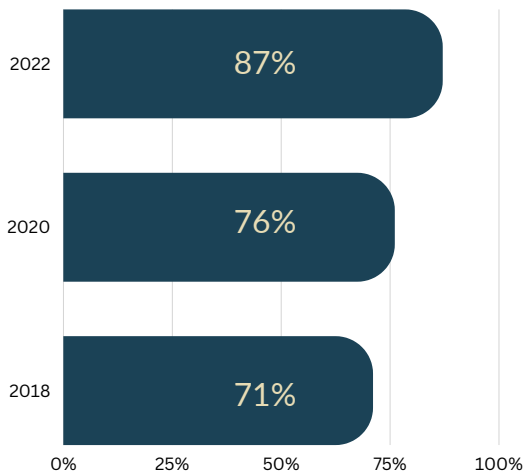
Students reported being empathic towards other students.



EDUCATION TRENDS

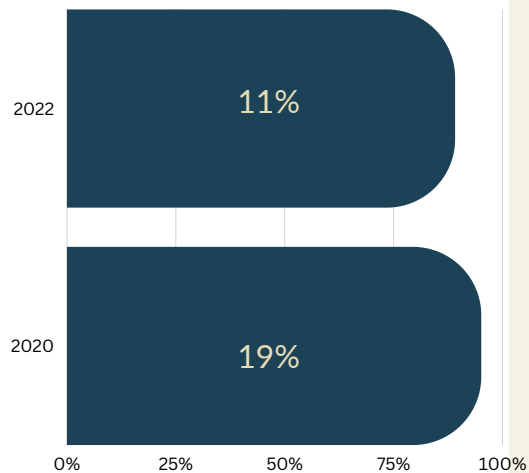
BYSTANDER BEHAVIOR

Students reported they have stood up for someone being bullied.



BULLYING

Percent of students who reported bullying another student 3-4 or more times.



Note: Results are for 2022 and 2020 only as data analysis was changed after 2018.



With a bold mission to end interpersonal violence in two generations, CVIC delivers vital safety and healing services throughout greater Grand Forks to adults and children experiencing domestic or sexual violence. We educate youth and professionals about how to stop violence and teach our communities ways to develop healthy relationships.

Safer Tomorrows Survey



MIDDLE/HIGH SCHOOL

The Safer Tomorrows Survey evaluates the effectiveness of prevention and education activities in Grand Forks County rural schools. A total of six rural school districts participate in this survey, administered to 4-5 grade students. Questions asked for responses to student's experiences with violence, bullying, cyber-bullying, feelings of safety, and communication perception with adults (both parents and educators).

YEAR	STUDENTS
2022	759
2020	607
2018	641

Note: The 2020 surveys were administered in February, prior to COVID-19.

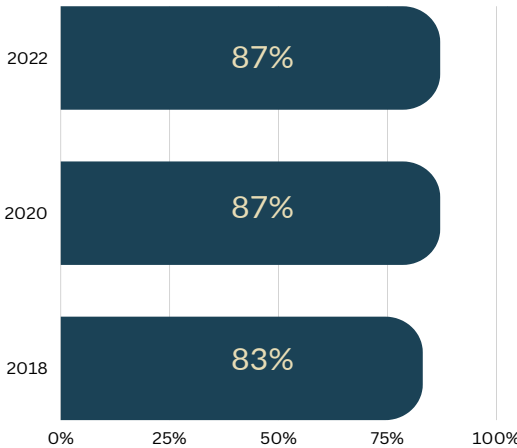


SAFETY TRENDS



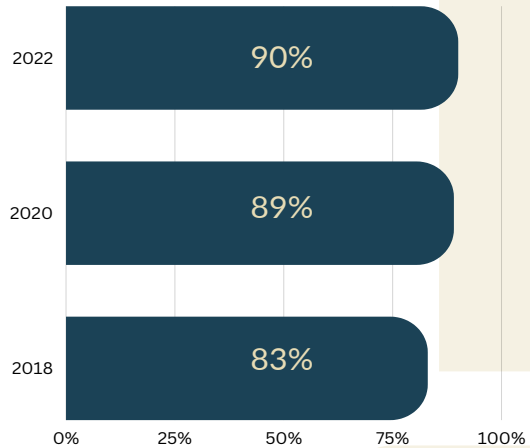
SCHOOL CONNECTEDNESS

Students reported they feel connected to their school.



CLASSROOM CLIMATE

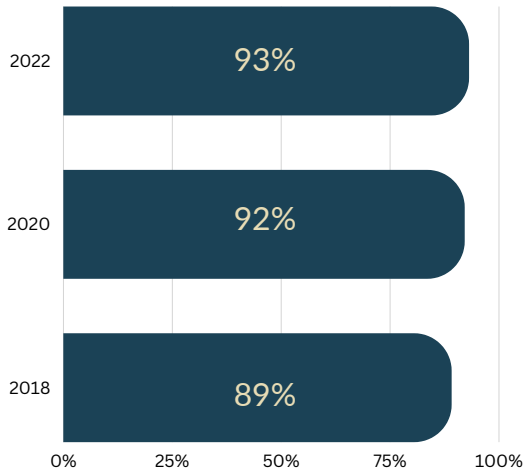
Students experience a positive classroom climate.



HEALING TRENDS

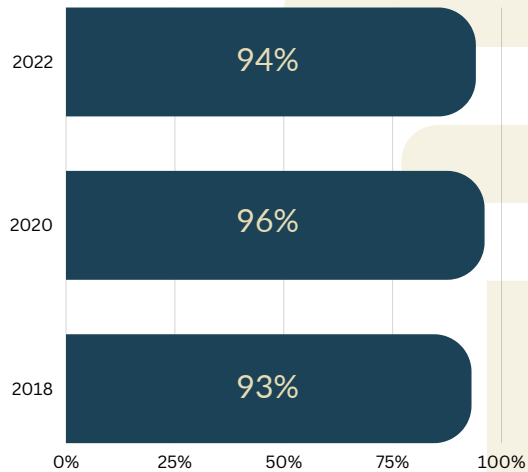
SOCIAL SUPPORT

Students who have felt supported by family and friends.



EMPATHY

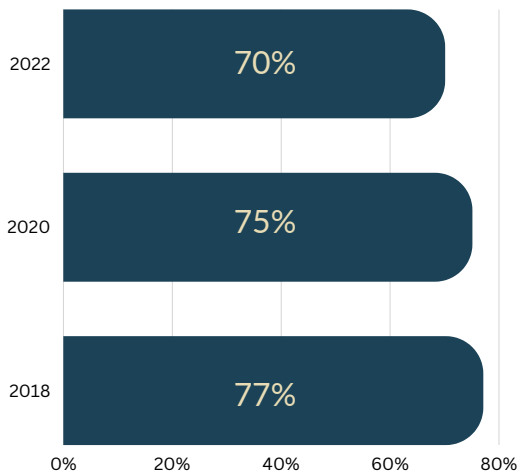
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EDUCATION TRENDS

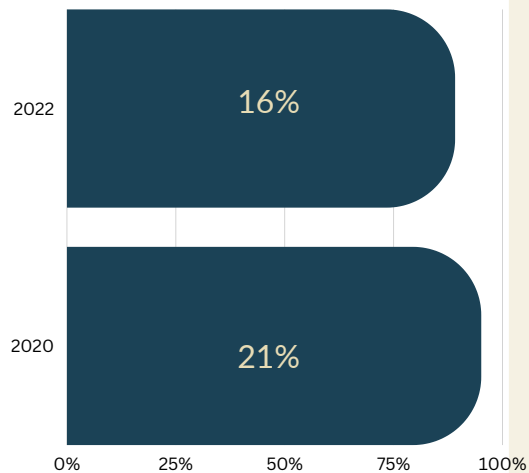
BYSTANDER BEHAVIOR

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BULLYING

Percent of students who reported bullying another student 3-4 or more times.



Note: Results are for 2022 and 2020 only as data analysis was changed after 2018.

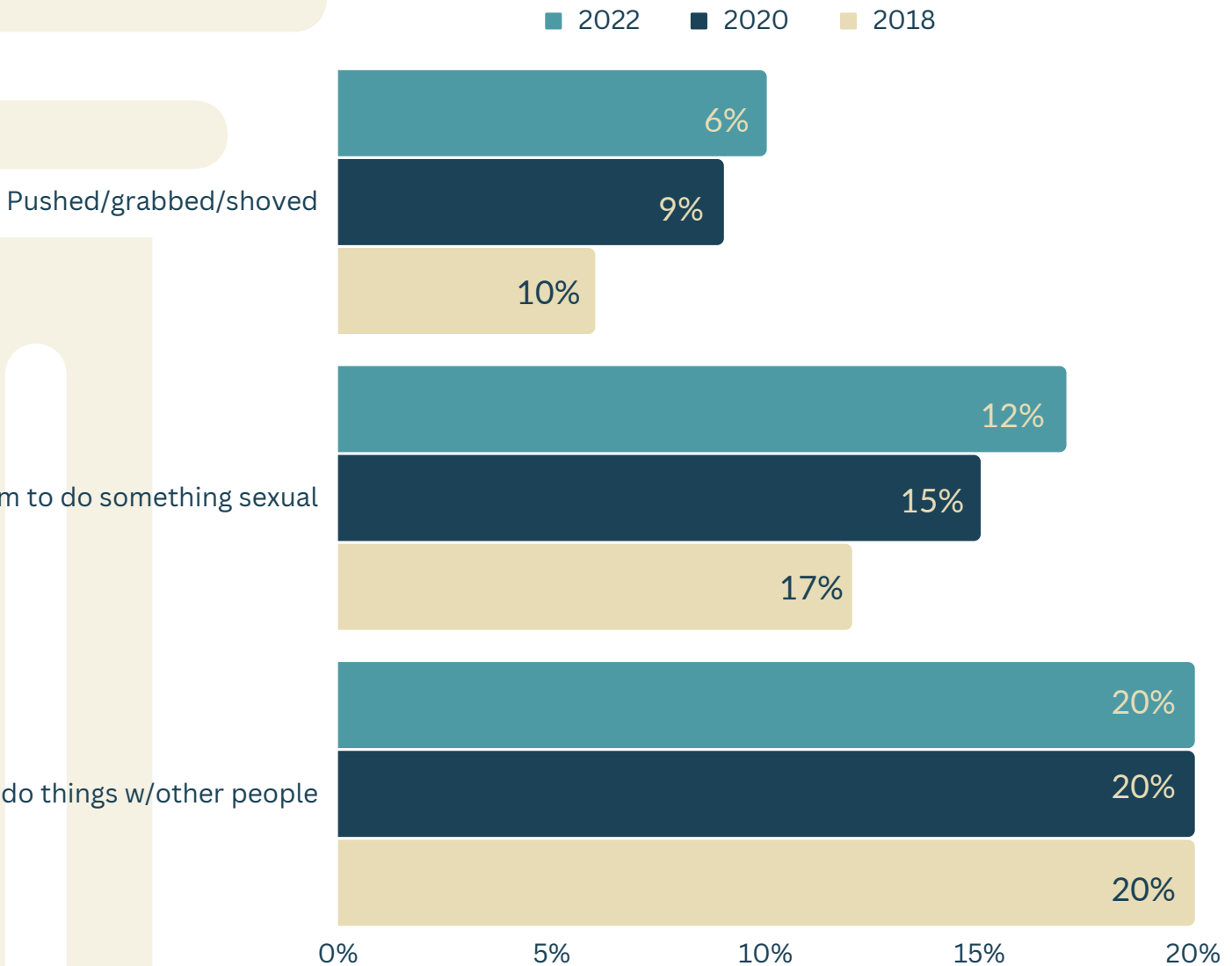


of students experienced a healthy relationships with someone they dated (2022).

DATING VIOLENCE TRENDS



During past 6 months, students experienced the following with their dating partner or when they went out on a date:



Note: 2022 survey distribution was after the spike of the CVOID-19 pandemic so we expected to see slight increases due to school instruction switching to online and the increased focus on student mental health.



With a bold mission to end interpersonal violence in two generations, CVIC delivers vital safety and healing services throughout greater Grand Forks to adults and children experiencing domestic or sexual violence. We educate youth and professionals about how to stop violence and teach our communities ways to develop healthy relationships.

Submitted: March 9, 2023

North Dakota Domestic Violence/Sexual Assault

Senate Appropriations Committee/Human Resources Division Testimony



CLIENT TESTIMONY: Yvonne Griffin, CVIC Board Member & Former Client

- Childhood domestic violence in home between stepfather and mother. Alcohol was a factor also for removal. There were no services available to families that had issues with dv and it wasn't the original issue that was brought to the forefront. Alcoholism was pushed as a reason for family dysfunction.
- Removed from parental home and placed in foster home. In many cases the homes had issues of DV and other forms of abuse also known as complex childhood traumas. More than one form of violence or abuse. (complex posttraumatic stress disorder) CPTSD) 5-8 is a crucial period of brain development and exposure to stress.
- Relationships. Traumatic events result in vulnerability and confusion about what is safe or healthy in a personal relationship. Stockholm's.
- Generational, intergenerational trauma or pattern of broken relationships.
- Interpersonal and domestic violence has many long-term effects far into adulthood. Post traumatic stress disorder, anxiety disorders, depression, personality disorders, substance use disorders, eating disorders,
- Relocation disorder. Thinking I could run away from my problems, but they continued to follow me from one town to the next or relationship to relationship.
- Counteracting abuse and breaking free. Fortifying one's defenses for the exit. CVIC 2004.
- CVIC services offered then vs services now.



North Dakota Veterinary Medical Association

P.O. Box 1231

Bismarck, ND 58502-1231

Phone: 701.221.7740

Fax: 701.751.4451

Email: execdir@ndvma.com

Website: www.ndvma.com

Testimony of Bleaux Johnson, DVM
West River Veterinary Clinic, Hettinger, N.D.
701-928-0969 (c) • dr.johnson@westrivervet.com

In Support of HB 1004

March 9, 2023

Chairman Dever 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 the NDVMA to voice our support of HB 1004, specifically as it relates to the Veterinary Loan Repayment Program (VLRP).

I was a 2008 recipient of the Veterinary 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.

The Veterinary 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 Veterinary 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 Veterinary 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 five 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 in ND, I have been fortunate enough to hire on four associate veterinarians with three being Veterinary Loan Repayment Program recipients. They continue to practice and live in North Dakota as well. To me, this is such a valuable program for

recruiting and retaining food animal veterinarians in our 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 84% of recent veterinary medicine students graduating with a mean debt of \$186,430 and 1 out of 3 of those with debt, exceeding \$200,000 or more. Mean starting salaries for food animal veterinarians in 2021 was \$84,000 and the debt-to-income ratio continues to be of serious concern. 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 and making rural veterinary careers feasible for them.

The program has been very successful in recruiting large animal veterinarians, as well as retaining them with an overall retention rate of 74 percent after fulfilling the contract. In addition, the program has facilitated the buy-in to a practice or the starting of a practice with nearly 50 percent of those completing their contracts becoming practice owners in North Dakota, like myself. Demand for the program is also significant with usually more than 3 applicants per year.

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.

ANALYSIS OF MAJOR SPECIAL FUNDS FOR THE 2021-23 AND 2023-25 BIENNIUMS REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER



**Prepared by the
North Dakota Legislative Council Staff
March 2023**

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**ANALYSIS OF THE ABANDONED OIL AND GAS WELL PLUGGING AND SITE RECLAMATION FUND
FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$13,850,616		\$40,343,445
Add estimated revenues ¹				
Fees, forfeitures, transfers, and recoveries penalties	\$3,390,000		\$2,500,000	
Oil and gas tax collections (2019 HB 1014) ^{2,3}	15,640,000		14,820,000	
Federal funds ⁴	22,500,000		34,792,000	
Total estimated revenues		41,530,000		52,112,000
Total estimated available		\$55,380,616		\$92,455,445
Less estimated expenditures and transfers				
Reclamation of well sites placed into service after July 31, 1983 (2019 SB 2123) ⁵	\$9,000,000		\$1,000,000	
Reclamation of well sites placed into service on or before July 31, 1983 (2017 HB 1347)	0		1,000,000	
Orphaned well plugging and reclamation costs ⁶	5,350,000		31,468,000	
Brine pond and soil remediation studies (2017 HB 1347)	0		0	
Transfer to the environmental quality restoration fund ⁷	400,000		400,000	
Pipeline restoration and reclamation oversight program and postproduction royalty oversight program - Agriculture Commissioner (2021 HB 1009; 2023 SB 2009) ⁸	200,000		700,000	
Oil database information technology project (2019 HB 1014)	74,171		0	
Miscellaneous ⁹	13,000		14,350	
Total estimated expenditures and transfers		15,037,171		34,582,350
Estimated ending balance		<u>\$40,343,445</u>		<u>\$57,873,095</u>

¹Revenues to the fund include:

- Fees collected by the Oil and Gas Division of the Industrial Commission for permits or other services;
- Funds received from the forfeiture of drilling and reclamation bonds;
- Funds received from any federal agency or from donations related to well plugging and site reclamation;
- Transfers or grant awards from the oil and gas impact fund;
- Oil and gas tax collections; and
- Funds recovered from the sale of confiscated equipment and oil and from certain civil penalties.

²House Bill No. 1014 (2019) decreased the allocation limit related to the fund balance by \$50 million, from \$100 million to \$50 million. Senate Bill No. 2059 (2023) increases the allocation related to the fund balance by \$50 million, from \$50 million to \$100 million.

³Estimated revenues - The estimated allocations for the 2021-23 biennium are based on actual oil and gas tax revenue allocations through December 2022 and the January 2023 legislative revenue forecast for the remainder of the 2021-23 biennium and for the entire 2023-25 biennium.

⁴The amount shown for the 2021-23 biennium reflects funding to be received by the Industrial Commission from the federal Infrastructure Investment and Jobs Act for initial grants. The amount shown for the 2023-25 biennium reflects funding anticipated to be received by the Industrial Commission from the federal Infrastructure Investment and Jobs Act for formula grants.

⁵Senate Bill No. 2123 (2019) clarifies the fund may be used for the reclamation of saltwater handling facility sites and treating plant sites.

⁶The amount shown for the 2021-23 and 2023-25 bienniums reflect the estimated costs for plugging and reclaiming orphaned oil wells pursuant to the requirements under the federal Infrastructure Investment and Jobs Act.

⁷For the 2021-23 biennium to date through February 2023, the Department of Environmental Quality has not requested any transfers. As amended by Senate Bill No. 2190 (2015), North Dakota Century Code Section 38-08-04.5 allows for transfers from the abandoned oil and gas well plugging and site reclamation fund with the requirement that any transfers into the environmental quality restoration fund will be returned by the State Department of Health to the abandoned oil and gas well plugging and site reclamation fund.

⁸House Bill No. 1009 (2021) includes an appropriation of \$200,000 from the fund for the pipeline restoration and reclamation oversight program. As of January 31, 2023, the Department of Agriculture requested and received \$17,921. Senate Bill No. 2009 (2023) includes \$700,000 for the pipeline restoration and reclamation oversight program and postproduction royalty oversight program.

⁹Miscellaneous expenditures include credit card merchant fees and audit fees.

FUND HISTORY

The fund was established in 1983 under Section 38-08-04.5. The purpose of the fund is to defray the costs of plugging or replugging oil wells, the reclamation of well sites, and all other related activities for wells or pipelines. The money in the fund may be spent, pursuant to a continuing appropriation, for contracting for the plugging of abandoned wells; contracting for the reclamation of abandoned drilling and production sites, saltwater disposal pits, drilling fluid pits, and access roads; paying mineral owners their royalty share of confiscated oil; and paying any contract-related expenses. House Bill No. 1358 (2015) expanded the use of the fund allowing up to \$1.5 million per biennium to be spent on the reclamation of well sites placed into service on or before July 31, 1983, and demonstration projects related to reclamation. House Bill No. 1347 (2017), increased the amount available for the expanded uses to \$5 million per biennium. The Industrial Commission is to report to the Budget Section each biennium on the expenditures of the fund and the fund balance.

The Legislative Assembly, in House Bill No. 1333 (2013), established an allocation of 4 percent, up to \$5 million per fiscal year, from 1 percent of the 5 percent oil and gas gross production tax to the fund and limited the allocation based on the fund balance. House Bill No. 1032 (2015) increased the oil and gas tax allocation to the fund by \$2.5 million per fiscal year, from \$5 million to \$7.5 million, and increased the allocation limit based on the fund balance by \$25 million, from \$75 million to \$100 million. In Senate Bill No. 2013 (2017), the Legislative Assembly decreased the oil and gas tax allocations to the fund by \$3.5 million per fiscal year, from \$7.5 million to \$4 million; however, the decrease was effective only for the 2017-19 biennium. House Bill No. 1014 (2019) decreased the allocation limit based on the fund balance by \$50 million, from \$100 million to \$50 million.

**ANALYSIS OF THE ATTORNEY GENERAL REFUND FUND
FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
Beginning balance ^{1,2,3}		\$13,196,439		\$9,014,962
Add estimated revenues				
Refunds of consumer protection and antitrust expenditures, attorney's fees, and civil penalties ⁴	\$5,500,000		\$3,000,000	
Cash deposit bonds	10,000		5,000	
Tribal gaming, licensing, and investigation fees ⁵	0		0	
Background checks	31,600		30,000	
Interest on investments ^{1,2,6}	(151,630)		0	
Lawsuit proceeds - Opioid addiction prevention and treatment program ³	8,328,148		0	
Lawsuit proceeds - JUUL Labs, Inc. settlement ⁷	577,267		232,114	
Total estimated revenues		14,295,385		3,267,114
Total available		\$27,491,824		\$12,282,076
Less estimated expenditures and transfers authorized in North Dakota Century Code Section 54-12-18				
Refunds to specifically named consumers (Section 54-12-18(1)) ⁸	\$12,033		\$0	
Claims against cash deposit bonds (Section 54-12-18(2))	0		0	
Refund of cash deposit bond balance (Section 54-12-18(3))	0		0	
Consumer Protection and Antitrust Division expenditures (Section 54-12-18(4))	2,342,692		2,619,722	
Tribal gaming background investigations (Section 54-12-18(5)) ⁵	0		0	
Tribal gaming licensing expenditures (Section 54-12-18(5)) ⁵	0		0	
Tribal gaming enforcement expenditures (Section 54-12-18(5)) ⁵	0		0	
Less other estimated expenditures and transfers ⁹				
Bureau of Criminal Investigation (BCI) salaries and operating expenses ¹⁰	1,045,793		630,278	
State Crime Laboratory operating expenditures ¹⁰	897,891		392,757	
Information technology contractual program maintenance	1,071,984		1,033,393	
Information technology operating expenditures	684,873		100,500	
Criminal justice information sharing system improvements (2021 HB 1003; 2023 SB 2003) ^{10,11}	72,183		200,294	
Operating expenses of the Attorney General's office ¹⁰	360,917		430,000	
Automated fingerprint identification system replacement project (2019 SB 2003) ¹²	108,128			
Attorney salary equity increases (2019 SB 2003; 2023 SB 2003) ¹	370,682		0	
Medicaid Fraud Control Unit (MFCU) and BCI salary equity increases (2021 HB 1003; 2023 SB 2003) ²	1,240,027		0	
State Crime Laboratory salary equity increases (2021 HB 1506; 2023 SB 2003) ⁶	537,297		0	
Criminal history improvement system (2021 HB 1003; 2023 SB 2003) ¹³	50,000		350,000	
Opioid addiction prevention and treatment program - Transfer to the opioid settlement fund (2021 HB 1003; 2023 HB 1447) ³	9,220,548		0	
JUUL Labs, Inc. settlement - Transfer to the community health trust fund (2023 HB 1004) ⁶	461,814			
Total estimated expenditures and transfers		18,476,862		5,756,944
Estimated ending balance ¹⁴		\$9,014,962		\$6,525,132

Restricted fund income		
Reserve relating to attorney salary increases (2019 SB 2003; 2023 SB 2003) ¹	0	0
Reserve relating to MFCU and BCI salary equity increases (2021 HB 1003; 2023 SB 2003) ²	0	0
Reserve relating to State Crime Laboratory salary equity increases (2021 HB 1506; 2023 SB 2003) ⁷	0	0
Interest on investments ^{1,2,7}	0	0
Estimated balance - Unobligated	\$9,014,962	\$6,525,132

¹In April 2019, the Consumer Protection Division of the Attorney General's office received a \$1,215,561 settlement for a Wells Fargo lawsuit related to Wells Fargo's automobile gap insurance, the company opening accounts without consumers' knowledge, and its mortgage interest rate extension fees. The funding was deposited in the Attorney General refund fund.

Senate Bill No. 2003 (2019) included an appropriation of \$425,000, of which \$25,000 related to anticipated interest and earnings of the settlement amount, of this funding to the Attorney General for the 2019-21 biennium. In Section 14 of the bill, the Legislative Assembly provided legislative intent that the Attorney General use up to \$425,000 from the April 2019 settlement for providing salary equity increases to attorney positions in the Attorney General's office for the 2019-21 biennium. Further intent was provided that the remaining settlement proceeds and investment earnings on the remaining proceeds be retained in the Attorney General refund fund and be used for the cost to continue the salary equity increases provided in the 2019-21 biennium during the 2021-23 and 2023-25 bienniums, subject to legislative appropriations. Section 15 of the bill allowed the Attorney General to invest up to \$1,215,561 of the settlement proceeds under the supervision of the State Investment Board for the period beginning July 1, 2019, and ending June 30, 2025.

Revenue available for attorney salary equity increases during the 2019-21 biennium totaled \$1,263,086, of which \$1,215,561 was from lawsuit settlement proceeds and \$11,063 was from interest earned on lawsuit proceed investments. Investment returns for the 2021-23 biennium for all funds invested for Attorney General staff salary equity increases are estimated to total a \$151,630 investment loss.

In September 2019, the Attorney General invested \$1,100,000 with the State Investment Board. The Attorney General spent \$354,192 of the \$425,000 appropriation to provide 29 FTE attorney positions salary equity increases during the 2019-21 biennium, resulting in \$861,369, excluding interest earned on investments, of the total \$1,215,561 of lawsuit proceeds remaining in the Attorney General refund fund available for the cost to continue attorney salary equity increases during the 2021-23 and 2023-25 bienniums. The Attorney General anticipates spending \$370,682 to continue attorney salary equity increases during the 2021-23 biennium, resulting in \$490,687 remaining for the 2023-25 biennium.

In Senate Bill No. 2003 (2023), as approved by the Senate, funding of \$2,404,289 is adjusted for prior biennium salary equity increases, of which \$490,687 is for attorney positions, by reducing funding from the Attorney General refund fund and increasing funding from the general fund.

²In January 2021, the Consumer Protection Division of the Attorney General's office received a \$1,160,896 lawsuit settlement from Apple, Inc., related to Apple's 2016 decision to adjust the speed of consumer iPhones to address unexpected shutdowns in some devices and Apple's concealment of the issue, which led to a software update in December 2016 that reduced iPhone performance. The funding was deposited in the Attorney General refund fund.

In April 2021, the Consumer Protection Division of the Attorney General's office received a \$1,416,728 lawsuit settlement from Boston Scientific Corporation related to a defective surgical mesh medical device that has caused complications in some women who used the device. The funding was deposited in the Attorney General refund fund.

House Bill No. 1003 (2021) included an appropriation of \$1,249,083 of this funding to the Attorney General for providing salary equity increases during the 2021-23 biennium for 55 FTE BCI positions and 2 FTE MFCU positions. Section 12 of the bill allows the Attorney General to invest up to \$2,577,624 of funding in the Attorney General refund fund, including \$1,160,896 of January 2021 settlement proceeds and \$1,416,728 of April 2021 settlement proceeds, under the supervision of the State Investment Board for the period beginning July 1, 2021, and ending June 30, 2025. Section 12 of the bill includes legislative intent that \$2,577,624 in the Attorney General refund fund and any investment earnings on the funding be retained in the Attorney General refund fund for the purpose of providing the salary equity increases provided for in Sections 1 and 11 of the bill and for the cost to continue the salary equity increases during the 2023-25 biennium, subject to legislative appropriations.

In August 2021, the Attorney General invested \$2,185,895 with the State Investment Board. The Attorney General anticipates spending \$1,240,027 of the \$1,249,083 appropriation during the 2021-23 biennium resulting in \$1,337,597, excluding interest earned on investments, of the total \$2,577,624 of lawsuit proceeds remaining in the Attorney General refund fund available for the cost to continue salary equity increases during the 2023-25 biennium.

In Senate Bill No. 2003 (2023), as approved by the Senate, funding of \$2,404,289 is adjusted for prior biennium salary equity increases, of which \$1,337,597 is for BCI and MFCU positions, by reducing funding from the Attorney General refund fund and increasing funding from the general fund.

³In March 2021, the Consumer Protection Division of the Attorney General's office received a \$892,400 lawsuit settlement from McKinsey and Company for an opioid-related lawsuit. Section 5 of House Bill No. 1003 (2021) provided for a transfer of up to \$2,000,000 from opioid-related lawsuit settlement proceeds deposited in the Attorney General refund fund to the Department of Health and Human Services (DHHS) and appropriates the funding to DHHS for an opioid addiction prevention and treatment program during the 2021-23 biennium. The department is required to consult with the Attorney General on the use of funding for the program. The Attorney General is required to notify the Legislative Council and Office of Management and Budget of any lawsuit settlement proceeds that become available for transfer to DHHS for this program.

Through February 2023, the Attorney General has received an additional \$8,328,148 from various opioid-related lawsuits during the 2021-23 biennium, resulting in a total of \$9,220,548 of opioid-related lawsuit settlement proceeds received.

House Bill No. 1447 (2023), as approved by the House, requires the Office of Management and Budget to transfer all opioid-related lawsuit settlement proceeds deposited in the Attorney General refund fund since March 1, 2021, to the newly created opioid settlement fund during the 2021-23 biennium. The bill includes a \$8,000,000 appropriation from the opioid settlement fund to DHHS for opioid remediation and abatement efforts during the 2023-25 biennium.

⁴The Attorney General has indicated that it is not possible to separately identify refunds, attorney's fees, and civil penalties received, as a court judgement often includes a lump sum amount awarded for the payment of attorney's fees, investigation costs, or payment in lieu of civil penalties.

⁵House Bill No. 1212 (2021) created Section 53-06.1-11.2 and provides all gaming taxes, monetary fines, and interest and penalties are to be deposited in the newly created charitable gaming operating fund and provides the administrative and operating costs of charitable gaming be paid from the fund. Section 13 of House Bill No. 1003 (2021) further amended this section regarding allocations of gaming tax revenues. Adjustments were made to the Attorney General's budget to remove funding for gaming-related expenditures from the Attorney General refund fund beginning in the 2021-23 biennium.

⁶During the November 2021 special legislative session, in House Bill No. 1506, the Legislative Assembly appropriated \$537,297 to the Attorney General from the Attorney General refund fund for salary equity increases for 25 FTE State Crime Laboratory positions. In December 2021, the Attorney General invested \$508,578 from the Attorney General refund fund with the State Investment Board. The Attorney General anticipates spending the entire \$537,297 during the 2021-23 biennium.

In Senate Bill No. 2003, as approved by the Senate, funding of \$2,404,289 is adjusted for prior biennium salary equity increases, of which \$537,927 is for State Crime Laboratory positions, by reducing funding from the Attorney General refund fund and increasing funding from the general fund.

⁷In September 2022, the Attorney General's office announced an agreement had been reached between JUUL Labs, Inc. and 34 states and territories regarding JUUL Labs e-cigarette marketing and sales practices. Of the \$438.5 million total settlement, North Dakota was awarded \$6,028,211, which will be paid in installments for a period of 6 to 10 years. **House Bill No. 1004 (2023), as approved by the House, requires 80 percent of funding deposited in the Attorney General refund fund from the JUUL Labs, Inc. settlement during the 2021-23 biennium be transferred to the community health trust fund and requires 80 percent of additional funding received from the settlement be deposited directly in the community health trust fund beginning in the 2023-25 biennium.** The Attorney General anticipates a total of \$577,267 will be received during the 2021-23 biennium, of which \$461,814 would be transferred from the Attorney General refund fund to the community health trust fund. Estimated settlement funds for the 2023-25 biennium totals \$1,160,751, of which \$928,457 would be deposited in the community health trust fund and \$232,114 would be deposited in the Attorney General refund fund.

⁸The Attorney General has indicated that a court rarely awards refunds to specific consumers, instead awarding refunds to organizations such as the Housing Finance Agency.

⁹The other expenditures are not specifically authorized in Section 54-12-18 but are included as part of the Attorney General's biennial appropriation.

¹⁰In House Bill No. 1003 (2021), the Legislative Assembly removed \$2.12 million from the general fund in the Attorney General's budget for salaries and operating expenses in various line items. The bill restored \$1.2 million of these items from the Attorney General refund fund, of which \$283,227 is for salaries and wages of a BCI agent and a BCI administrative assistant, \$34,377 is for operating expenses of the State Crime Laboratory, \$271,889 is for operating expenses of the criminal justice information sharing system, and \$610,507 is for other operating expenses of the Attorney General's office, primarily related to information technology-related expenses. See footnote 11 below for additional information.

¹¹In Senate Bill No. 2003 (2019), the Legislative Assembly appropriated ongoing funding of \$140,000 from the Attorney General refund fund to the Attorney General for criminal justice information sharing improvements during the 2019-21 biennium. The Attorney General spent \$108,412 during the 2019-21 biennium. In House Bill No. 1003 (2021) \$271,889 was authorized for ongoing operating expenses of the criminal justice information sharing system, resulting in a total of \$411,889 authorized for the system each biennium beginning during the 2021-23 biennium.

¹²In Senate Bill No. 2003 (2019), the Legislative Assembly appropriated \$316,000, of which \$158,000 was from federal funds and \$158,000 was from the Attorney General refund fund, for the automated finger identification system replacement project, also known as the automated biometric identification system replacement project. The Attorney General spent \$47,872 from the Attorney General refund fund on the project during the 2019-21 biennium, resulting in \$108,128 remaining. The Attorney General received authority from the Capital Construction Carryover Committee, pursuant to Section 54-44.1-11, to continue this funding into the 2021-23 biennium. The Attorney General anticipates spending the remaining \$108,128 during the 2021-23 biennium.

¹³The criminal history repository replacement project began in the 2011-13 biennium to rewrite the existing criminal history repository system. The criminal history repository replacement project consists of various smaller projects. The Attorney General budgeted \$450,000 on the project during the 2011-13 biennium, \$2,300,000 during the 2013-15 biennium, and \$970,000 during the 2015-17 biennium. The Legislative Assembly appropriated \$400,000 for the project in each of the 2019-21 and 2021-23 bienniums, resulting in a total of \$4,520,000 approved for the project, all from the Attorney General refund fund.

Of the \$4,120,000 approved for the project since the 2011-13 biennium, actual expenditures through the 2019-21 biennium totaled \$3,800,595. The project has been substantially completed, although upgrades to the criminal history improvement system are periodically requested. The Attorney General anticipates spending \$50,000 of the \$400,000 appropriated for the 2021-23 biennium. **Section 17 of Senate Bill No. 2003 (2023), as approved by the Senate, provides the Attorney General an exemption to continue any unspent funding for the project into the 2023-25 biennium.** The Attorney General anticipates spending the remaining \$350,000 during the 2023-25 biennium.

¹⁴Section 54-12-18 provides at the end of each biennium, any balance in the Attorney General refund fund in excess of the amount necessary to fulfill the requirements of the fund must be deposited in the general fund. Section 18 of House Bill No. 1003 (2021) and **Section 15 of Senate Bill No. 2003 (2023), as approved by the Senate**, authorizes the Attorney General to retain the June 30, 2021, and June 30, 2023, balance in the Attorney General refund fund rather than transferring the balance to the general fund. As a result, no funding from the Attorney General refund fund was transferred to the general fund at the end of the 2019-21 biennium, allowing the Attorney General to use the remaining balance in the Attorney General refund fund during the 2021-23 biennium. No funding is anticipated to be transferred to the general fund at the end of the 2021-23 biennium, allowing the Attorney General to use the remaining balance in the Attorney General refund fund during the 2023-25 biennium. See the **FUND HISTORY** section for additional information on exemptions granted to the Attorney General.

FUND HISTORY

Section 54-12-18, created by House Bill No. 1141 (1989), establishes the Attorney General refund fund. The section was amended by the 1991, 1993, 1999, and 2001 Legislative Assemblies and currently provides when the Attorney General's Consumer Protection Division recovers funding for cases involving the violation of consumer fraud laws, the Attorney General is required to deposit the funding in the Attorney General refund fund. Funding recovered by the Consumer Protection Division for the following costs must also be deposited in the fund:

1. Refunds related to Consumer Protection Division expenditures, attorney's fees, and civil penalties regarding consumer protection or antitrust matters;
2. Cash deposit bonds paid by applicants for a transient merchant's license when surety bonds are not provided; and
3. Funds and fees collected by the gaming section for licensing tribal gaming and the investigation of gaming employees, applicants, organizations, manufacturers, distributors, or tribes involved in state or tribal gaming.

Funding in the Attorney General refund fund is appropriated to the Attorney General on a continuing basis for the following purposes:

1. Provide refunds from funds recovered by the Consumer Protection Division to specifically named consumers;
2. Pay valid claims against cash deposit bonds posted by transient merchant licensees;
3. Refund the balance of any cash deposit bond remaining after the payment of valid claims. Refunds will be issued 2 years after the expiration of the transient merchant's license;
4. Pay expenditures, attorney's fees, and salaries incurred in the operation of the Consumer Protection Division; and
5. Pay the actual costs of background investigations, licensing, and enforcement of gaming in the state or pursuant to Indian gaming compacts.

At the end of each biennium, any money in the fund in excess of the amounts required for numbers 1, 2, 3, and 5 above must be deposited in the general fund. The Attorney General and Director of the Office of Management and Budget are required to establish accounting procedures for the Attorney General refund fund.

Since the 2001 legislative session, each Legislative Assembly has provided the Attorney General with an exemption to allow unexpended funds from the Attorney General refund fund to continue to be spent in each subsequent biennium. The following table provides information regarding these exemptions:

Biennium	Bill No.	Section	Exemption Limitation ¹
2001-03	1003	8	\$100,000
2003-05	2003	4	No limitation specified
2005-07	1003	11	No limitation specified
2007-09	2003	15	No limitation specified
2009-11	1003	13	No limitation specified
2011-13	2003	9	No limitation specified
2013-15	1003	3	No limitation specified
2015-17	2003	4	No limitation specified
2017-19	1003	16	No limitation specified
2019-21	2003	3	No limitation specified
2021-23	1003	18	No limitation specified
2023-25	2003	15	No limitation specified

¹Section 8 of House Bill No. 1003 (2001) allowed the Attorney General to continue up to \$100,000 of unexpended funds from the Attorney General refund fund to be spent during the 2001-03 biennium while any remaining amount in excess of \$100,000 was required to be returned to the general fund at the end of the 1999-2001 biennium. Exemptions granted in subsequent bienniums have not been limited to a specific dollar amount, allowing the Attorney General to continue using the full balance of the Attorney General refund fund each biennium.

ANALYSIS OF THE BUDGET STABILIZATION FUND FOR THE 2021-23 AND 2023-25 BIENNIUMS (REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$748,943,600		\$974,342,517
Add estimated revenues				
Investment income (loss)	(\$38,589,849) ¹		\$28,360,128 ¹	
Oil and gas tax collections	9,646,249 ²		0 ²	
Transfer from general fund	254,342,517 ³		0	
Total estimated revenues		225,398,917		28,360,128
Total available		\$974,342,517		\$1,002,702,645
Less estimated expenditures and transfers				
Transfer to general fund	\$0		\$28,360,128 ¹	
Total estimated expenditures and transfers		0		28,360,128
Estimated ending balance		<u>\$974,342,517</u>		<u>\$974,342,517</u>

¹Interest earnings are retained in the fund unless the balance of the fund is at the maximum amount allowed under North Dakota Century Code Section 54-27.2-01. Any interest earnings that would cause the fund to go above the maximum balance are transferred to the general fund.

²Section 57-51.1-07.5 provides for the deposit of up to \$75 million of the state share of oil and gas tax collections into the budget stabilization fund each biennium. The entire \$75 million is not estimated to be deposited in the fund during either the 2021-23 or 2023-25 biennium due to the fund being at its maximum balance.

³Chapter 54-27.2 provides any amount in the general fund at the end of a biennium in excess of \$65 million must be transferred to the budget stabilization fund, except that the balance in the budget stabilization fund may not exceed 15 percent of the general fund budget approved by the most recently adjourned Legislative Assembly. The amount shown is based on a general fund appropriation amount of \$6,495,616,781 which reflects legislative action through crossover.

FUND HISTORY

The budget stabilization fund was established by the Legislative Assembly in House Bill No. 1596 (1987). Major provisions include:

- Section 54-27.2-01 establishes the budget stabilization fund and provides any interest earned on the balance of the budget stabilization fund must be retained in the fund. The section originally provided any money in the fund in excess of 10 percent of the general fund budget, as approved by the most recently adjourned Legislative Assembly, must be deposited in the general fund. House Bill No. 1451 (2011) decreased the maximum balance allowed in the fund from 10 to 9.5 percent of the general fund budget approved by the most recently adjourned Legislative Assembly. House Bill No. 1155 (2017) increased the maximum balance allowed in the fund from 9.5 to 15 percent of the general fund budget, as approved by the most recently adjourned Legislative Assembly.
- Section 54-27.2-02 provides any amount in the general fund at the end of a biennium in excess of \$65 million must be transferred to the budget stabilization fund.
- Section 54-27.2-03 provides the Governor may order a transfer from the budget stabilization fund to the general fund if the Director of the Office of Management and Budget projects a general fund revenue shortfall. The section originally limited the transfer to the difference between an amount 2.5 percent less than the original legislative general fund revenue forecast and the revised forecast prepared by the Office of Management and Budget. House Bill No. 1155 (2017) revised the section to allow for transfers from the budget stabilization fund to the general fund as follows:

After general fund allotments totaling at least 3 percent have been made under Section 54-44.1-12, the Governor may order a transfer of up to an amount equal to 3 percent of general fund appropriations;

After the previous transfer has been made and an additional 1 percent general fund budget allotment has been made, the Governor may order a transfer of up to 2 percent of general fund appropriations;

After the previous transfer has been made and an additional 1 percent general fund budget allotment has been made, the Governor may order a transfer of up to 3 percent of general fund appropriations; and

After the previous transfer has been made and an additional 1 percent general fund budget allotment has been made, the Governor may order a transfer of any remaining funds in the budget stabilization fund.

The amount of transfers from the budget stabilization fund to the general fund may not exceed the difference between the original and revised general fund revenue forecasts less general fund allotments made under Section 54-44.1-12. For purposes of the transfers, total general fund allotment percentages must be based on allotments made after any allotment exemption granted by the Director of the Budget.

**ANALYSIS OF THE CAPITOL BUILDING FUND FOR THE 2021-23 AND 2023-25 BIENNIUMS¹
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$3,462,486		\$5,724,041
Add revenues				
Investment income	(\$3,257)		\$254,057	
Rentals, royalties, and bonuses	5,399,155		3,400,000	
Total revenues		5,395,898		3,654,057
Total available		\$8,858,384		\$9,378,098
Less expenditures and transfers				
Administrative expenses	\$95,080		\$115,000	
Income payments to counties ²	22,397		8,200	
Capitol Grounds Planning Commission continuing appropriation (North Dakota Century Code Section 48-10-02; 2023 SB 2015) ³	250,000		750,000	
Capitol Grounds Planning Commission operating expenses (2021 HB 1015; 2023 SB 2015)	25,000		25,000	
Facility Management projects (2021 HB 1015)	518,800			
Governor's residence exterior repairs and improvements (2023 SB 2015)			300,000	
Brynhild Haugland Room remodel (2023 SB 2015)			500,000	
Capitol window replacement (2023 SB 2015)			4,000,000	
Facility Management extraordinary repairs (2021 HB 1015)	500,000			
Facility consolidation study (2021 HB 1015; 2023 SB 2015)	250,000		100,000	
Special assessments (2021 HB 1015)	198,066			
Interior and exterior signs (2021 HB 1015)	500,000			
Accessibility improvements (2021 SB 2146)	750,000			
Accessibility compliance consultant (2021 HB 1012)	25,000			
Total expenditures and transfers		3,134,343		5,798,200
Ending balance		\$5,724,041		\$3,579,898

¹The analysis reflects the legislative appropriations for the 2021-23 and 2023-25 bienniums and does not include the land owned by the fund.

²Section 15-04-23 provides the Board of University and School Lands is to pay a fee to the board of county commissioners of each county in which the state retains original grant lands. The total fees paid may not exceed 5 percent of the net revenue generated from the original grant lands in that county during the year preceding the payments. The board of county commissioners is to forward a prorated portion of any fees received to the organized townships in which the original grant lands are located. The funds are to be used for the repair, maintenance, and construction of roads and bridges. Any remaining funds are to be used by the county for repair, maintenance, and construction of roads and bridges in unorganized townships in which the original grant lands are located.

³Section 20 of Senate Bill No. 2015 (2019) amended Section 48-10-02 to increase a continuing appropriation to the Capitol Grounds Planning Commission from \$175,000 per biennium to \$250,000 per biennium of income and interest of the Capitol building fund. The amount that may be spent may not exceed 50 percent of the unencumbered balance of the fund on the 1st day of the biennium. Senate Bill No. 2015 (2023) increases the continuing appropriation from \$250,000 to \$750,000.

FUND HISTORY

The Capitol building fund was established at the time of statehood by the Enabling Act of 1889. Section 12 of the Enabling Act provided 32,000 acres to North Dakota upon statehood to be sold and the proceeds used to finance the construction of buildings for legislative, executive, and judicial use. The proceeds from the sale make up the Capitol building fund along with any investment proceeds from that fund.

In 1957 Congress amended Section 12 of the Enabling Act to expand the fund's use for construction, reconstruction, repair, renovation, furnishings, equipment, or other permanent improvements of public buildings at the Capitol.

In Senate Bill No. 388 (1967) the Legislative Assembly created Section 48-10-02 to provide that all money, properties and income from the fund, unless otherwise appropriated, are dedicated and reserved for the exclusive purpose of the construction of an addition to the legislative wing. The Capitol Grounds Planning Commission is to take steps to accumulate and conserve the money and property in the Capitol building fund for this purpose.

In House Bill No. 1117 (1979) the Legislative Assembly amended Section 48-10-02 to provide that the Board of University and School Lands invest and manage the fund on behalf of the Capitol Grounds Planning Commission. The section was further amended to provide a continuing appropriation to the Capitol Grounds Planning Commission from the interest and income from the Capitol building fund not to exceed 50 percent of the unencumbered balance. Expenditures made under the continuing appropriation may be made after consideration of the Capitol grounds master plan for projects or planning but may not exceed \$50,000 per biennium. Expenditures may be made only upon approval by two-thirds of the total membership of the commission. The Legislative Assembly in Senate Bill No. 2090 (2007) increased the continuing appropriation to the Capitol Grounds Planning Commission limit from \$50,000 to \$100,000.

In House Bill No. 1015 (2013) the Legislative Assembly amended Section 48-10-02 to increase the continuing appropriation to the Capitol Grounds Planning Commission from \$100,000 to \$175,000 per biennium beginning with the 2013-15 biennium.

In Senate Bill No. 2015 (2019) the Legislative Assembly amended Section 48-10-02 to increase the continuing appropriation to the Capitol Grounds Planning Commission from \$175,000 to \$250,000 per biennium.

**ANALYSIS OF THE COAL DEVELOPMENT TRUST FUND
FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium ¹		2023-25 Biennium ¹	
Beginning balance		\$124,463		\$448,464
Add estimated revenues				
Investment income ²	\$871,751		\$1,127,250	
School construction loan income ²	773,437		810,000	
Total estimated revenues		1,645,188		1,937,250
Total estimated available		\$1,769,651		\$2,385,714
Less estimated expenditures and transfers				
Investment expense	\$58,281		\$45,090	
Administrative expenses	5,392		6,000	
Transfer to the general fund ²	1,257,514		1,300,000	
Total estimated expenditures and transfers		1,321,187		1,351,090
Estimated ending balance		\$448,464		\$1,034,624

¹The beginning and ending balances do not include the value of permanent assets of the coal development trust fund, which must be maintained pursuant to North Dakota Century Code Section 57-62-02 and Section 21 of Article X of the Constitution of North Dakota. As of September 30, 2022, the total value of permanent fund assets was \$70.85 million, of which \$26.94 million was school construction loans receivable, \$8.80 million was coal impact loans receivable, and \$35.11 million was either cash or short-term investments.

Senate Bill No. 2014 (2017) reduces the allocation of coal severance tax allocations to the coal development trust fund from 30 to 15 percent and provides an allocation of 15 percent to the lignite research fund. The coal severance tax allocations become part of the fund assets which are not reflected in the amounts shown in the table. Senate Bill No. 2272 (2017) amends Section 15.1-36-02 to make available up to \$60 million from the fund for loans of up to \$2 million for unanticipated school construction projects or emergency repairs. House Bill No. 1185 (2023) allows schools with unanticipated construction inflation costs to access loans of up to \$5 million with an interest rate of 1.5 percent.

²Section 57-62-02 and Section 21 of Article X of the Constitution of North Dakota, provide that the income from the coal development trust fund must be used first to replace any uncollectible loans made from the fund and any remaining income must be deposited in the general fund. The amounts shown on this analysis include only the income in excess of any allowance for uncollectible loans made from the fund and do not include any revenues or expenses affecting the permanent fund balance.

FUND HISTORY

The coal development trust fund originated with the passage of House Bill No. 1257 (1979), now codified as various sections of Chapter 57-62. In 1980 the voters of North Dakota approved Constitutional Measure No. 5, Section 21 of Article X of the Constitution of North Dakota, and establishing the coal development trust fund as a constitutional trust fund.

Section 57-62-02 provides 30 percent of the coal severance tax must be deposited in the coal development trust fund. Section 57-62-02 provides the Board of University and School Lands shall administer the fund and use money in the fund for loans to coal-impacted counties, cities, and school districts, and for loans to school districts for school construction. Section 15.1-36-02 limits the outstanding principal balance of school construction loans from the coal development trust fund to \$50 million. Section 57-61-01.5 provides that 70 percent of the money deposited in the coal development trust fund must be transferred to the lignite research fund. Consequently, 30 percent of the coal severance taxes deposited in the fund (9 percent of total coal severance taxes collected) remains in the coal development trust fund to be used for the purposes provided in Section 57-62-02.

In Senate Bill No. 2039 (2015), the Legislative Assembly created a new school construction assistance loan fund and identified the income from the coal development trust fund as income to the new fund. However, the income from the coal development trust fund was not be transferred to the school construction assistance loan fund because Section 57-62-02 and Section 21 of Article X of the Constitution of North Dakota require the income to be transferred to the general fund. The provisions to continue to transfer the income to the general fund were included in Senate Bill Nos. 2101 and 2272 (2017).

ANALYSIS OF THE COMMON SCHOOLS TRUST FUND FOR THE 2021-23 AND 2023-25 BIENNIUMS (REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)

ASSETS, DISTRIBUTIONS, AND INVESTMENT RETURNS FOR THE COMMON SCHOOLS TRUST FUND

The following is a summary of actual and estimated assets, distributions, and investment returns for the common schools trust fund for the 1997-99 through 2023-25 bienniums:

Biennium	Fiscal Year	Beginning Assets (Excluding Land and Mineral Values)	Distributions	Total Average Investment Return (Interest Income and Capital Gains)
1997-99	1998	\$400,689,879	\$23,200,000	13.57%
	1999	\$444,823,559	\$23,200,000	7.50%
1999-2001	2000	\$467,059,293	\$23,775,000	11.05%
	2001	\$521,509,978	\$23,775,000	2.03%
2001-03	2002	\$533,360,593	\$28,896,500	(1.34%)
	2003	\$522,905,814	\$28,896,500	4.57%
2003-05	2004	\$547,047,877	\$30,000,000	12.60%
	2005	\$614,738,548	\$30,000,000	8.58%
2005-07	2006	\$686,273,875	\$31,100,000	7.51%
	2007	\$761,901,287	\$31,100,000	12.82%
2007-09	2008	\$887,092,909	\$33,400,000	(4.22%)
	2009	\$908,928,685	\$33,400,000	(13.75%)
2009-11	2010	\$846,314,086	\$38,589,000	14.48%
	2011	\$1,221,501,801	\$38,589,000	17.99%
2011-13	2012	\$1,622,412,984	\$46,257,000	2.42%
	2013	\$1,917,135,220	\$46,257,000	10.65%
2013-15	2014	\$2,417,363,782	\$65,163,000	13.85%
	2015	\$3,128,315,233	\$65,163,000	.50%
2015-17	2016	\$3,437,988,002	\$103,067,000	(0.63%)
	2017	\$3,512,355,582	\$103,067,000	9.50%
2017-19	2018	\$3,940,114,988	\$144,132,000	6.50%
	2019	\$4,318,989,728	\$144,132,000	3.87%
2019-21 ¹	2020	\$4,651,515,837	\$183,378,000	(1.87%)
	2021	\$4,628,066,674	\$183,378,000	21.67%
2021-23	2022	\$5,736,576,906	\$210,510,000	(4.99%)
	2023	\$5,655,342,224	\$210,510,000	²
2023-25	2024	²	\$249,930,000 ³	²
	2025	²	\$249,930,000 ³	²

¹The Legislative Assembly approved Senate Bill No. 2362 (2019), which changed the method of allocating oil extraction tax revenue related to the state's share of revenue associated with production on tribal lands, increasing the allocation to the common schools trust fund. In addition, Senate Bill No. 2362 provides, if the actual legacy fund earnings transferred to the general fund at the end of the 2019-21 biennium in accordance with Section 26 of Article X of the Constitution of North Dakota exceed the estimate made by the 66th Legislative Assembly by at least \$64,370,000, the State Treasurer must immediately transfer \$64,370,000 from the general fund to the common schools trust fund, for the

biennium beginning July 1, 2019, and ending June 30, 2021. The State Treasurer transferred \$64,370,000 from the general fund to the common schools trust fund at the end of the 2019-21 biennium.

²Section 2 of Article IX of the Constitution of North Dakota was amended in November 2006 through voter approval of Measure No. 1 (House Concurrent Resolution No. 3037 (2005)). The measure changed the way distributions from the common schools trust fund and other permanent educational trust funds are determined. The amendment became effective July 1, 2009, and distributions are no longer based on interest and income earned by the fund. Distributions from the common schools trust fund are now based on a percentage of the 5-year average value of trust assets, excluding the value of lands and minerals. Therefore, the Board of University and School Lands does not project asset values, income, or investment return because it is no longer relevant to the calculation of distribution amounts. **The unaudited fund balance of the common schools trust fund was \$5,822,838,767 as of December 31, 2022.**

³The executive recommendation includes estimated distributions of \$501,832,000 from the common schools trust fund for state school aid. The Department of Trust Lands has indicated distributions from the common schools trust fund during the 2023-25 biennium will total \$499,860,000, or \$249,930,000 per year. The Senate version of Senate Bill No. 2013 (2023) provides \$499,860,000 from the common schools trust fund for state school aid.

MONEY DEPOSITED IN THE COMMON SCHOOLS TRUST FUND

Select Constitutional Provisions

Article IX, Section 1

This section provides the following money must be deposited in a permanent trust fund, known as the common schools trust fund, and used to support the common schools of the state:

- All proceeds relating to public lands granted to the state by the federal government for the support of the common schools.
- All proceeds relating to property acquired by the state through escheat (property reverting to the state in the absence of legal heirs).
- All gifts, donations, and other property acquired by the state for the support of the common schools.
- The proceeds of all bonuses relating to the leasing of coal, gas, oil, or other mineral interests relating to common schools lands.

This section was included in the original Constitution of North Dakota enacted in 1889. In 1982 the section was amended to provide that bonuses relating to the leasing of coal, gas, oil, or other mineral interests relating to common schools lands were to be deposited in the common schools trust fund. Measure No. 1 (2006), approved by voters, removed the reference to bonuses related to leasing and provided that revenues earned by a perpetual trust fund must be deposited in the fund.

Article IX, Section 5

This section provides that in all sales of common schools lands, the state must retain the mineral interests. Leases may be executed for the extraction and sale of the minerals.

This section was included in the original Constitution of North Dakota enacted in 1889. As originally enacted, the section prohibited the sale of common schools lands that were "coal lands" and did not address other minerals. In 1960 the section was amended to its current form which allows the sale of lands containing minerals, but requires that the state retain the mineral interests. Minerals are defined to include oil, gas, coal, cement materials, sodium sulphate, sand and gravel, road material, building stone, chemical substances, metallic ores, uranium ores, and colloidal or other clays.

Article X, Section 24

This section provides that 10 percent of oil extraction tax revenue must be deposited in the common schools trust fund.

This section was enacted in 1994 through voter approval of Measure No. 1 (Senate Concurrent Resolution No. 4011 (1993)). In November 2016 voters approved Senate Concurrent Resolution No. 4003 (2015), which provided for a constitutional amendment to Section 24. The amendment allows the Legislative Assembly to appropriate or transfer the principal balance of the foundation aid stabilization fund in excess of 15 percent of the general fund appropriation for state school aid for the most recently completed biennium for education-related purposes and simplifies other language in the section. However, the amendment does not change deposits to the fund or limit the balance in the common schools trust fund, which has not been changed since enactment.

The Legislative Assembly approved Senate Bill No. 2362 (2019), which changed the method of allocating oil extraction tax revenue related to the state's share of revenue associated with production on tribal lands, increasing the allocation to the foundation aid stabilization fund.

Select North Dakota Century Code Provisions

Sections 47-30.2-44

Section 47-30.2-44 provides that all funds received by the state under the Uniform Unclaimed Property Act must be deposited in the common schools trust fund.

Section 54-27-25

This section, which was enacted by the 1999 Legislative Assembly, creates a tobacco settlement trust fund to be used to deposit tobacco settlement money received by the state. The Legislative Assembly, in Senate Bill No. 2003 (2015), amended Section 54-27-25 related to the tobacco settlement trust fund to provide the principal and interest of the fund may be appropriated to the Attorney General for the enforcement of the Master Settlement Agreement and any disputes with the agreement. Appropriations made to the Attorney General for enforcement of the Master Settlement Agreement reduce the amount available for transfer from the tobacco settlement trust fund to the common schools trust fund.

Until July 1, 2017, 45 percent of the tobacco settlement money received under subsection IX(c)(1) of the Master Settlement Agreement and deposited in the tobacco settlement trust fund was transferred to the common schools trust fund and became a part of the principal of the fund. In House Bill No. 1012 (2017), the Legislative Assembly amended Section 54-27-25 to suspend transfers from the tobacco settlement trust fund to the common schools trust fund during the 2017-19 biennium and increase transfers from the tobacco settlement trust fund to the community health trust fund from 10 to 55 percent of the tobacco settlement revenues deposited in the tobacco settlement trust fund.

In Senate Bill No. 2012 (2019), the Legislative Assembly amended Section 54-27-25 to remove authorization for appropriation to the Attorney General for enforcement of the Master Settlement Agreement and to provide all money in the fund must be transferred within 30 days of receipt to the community health trust fund. As a result, no additional tobacco settlement proceeds will be deposited into the common schools trust fund.

Tobacco settlement money received by the state and transferred to the common schools trust fund totaled \$189,745,840. The following is a summary of actual transfers to the common schools trust fund from the tobacco settlement trust fund, net of funds appropriated from the tobacco settlement trust fund to the Attorney General's office for the enforcement of the Master Settlement Agreement.

Biennium	Total Transfers
1999-2001	\$23,805,353
2001-03	23,998,745
2003-05	20,977,122
2005-07	19,722,653
2007-09	27,672,929
2009-11	18,248,834
2011-13	18,108,052
2013-15	19,003,716
2015-17	18,208,436
Total	\$189,745,840

DISTRIBUTIONS FROM THE COMMON SCHOOLS TRUST FUND Select Constitutional Provisions

Article IX, Section 1

This section provides that revenues earned by the perpetual trust fund must be deposited in the fund, the costs of administering the fund may be paid out of the fund, and the perpetual trust funds must be managed to preserve their purchasing power and to maintain stable distributions to fund beneficiaries.

Article IX, Section 2

This section provides that payments to the common schools of the state include:

- Biennial distributions from each educational trust fund must be 10 percent of the 5-year average value of the trust assets, excluding the value of lands and minerals. This section was amended in November 2006 through voter approval of Measure No. 1 (House Concurrent Resolution No. 3037 (2005)). The measure changed the way distributions from the common schools trust fund and other permanent educational trust funds are determined. Previously, distributions were based on the amount of interest and income earned by each trust during a fiscal year. The amendment became effective July 1, 2009, and distributions from the common schools trust fund for the 2009-11 biennium and all subsequent bienniums are based on the distribution formula.
- All fines for violation of state laws. (This money is not added to the trust fund, but is added to the distributions from the common schools trust fund and distributed to schools.)
- All other amounts provided by law.

This section was included in the original Constitution of North Dakota enacted in 1889. The original law contained the following two provisions that were removed through voter approval of Measure No. 3 in June 1982:

- Payments to the common schools must be distributed in proportion to the number of school-age children in each district.
- Any portion of the interest or income of the common schools trust fund not distributed during a fiscal year must be added to the permanent balance of the trust fund.

Select North Dakota Century Code Provisions

Section 15-01-02

This section provides the Board of University and School Lands has full control of:

- The selection, appraisal, rental, sale, disposal, and management of common schools lands.
- The investment of any funds derived from the sale of common schools lands.
- The proceeds of any other property required by law to be used for the support of the common schools.

Section 47-30.2-46

Section 47-30.2-46 provides a continuing appropriation for the amounts necessary to pay all expense deductions, including the payment of claims, costs related to the sale of abandoned property, and certain administrative costs.

INVESTMENT OF THE COMMON SCHOOLS TRUST FUND

Section 15-03-04 provides the Board of University and School Lands is to apply the prudent investor rule in investing the permanent funds under its control, including the common schools trust fund. The prudent investor rule means that in making investments, the board is to exercise the same judgment and care that an institutional investor of ordinary prudence, discretion, and intelligence exercises in the management of large investments entrusted to it.

**ANALYSIS OF THE COMMUNITY HEALTH TRUST FUND FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$26,666,703		\$26,745,600
Add estimated revenues				
Transfers to date from the tobacco settlement trust fund	\$23,250,900 ¹		\$0	
Projected transfers from the tobacco settlement trust fund	21,000,000 ²		40,000,000 ²	
Transfers from the tobacco prevention and control trust fund (2021 SB 2004)	2,056,437 ²			
Refund of prior biennium expenditures from the fund	93,884			
Total estimated revenues		46,401,221 ²		40,000,000 ²
Total available		\$73,067,924		\$66,745,600
Less estimated expenditures and adjustments				
State Department of Health/Department of Health and Human Services - Public Health (2021 SB 2004; 2023 HB 1004)				
Tobacco prevention and control program grants to local public health units for tobacco prevention and control	\$6,250,000 ³		\$6,250,000 ³	
Tobacco prevention and control, including the Tobacco Quitline, cessation grants, other program grants, and operating expenses	5,043,000 ⁴		5,043,000 ⁴	
Tobacco cessation grants			500,000	
Youth vaping prevention grants			300,000	
Women's Way program	329,500		329,500	
Behavioral Risk Factor State Survey	200,000		200,000	
Dentists' loan repayment program	360,000 ⁵		360,000 ⁵	
Behavioral health loan repayment program	234,500 ⁶		234,500 ⁶	
Cancer programs	580,324 ⁷		580,324 ⁷	
Domestic violence offender treatment	300,000 ⁷		1,000,000 ⁷	
Local public health state aid	525,000 ⁷		3,275,000 ⁷	
Forensic examiner contract	1,000,000 ⁸		1,000,000 ⁸	
One-time funding for a statewide health strategies initiative	0 ⁸		0 ⁸	
One-time local public health pandemic response grants	0 ⁹		0 ⁹	
Domestic violence prevention			1,000,000 ¹⁰	
Department of Health and Human Services (2023 HB 1477) - Grants to rural emergency medical services and rural ambulance service districts			7,000,000	
Department of Human Services/Department of Health and Human Services - Human Services - (2021 HB 1012; 2023 SB 2012)				
Department of Human Services - Medical Services	31,500,000		0	
Department of Health and Human Services - Human Services - Child support system			20,400,000	
Total estimated expenditures and adjustments		46,322,324		47,472,324
Estimated ending balance		<u>\$26,745,600</u>		<u>\$19,273,276</u>

¹Through December 2022 the state has received tobacco settlement payments totaling \$23,250,900 for the 2021-23 biennium, all of which has been transferred from the tobacco settlement trust fund to the community health trust fund. Total transfers of \$150,227,873 have been made from the tobacco settlement trust fund to the community health trust fund.

²Revenues - Interest earned on the community health trust fund is deposited in the general fund. Community health trust fund revenues have been estimated based on actual revenues received through December 2022 and estimated revenues for the remainder of the 2021-23 biennium and for the 2023-25 biennium, based on the December 2022 executive budget revenue forecast. In Senate Bill No. 2004 (2021), the Legislative Assembly repealed the tobacco prevention and control trust fund and required the Office of Management and Budget to transfer any money remaining in the tobacco prevention and control trust fund to the community health trust fund on July 1, 2021.

Initiated Measure No. 3 (2008) resulted in the allocation shown below of the revised estimated collections for tobacco settlement payments through 2025. In House Bill No. 1012 (2017), the Legislative Assembly amended North Dakota Century Code Section 54-27-25 to suspend transfers from the tobacco settlement trust fund to the common schools trust fund during the 2017-19 biennium and increase transfers from the tobacco settlement trust fund to the community health trust fund from 10 to 55 percent of the tobacco settlement revenues deposited in the tobacco settlement trust fund. Transfers from the tobacco settlement trust fund to the water development trust fund remained at 45 percent. In Senate Bill No. 2012 (2019), the Legislative Assembly amended Section 54-27-25 to provide all money in the tobacco settlement trust fund must be transferred within 30 days of receipt to the community health trust fund. In Senate Bill No. 2004 (2021), the Legislative Assembly repealed the tobacco prevention and control trust fund and required the Office of Management and Budget to transfer any money remaining in the tobacco prevention and control trust fund to the community health trust fund on July 1, 2021. Therefore, the following are estimated allocations of tobacco settlement payments through 2025, based on reallocations approved by the 2017, 2019, and 2021 Legislative Assemblies:

	Actual and Estimated Total Tobacco Settlement Proceeds, Including Attorney General Costs	Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(2) Deposited in the Tobacco Prevention and Control Trust Fund	Allocation of Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(1)		
			Common Schools Trust Fund	Water Development Trust Fund	Community Health Trust Fund
Actual payment April 2008	\$36.4 million	N/A	\$16.4 million	\$16.4 million	\$3.6 million
Actual payment April 2009	39.2 million	\$14.1 million	11.3 million	11.3 million	2.5 million
Actual payments 2009-11 biennium	64.0 million	23.5 million	18.2 million	18.2 million	4.1 million
Actual payments 2011-13 biennium	63.0 million	22.8 million	18.1 million	18.1 million	4.0 million
Actual payments 2013-15 biennium	64.6 million	22.4 million	19.0 million	19.0 million	4.2 million
Actual payments 2015-17 biennium	63.5 million ¹	22.9 million	18.2 million	18.2 million	4.0 million
Actual payments 2017-19 biennium	74.1 million ¹	N/A	0	33.3 million	40.7 million
Actual payments 2019-21 biennium	43.9 million ²	N/A	0	0	44.1 million
Estimated 2021-23 biennium	44.3 million	N/A	0	0	44.3 million
Estimated 2023-25 biennium	40.0 million	N/A	0	0	40.0 million
Total	\$533.0 million	\$105.7 million	\$101.2 million	\$134.5 million	\$191.5 million

¹This amount includes funding made available from the tobacco settlement trust fund to the Attorney General for enforcement of the Master Settlement Agreement and any disputes with the agreement, net of unspent funds returned by the Attorney General.

²This amount is net of unspent funds returned to the tobacco settlement trust fund by the Attorney General.

³In 2021 the Legislative Assembly provided \$6.25 million from the community health trust fund for grants to local public health units for tobacco prevention and control programs during the 2021-23 biennium. House Bill No. 1004 (2023) provides a total of \$6.25 million from the community health trust fund for grants to local public health units for tobacco prevention and control programs.

⁴Section 54-27-25 provides money in the community health trust fund may be appropriated for community-based public health programs and other public health programs, including programs with an emphasis on preventing or reducing tobacco usage. The 2003 Legislative Assembly authorized the establishment of a telephone "Tobacco Quitline." The 2007 Legislative Assembly increased the funding for the Tobacco Quitline to provide nicotine replacement therapy and cessation counseling. In 2021 the Legislative Assembly appropriated \$5,043,000 from the community health trust fund for tobacco prevention and control programs including \$2,833,504 for operating expenses and \$2,209,496 for other grants, including cessation. House Bill No. 1004 (2023) provides a total of \$5,043,000 for tobacco prevention and control programs.

⁵In 2021 the Legislative Assembly provided a total of \$540,000 for the dental loan repayment program, of which \$360,000 is from the community health trust fund and \$180,000 is from the general fund. House Bill No. 1004 (2023) provides a total of \$585,200 for the dental loan repayment program, of which \$360,000 is from the community health trust fund and \$225,200 is from the general fund.

⁶In 2021 the Legislative Assembly provided a total of \$392,125 for the behavioral health loan repayment program, of which \$234,500 is from the community health trust fund and \$157,625 is from the general fund. House Bill No. 1004 (2023) provides a total of \$528,480 for the behavioral health loan repayment program, of which \$234,500 is from the community health trust fund and \$293,980 is from the general fund.

⁷In 2021 the Legislative Assembly changed the funding source for cancer programs (\$580,324) and domestic violence offender treatment grants (\$300,000) from the tobacco prevention and control trust fund to the community health trust fund and provided \$5,250,000 for local public health unit state aid grants, of which \$4,725,000 is from the general fund and \$525,000 is from the community health trust fund. House Bill No. 1004 (2023) provides a total of \$580,324 for cancer programs and increases funding for domestic violence offender treatment to provide \$1,000,000 from the community health trust fund. In addition, House Bill No. 1004 (2023) increases funding from the community health trust fund by \$2,750,000 to provide a total of \$8,000,000 for local public health unit state aid grants, of which \$4,725,000 is from the general fund and \$3,275,000 is from the community health trust fund.

⁸In 2021 the Legislative Assembly added funding from the community health trust fund to increase the State Department of Health's forensic examiner contract with the University of North Dakota School of Medicine and Health Sciences (\$1 million) and to provide one-time funding (\$1.5 million) for a statewide health strategies initiative totaling \$3 million. The Legislative Assembly also provided the one-time funding from the community health trust fund for the statewide health strategies initiative is contingent on the State Department of Health securing \$1.5 million in dollar-for-dollar matching funds. House Bill No. 1004 (2023) continues to provide \$1 million from the community health trust fund for Public Health's forensic examiner contract with the University of North Dakota School of Medicine and Health Sciences and increased funding for the contract from the general fund to \$755,292, \$130,022 more than the 2021-23 biennium. House Bill No. 1004 (2023) also allows Public Health to continue the \$3 million of one-time funding, appropriated during the 2021-23 biennium for a statewide health strategies initiative, to the 2023-25 biennium and provides the \$1.5 million continued from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds.

⁹In Senate Bill No. 2004 (2021), the Legislative Assembly included one-time funding for local public health pandemic response grants totaling \$10,000,000, of which \$5,484,704 is from federal funds and \$4,515,296 is from the community health trust fund. The Legislative Assembly also provided legislative intent that the State Department of Health use federal Coronavirus (COVID-19) funds or other available funds for defraying expenses related to local public health pandemic response grants before accessing the funding appropriated from the community health trust fund.

¹⁰In House Bill No. 1004 (2023), the House increased funding for domestic violence prevention to provide a total of \$5,936,285, of which \$4,596,285 is from the general fund, \$1,000,000 is from the community health trust fund, and \$340,000 is from the domestic violence and sexual assault prevention fund which receives revenue from marriage license fees.

FUND HISTORY

Section 54-27-25, created by House Bill No. 1475 (1999), established the community health trust fund. This section created a tobacco settlement trust fund for the deposit of all tobacco settlement money obtained by the state. Money in the fund must be transferred within 30 days of its deposit in the fund as follows:

- 10 percent to the community health trust fund. In House Bill No. 1012 (2017), the Legislative Assembly suspended transfers from the tobacco settlement trust fund to the common schools trust fund during the 2017-19 biennium and increased transfers from the tobacco settlement trust fund to the community health trust fund from 10 to 55 percent of the tobacco settlement revenues deposited in the tobacco settlement trust fund.
- 45 percent to the common schools trust fund. In House Bill No. 1012 (2017), the Legislative Assembly suspended transfers from the tobacco settlement trust fund to the common schools trust fund during the 2017-19 biennium and increased transfers from the tobacco settlement trust fund to the community health trust fund from 10 to 55 percent of the tobacco settlement revenues deposited in the tobacco settlement trust fund.
- 45 percent to the water development trust fund.

Section 54-27-25, as amended in Senate Bill No. 2012 (2019), provides all money in the fund must be transferred within 30 days of receipt to the community health trust fund.

In the November 2008 general election, voters approved Initiated Measure No. 3 that amended Section 54-27-25 to establish a tobacco prevention and control trust fund. The measure provides for a portion of tobacco settlement funds received by the state to be deposited in this new fund rather than the entire amount in the tobacco settlement trust fund. Tobacco settlement money received under subsection IX(c)(1) of the Master Settlement Agreement, which continues in perpetuity, will continue to be deposited into the tobacco settlement trust fund and allocated pursuant to Section 54-27-25. In 2009, tobacco settlement money received under subsection IX(c)(2) of the Master Settlement Agreement, relating to strategic contribution payments, which began in 2008 and continued through 2017, was deposited into the tobacco prevention and control trust fund. The measure also provided 80 percent of the funds allocated to the community health trust fund from the tobacco settlement trust fund be used for tobacco prevention and control. However, in Senate Bill No. 2004 (2017), the Legislative Assembly amended Section 54-27-25 to remove the 80 percent restriction on transfers to the community health trust fund.

The Legislative Assembly, in Senate Bill No. 2003 (2015), amended Section 54-27-25 related to the tobacco settlement trust fund to provide the principal and interest of the fund may be appropriated to the Attorney General for the enforcement of the Master Settlement Agreement and any disputes with the agreement. Appropriations made to the Attorney General for enforcement of the Master Settlement Agreement reduce the amount available for transfer from the tobacco settlement trust fund to the community health trust fund. The Legislative Assembly, in Senate Bill No. 2012 (2019), removed this authorization. In Senate Bill No. 2004 (2021), the Legislative Assembly repealed the tobacco prevention and control trust fund and required the Office of Management and Budget to transfer any money remaining in the tobacco prevention and control trust fund to the community health trust fund on July 1, 2021.

**ANALYSIS OF THE STATE DISASTER RELIEF FUND
FOR THE 2017-19, 2019-21, 2021-23, AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2017-19 Biennium Actual		2019-21 Biennium Actual		2021-23 Biennium Estimated		2023-25 Biennium Estimated	
Beginning balance		\$36,687,549		\$21,987,295		\$15,396,161		\$23,060,431
Add revenues								
Interest income	\$73,130		\$66,353		\$65,000		\$60,000	
Miscellaneous reimbursements	698,534		24,577		75,000		70,000	
Oil and gas tax collections	0 ¹		0 ⁵		15,511,903 ⁹		10,252,814 ¹²	
Total revenues		771,664		90,930		15,651,903		10,382,814
Total available		\$37,459,213		\$22,078,225		\$31,048,064		\$33,443,245
Less estimated expenditures								
STORM Act Funding							\$1,000,000 ¹³	
2009 flooding	\$57,462 ²							
2010 flooding	1,199,702 ²							
2011 flooding	2,923,747 ²		\$2,367,837 ⁶					
State disasters and flood mitigation efforts (road grade raising projects)	18,620 ²							
2013 Red River Valley flood	912,450 ²		210 ⁶					
2013 winter storm	628,258 ²		2,320 ⁶					
2014 rain storms	72,201 ²		100,182 ⁶					
2017 flooding			217,970 ⁶		\$104,377 ¹⁰			
Federal Emergency Management Agency (FEMA) mitigation programs			93,046 ⁶				100,000 ¹³	
Double Ditch Historic Site repairs	1,694,478 ³							
Dickey County FEMA repayment			200,000 ⁶					
Non-oil-producing township road maintenance and improvement	7,965,000 ⁴				7,450,000 ⁴		750,000 ⁴	
Emergency township road repairs			750,000 ⁷					
Dakota Access Pipeline law enforcement			703,432 ⁸					
2019 flooding			1,352,454 ⁸		638,813 ¹⁰		450,461 ¹³	
2020 COVID-19					2,584 ¹⁰		500,000 ¹³	
2020 flooding			894,613 ⁸		(464,139) ¹⁰		369,752 ¹³	
June severe storms 2021							110,002 ¹³	
Spring storm 2022							9,350,000 ¹³	
Winter storm 2022							355,000 ¹³	

Predisaster mitigation			255,998 ¹⁰		458,030 ¹³	
Total estimated expenditures and transfers	15,471,918	6,682,064		7,987,633 ¹¹		13,443,245
Estimated ending balance	<u>\$21,987,295</u>	<u>\$15,396,161</u>		<u>\$23,060,431</u>		<u>\$20,000,000</u>

¹This amount reflects actual oil tax revenue allocations for the 2017-19 biennium. House Bill No. 1152 (2017) amended North Dakota Century Code Section 57-51.1-07.5 to provide for the allocation of the state's share of oil and gas tax revenues designated for deposit in the general fund under Chapters 57-51 and 57-51.1 as follows:

- The first \$775 million is deposited in the general fund, tax relief fund, budget stabilization fund, strategic investment and improvements fund, and lignite research fund;
- The next \$20 million is deposited in the state disaster relief fund, but not in an amount that would bring the unobligated balance in the fund to more than \$20 million; and
- Any additional revenues are deposited in the strategic investment and improvements fund.

²Section 1 of House Bill No. 1016 (2017) includes spending authority of \$8.5 million from the state disaster relief fund for expenses related to unclosed state disasters in the 2017-19 biennium. Section 13 of House Bill No. 1016 (2017) includes carryover authority for amounts related to disaster costs for road grade raising projects.

³Section 5 of Senate Bill No. 2018 (2015) appropriates \$2 million from the state disaster relief fund for Double Ditch Historic Site repairs. Section 6 of House Bill No. 1018 (2017) appropriates \$500,000 from the state disaster relief fund for Double Ditch Historic Site repairs.

⁴Section 4 of Senate Bill No. 2016 (2019) provided a 2017-19 biennium appropriation of \$8.1 million from the state disaster relief fund to the State Treasurer for the purpose of providing distributions to townships in non-oil-producing counties for maintenance and improvement of township roads and bridges. Section 4 of House Bill No. 1015 (2021) provides a 2021-23 biennium appropriation of \$8.2 million from the state disaster relief fund to the State Treasurer for the purpose of providing distributions to townships in non-oil-producing counties for maintenance and improvement of township roads and bridges. Section 12 of House Bill No. 1012 (2023) provides an exemption allowing \$750,000 of the \$8.2 million appropriation to continue into the 2023-25 biennium.

⁵This amount reflects estimated oil tax revenue allocations for the 2019-21 biennium based on the 2021 legislative revenue forecast. House Bill No. 1066 (2019) and Senate Bill No. 2016 (2019) amend Section 57-51.1-07.5 to provide for the allocation of the state's share of oil and gas tax revenues under Chapters 57-51 and 57-51.1. As amended, the allocation provides that after \$685 million is deposited in the general fund, tax relief fund, budget stabilization fund, and lignite research fund, then the next \$15 million is deposited in the state disaster relief fund, but not in an amount that would bring the unobligated balance in the fund to more than \$15 million.

⁶Section 1 of Senate Bill No. 2016 (2019) includes spending authority of \$7.1 million from the state disaster relief fund for expenses related to unclosed state disasters in the 2019-21 biennium.

⁷Section 4 of Senate Bill No. 2012 (2021) provides a 2021-23 biennium appropriation of \$750,000 from the state disaster relief fund to the Department of Transportation to provide grants to townships for emergency township road repairs.

⁸Section 1 of House Bill No. 1025 (2021) includes a deficiency appropriation of \$3,880,540 from the state disaster relief fund, including \$3,130,540 for expenses related to flooding in the spring of 2019, fall of 2019, and spring of 2020, and \$750,000 to repay loan interest relating to Dakota Access Pipeline law enforcement response costs.

⁹This amount reflects actual oil tax revenue allocations for the 2021-23 biennium. House Bill No. 1015 (2021) and Senate Bill No. 2249 (2021) amend Section 57-51.1-07.5 to provide for the allocation of the state's share of oil and gas tax revenues under Chapters 57-51 and 57-51.1. As amended, the allocation provides that after \$685 million is deposited in the general fund, tax relief fund, budget stabilization fund, and lignite research fund, then the next \$20 million is deposited in the state disaster relief fund, but not in an amount that would bring the unobligated balance in the fund to more than \$20 million.

¹⁰Section 1 of House Bill No. 1016 (2021) includes spending authority of \$6 million from the state disaster relief fund for expenses related to unclosed state disasters in the 2021-23 biennium.

¹¹This amount is an estimated based on actual expenditures through January 31, 2023, and agency estimated expenditures through June 30, 2023.

¹²This amount reflects estimated oil tax revenue allocations for the 2023-25 biennium based on the 2023 legislative revenue forecast. Senate Bill No. 2367 (2023) amends Section 57-51.1-07.5 to provide for the allocation of the state's share of oil and gas tax revenues under Chapters 57-51 and 57-51.1. As amended, the allocation provides that after \$795 million is deposited in the general fund, tax relief fund, budget stabilization fund, and lignite research fund, then the next \$20 million is deposited in the state disaster relief fund, but not in an amount that would bring the unobligated balance in the fund to more than \$20 million.

¹³Section 1 of Senate Bill No. 2016 (2023) includes spending authority of \$12.7 million from the state disaster relief fund for expenses related to unclosed state disasters in the 2023-25 biennium.

FUND HISTORY

Section 37-17.1-27 (Section 4 of Senate Bill No. 2012 (2009)) establishes a state disaster relief fund. Any interest or other fund earnings must be deposited in the fund. In Senate Bill No. 2369 (2011), the Legislative Assembly amended Section 37-17.1-27 to limit use of money in the fund for only the required state share of funding for expenses associated with presidentially declared disasters in the state and to require Emergency Commission and Budget Section approval of the use of money in the fund. In Senate Bill No. 2292 (2013), the Legislative Assembly further amended the section to allow money in the fund to be used for wide area search and rescue activities. Section 6 of Senate Bill No. 2055 (2019) further amends Section 37-17.1-27 to allow the fund to be used for the state share of FEMA disaster response, recovery, and mitigation grants, to remove the requirement for Emergency Commission and Budget Section approval of the use of money that has been appropriated by the Legislative Assembly, and to provide for the Adjutant General to report to the Budget Section on fund expenditures.

**ANALYSIS OF THE ELECTRONIC HEALTH INFORMATION EXCHANGE FUND
FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
Beginning balance ¹		\$2,355,002		\$2,084,318
Add estimated revenues				
Funds from health information network participants	\$1,341,918		\$1,470,218	
Funds from the Department of Health and Human Services (DHHS) ²	1,113,269		1,308,880	
Federal funding from the Centers for Medicare and Medicaid Services (CMS) ³	0		0	
Transfer - Health information technology planning loan fund (2021 SB 2021; 2023 HB 1021) ^{4,5}	6,000,000		3,000,000	
Total estimated revenues		8,455,187		5,779,098
Total available		\$10,810,189		\$7,863,416
Less estimated expenditures and transfers				
Health information technology and exchange network ^{2,3,4,5}	\$8,725,871		\$5,725,871	
Total estimated expenditures and transfers		8,725,871		5,725,871
Estimated ending balance		\$2,084,318		\$2,137,545

¹Section 8 of Senate Bill No. 2332 (2009) provided the Industrial Commission transfer, during the 2009-11 biennium, as requested by the Director of the Health Information Technology Office, up to \$8 million from the Bank of North Dakota's profits to the health information technology loan fund to meet any required match for federal funds or to the electronic health information exchange fund to meet any required match for federal funds.

Section 6 of House Bill No. 1021 (2011) amended Section 8 of Senate Bill No. 2332 (2009) to provide the Industrial Commission transfer, during the 2009-11 or 2011-13 biennium, up to \$8 million from the Bank of North Dakota's profits to the information technology loan fund or to the electronic health information exchange fund to meet any required match for federal funds or for ongoing operating expenditures of the health information exchange. During the 2009-11 biennium, \$500,000 was transferred to the electronic health information exchange fund, and during the 2011-13 biennium, \$7.5 million was transferred to the electronic health information exchange fund.

²Section 2 of Senate Bill No. 2021 (2017) provided a special funds appropriation of \$43,555,133 to the Information Technology Department (ITD) for a project to expand the North Dakota health information network (NDHIN). The purpose of the funding was to enhance the overall functionality of NDHIN by providing comprehensive interoperability between all Medicaid providers throughout the state. The project was intended to allow for statewide repositories for analytics, care coordination, credentialing, and advanced directives.

The Department of Health and Human Services anticipated receiving federal Health Information Technology for Economic and Clinical Health (HITECH) Act Medicaid funding of \$40.8 million for the project, which was included in House Bill No. 1012 (2017) and was to be provided to payers, providers, and existing state health information networks. Funds were expected to be used through the 2021-23 biennium; however, due to funding changes made by the federal government, DHHS and ITD do not anticipate receiving the entire amount for the project.

The Information Technology Department received \$125,100 during the 2015-17 biennium from DHHS for advanced planning documents, a state Medicaid plan, and to conduct a care coordination study of NDHIN. The Information Technology Department received \$6,333,134 in the 2017-19 biennium and \$14,584,718 in the 2019-21 biennium from DHHS for the network. The Information Technology Department anticipates \$1,113,269 will be available during the 2021-23 biennium, resulting in an estimated total of \$22,156,221 of federal HITECH funds received for the network. No additional federal HITECH funds are expected to be available after the 2021-23 biennium. Estimated federal funding for the 2023-25 biennium is from funding received by DHHS from CMS.

³The Centers for Medicare and Medicaid Services certified NDHIN as a Medicaid management information system in February 2022, which may allow ITD to request up to 75 percent federal reimbursement for eligible network expenditures; however, ITD continues to work with CMS regarding which network costs are considered eligible for reimbursement and the appropriate cost allocation formula for expenditure reimbursements. When a cost allocation formula is approved by CMS, ITD will be able to submit expenditure reimbursement requests for costs incurred since October 2021 which were not reimbursable with HITECH funding. It is unknown how much federal funding will be available for reimbursement of 2021-23 and 2023-25 biennium expenditures of the NDHIN project.

⁴Senate Bill No. 2021 (2021) provided for a transfer of \$6 million, as requested by the Chief Information Officer, from the health information technology planning loan fund to the electronic health information exchange fund for the purpose of defraying the expenses of the Health Information Technology Office and the health information network during the 2021-23 biennium. Section 3 of the bill provides legislative intent that the funding be transferred only to the extent federal funding is not available to defray the expenses of the Health Information Technology Office and the health information network during the 2021-23 biennium.

Through January 31, 2023, the Chief Information Officer has requested the Bank transfer \$6 million of funding from the health information technology planning loan fund to the electronic health information exchange fund.

⁵House Bill No. 1021 (2023), as approved by the House, provides for a transfer of \$3 million, as requested by the Chief Information Officer, from the health information technology planning loan fund to the electronic health information exchange fund for the purpose of defraying the expenses of the Health Information Technology Office and the health information network during the 2023-25 biennium. The bill also includes a \$3 million ongoing appropriation from the general fund for the Health Information Technology Office and health information network.

FUND HISTORY

North Dakota Century Code Section 54-59-27 (Senate Bill No. 2332 (2009)) establishes the electronic health information exchange fund. The fund consists of the money deposited in the fund from federal or other sources or money transferred into the fund as directed by the Legislative Assembly. The Health Information Technology Office is to administer the fund. The money in the fund is to be used to facilitate and expand the electronic health information exchange. Money in the fund may be used, subject to legislative appropriations, to provide services directly for grants and for costs of administration of the fund.

An application for a grant must be made to the Health Information Technology Office. The Health Information Technology Office is to determine the applicant's eligibility based upon criteria established by the director of the Health Information Technology Office, in collaboration with the Health Information Technology Advisory Committee.

**ANALYSIS OF THE ENVIRONMENT AND RANGELAND PROTECTION FUND
FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$5,291,507		\$5,419,612
Add estimated revenues				
Pesticide registration fees (North Dakota Century Code Section 4.1-34-03) ¹	\$5,400,000		\$5,495,000	
Weed seed-free forage (Section 4.1-14-04) ²	30,000		30,000	
Fertilizer registration, inspection, and tonnage fees (Sections 4.1-40-02, 4.1-40-03, and 4.1-40-07) ^{3,4}	1,445,000		1,445,000	
Commercial feed registration, inspection, and tonnage fees (Section 4.1-41-19) ⁵	727,500		727,500	
Total estimated revenues		7,602,500		7,697,500
Total available		\$12,894,007		\$13,117,112
Less estimated expenditures and transfers				
Agriculture Commissioner (2021 HB 1009; 2023 SB 2009)				
Administrative Services Division	\$351,086		\$363,550	
Marketing and Information Division	269,026		257,291	
Wildlife Services program	433,800		433,800	
Animal Health Division (State Veterinarian)	117,637		123,306	
Plant Industries Division	1,782,396		1,913,877	
Pesticide and Fertilizer Division	3,441,836		3,735,092	
Grain Inspection and Feed Division	428,614		442,113	
Transfer to environmental impact mitigation fund (2023 SB 2009)			250,000	
Crop Protection Product Harmonization and Registration Board (2021 HB 1009; 2023 SB 2009)				
Crop protection product registration, labeling, and grants ⁶	75,000		75,000	
Minor use pesticide registration	325,000		325,000	
Department of Environmental Quality (2021 SB 2024; 2023 HB 1024)				
Ground water testing, including a \$50,000 grant for the North Dakota Stockmen's Association environmental services program	250,000		250,000	
Total estimated expenditures and transfers		7,474,395		8,169,029
Estimated ending balance		\$5,419,612		\$4,948,083

¹The Legislative Assembly approved Senate Bill No. 2009 (1999), which amended Section 19-18-04, increased the biennial pesticide registration fee by \$50, from \$300 to \$350. House Bill No. 1009 (2009) further amended Section 19-18-04 to deposit all pesticide registration fees in the environment and rangeland protection fund rather than a portion in the general fund. In Senate Bill No. 2027 (2017), Section 19-18-04 was repealed and rewritten as Section 4.1-34-03 as part of the rewrite of agriculture statutes.

²Chapter 4.1-14 allows the Agriculture Commissioner to certify forage acreage as being free of certain weeds and weed seed. Section 4.1-14-04 provides the Agriculture Commissioner a continuing appropriation to certify forage acreage using fees charged for certifications. The Agriculture Commissioner may set and charge the fees. All weed seed-free forage fee revenue must be deposited in the environment and rangeland protection fund.

³House Bill No. 1321 (2011) repealed Section 19-20.2-08.1 that provided for the deposit of certain inspection fees in the anhydrous ammonia storage facility inspection fund. The bill provided that the fee collections are to be deposited in the environment and rangeland protection fund, and anhydrous ammonia inspection storage facility inspection duties are to be transferred from the Insurance Commissioner to the Agriculture Commissioner.

⁴Senate Bill No. 2009 (2011) amended Sections 19-20.1-03, 19-20.1-03.1, and 19-20.1-06 to deposit fertilizer distribution registration, licensing, and inspection fees in the environment and rangeland protection fund rather than the general fund. House Bill No. 1321 (2011) also amended Section 19-20.1-06 to deposit a portion of fertilizer distribution inspection fees in the environment and rangeland protection fund rather than the general fund. In Senate Bill No. 2027 (2017), Sections 19-20.1-03, 19-20.1-03.1, and 19-20.1-06 were rewritten as Sections 4.1-40-02, 4.1-40-03, and 4.1-40-07, respectively.

⁵Section 4.1-41-19 provides for the deposit of the first \$727,500 of commercial feed inspection, licensing, and registration fees in the environment and rangeland protection fund rather than the general fund.

⁶Section 4-35-30, as created by the Legislative Assembly in House Bill Nos. 1009 (2001) and 1328 (2001), created the Crop Protection Product Harmonization and Registration Board. In Senate Bill No. 2027 (2017), Section 4-35-30 was rewritten as Section 4.1-39-02. The duties of the board relate to crop protection product labeling and registration. In House Bill No. 1009 (2021), the Legislative Assembly appropriated \$75,000 from the fund for the board for the 2021-23 biennium. Senate Bill No. 2009 (2023), as approved by the Senate, appropriates \$75,000 from the fund for the board for the 2023-25 biennium.

FUND HISTORY

Section 19-18-02.1, created by Senate Bill No. 2451 (1991), established the environment and rangeland protection fund. The fund contains collections from pesticide registration fees. During the 2007-09 biennium, the biennial fee was \$350 per pesticide product registered in the state. Of this amount, \$300 was deposited in the environment and rangeland protection fund and \$50 in the general fund. Pursuant to Section 19-18-04, as amended by House Bill No. 1009 (2009), beginning with the 2009-11 biennium, the entire pesticide registration fee is deposited in the environment and rangeland protection fund rather than a portion in the general fund.

In Senate Bill No. 2027 (2017), Sections 19-18-02.1 and 19-18-04 were repealed and rewritten as Sections 4.1-39-07 and 4.1-34-03, respectively, as part of the rewrite of agriculture statutes.

ANALYSIS OF THE FOUNDATION AID STABILIZATION FUND FOR THE 2021-23 AND 2023-25 BIENNIUMS (REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$381,570,138		\$492,466,278
Add estimated revenues				
Oil extraction tax allocations	\$254,670,000 ¹		\$224,430,000 ¹	
Total estimated revenues		254,670,000 ²		224,430,000 ²
Total available		\$636,240,138		\$716,896,278
Less estimated expenditures and transfers				
Department of Public Instruction (DPI) (2021 HB 1013; 2023 SB 2013)				
State school aid	\$143,454,500 ³		\$143,454,500 ³	
One-time funding to rewrite the state automated reporting system (STARS) application (2019 SB 2013)	319,360 ³			
Transfer to the school construction assistance revolving loan fund (2023 SB 2284)			75,000,000	
Total estimated expenditures and transfers		143,773,860 ⁴		218,454,500 ⁴
Estimated ending balance		\$492,466,278		\$498,441,778
Less required reserve of 15 percent of the general fund appropriation for state school aid and career and technical education grants to school districts and area centers during the prior biennium		257,328,931 ⁵		250,093,242 ⁶
Estimated ending balance available		<u>\$235,137,347</u>		<u>\$248,348,536</u>

¹Estimated revenues - Based on actual oil extraction tax collections deposited in the fund through December 2022. The estimated allocations for the remainder of the 2021-23 biennium and the estimated allocations for the 2023-25 biennium are based on the January 2023 legislative revenue forecast.

²Section 24 of Article X of the Constitution of North Dakota provides the interest income of the foundation aid stabilization fund must be transferred to the general fund on July 1 of each year. However, the State Treasurer allocates the interest income to the general fund on a monthly basis. For the period July 1, 2021, through January 31, 2023, \$649,276 of interest has been allocated to the general fund.

³The Legislative Assembly, in House Bill No. 1013 (2021), appropriated \$143,454,500 from the foundation aid stabilization fund to DPI to provide ongoing funding for state school aid. In addition, Section 16 of House Bill No. 1013 provides an exemption to allow DPI to continue up to \$600,000 of the unexpended amount remaining from a 2019-21 biennium one-time appropriation from the foundation aid stabilization fund for the STARS rewrite, for the purpose of continuing the STARS rewrite during the 2021-23 biennium. The department continued \$319,360 for the STARS rewrite during the 2021-23 biennium. Senate Bill No. 2013 (2023) provides \$143,454,500 from the foundation aid stabilization fund to DPI to provide ongoing funding for state school aid for the 2023-25 biennium.

⁴Expenditures - Prior to December 8, 2016, Section 24 of Article X of the Constitution of North Dakota provided the principal of the foundation aid stabilization fund could only be used to offset foundation aid reductions made by executive action due to a revenue shortfall. Senate Concurrent Resolution No. 4003 (2015), approved by voters in November 2016, amended Section 24 of Article X of the Constitution of North Dakota to allow the Legislative Assembly to appropriate or transfer the principal balance of the foundation aid stabilization fund in excess of 15 percent of the general fund appropriation for state school aid for the most recently completed biennium for education-related purposes.

⁵Amendments to the constitution approved by the voters, as provided in Senate Concurrent Resolution No. 4003 (2015), require the balance in the foundation aid stabilization fund be at least 15 percent of the general fund appropriation for state aid to school districts for the most recently completed biennium as determined by the Office of Management and Budget. Any excess balance in the fund is available for education-related purposes. The Legislative Assembly, in Senate Bill No. 2272 (2017) and House Bill No. 1155 (2017), amended North Dakota Century Code Section 54-44.1-12 to provide any reductions to the general fund

appropriation to the Department of Career and Technical Education for grants to school districts due to allotment are also to be offset by funding from the foundation aid stabilization fund. Senate Bill No. 2272 also created a new section to Chapter 54-27 indicating that state school aid includes general fund appropriations for state school aid, transportation aid, and special education aid in DPI as well as general fund appropriations for career and technical education grants to school districts and area centers in the Department of Career and Technical Education. In 2019, the Legislative Assembly provided \$2,178,702,429 for integrated formula payments, transportation aid, and special education grants during the 2019-21 biennium, of which \$377,764,000 is provided from the state tuition fund, \$110,000,000 is from the foundation aid stabilization fund, and \$1,690,938,429 is provided from the general fund. In addition, general fund appropriations for career and technical education grants to school districts and area centers in the Department of Career and Technical Education, totaled \$24,587,780 during the 2019-21 biennium. Based on this level of funding from the general fund during the 2019-21 biennium, the required reserve balance for the 2021-23 biennium is \$257,328,931, \$42,497,227 more than the reserve required for the 2019-21 biennium.

⁶In 2021, the Legislative Assembly provided \$2,216,925,000 for integrated formula payments, transportation aid, and special education grants for the 2021-23 biennium, of which \$433,020,000 is from the state tuition fund, \$143,454,500 is from the foundation aid stabilization fund, and \$1,640,450,500 is from the general fund. In addition, general fund appropriations for career and technical education grants to school districts and area centers in the Department of Career and Technical Education total \$26,837,780 for the 2021-23 biennium. Based on this level of funding from the general fund during the 2021-23 biennium, the required reserve balance for the 2023-25 biennium is \$250,093,242, \$7,235,689 less than the reserve required for the 2021-23 biennium.

FUND HISTORY

The foundation aid stabilization fund was created in 1994 when the voters of North Dakota approved a constitutional amendment--now Section 24 of Article X of the Constitution of North Dakota--to provide that 20 percent of oil extraction tax revenue be allocated as follows:

- 50 percent (of the 20 percent) to the common schools trust fund; and
- 50 percent (of the 20 percent) to the foundation aid stabilization fund.

In November 2016 voters approved Senate Concurrent Resolution No. 4003 (2015), which amended the Constitution of North Dakota to allow the Legislative Assembly to appropriate or transfer the principal balance of the foundation aid stabilization fund in excess of 15 percent of the general fund appropriation for state school aid for education-related purposes. In addition, the Legislative Assembly approved Senate Bill No. 2039 (2015), which included certain provisions effective December 1, 2016, based on the approval of Senate Concurrent Resolution No. 4003 by voters. Those provisions of Senate Bill No. 2039 established a scholarship endowment fund and a school construction assistance loan fund and provided for transfers from the foundation aid stabilization fund to the school construction assistance loan fund (the lesser of \$200 million or 50 percent of the balance of the fund on December 1, 2016), and to the scholarship endowment fund (the lesser of \$200 million or 50 percent of the balance of the fund on December 1, 2016). Other provisions of Senate Bill No. 2039 provided any accessible funds that remain in the foundation aid stabilization fund, after completion of the required transfers to other funds, must be used for education-related purposes, including state aid to school districts and education-related property tax relief to school district patrons. The Legislative Assembly approved Senate Bill No. 2272 (2017), which provided for uses of the foundation aid stabilization fund and repealed Sections 9 and 10 of Chapter 153 of the 2015 Session Laws related to the transfers to the scholarship endowment fund and the school construction assistance loan fund.

Prior to December 8, 2016, the principal of the foundation aid stabilization fund was only available upon order of the Governor to offset foundation aid reductions made by executive action due to a revenue shortfall. Section 54-44.1-12 provides the Director of the Budget may order an allotment to control the rate of expenditures of state agencies. This section provided that an allotment must be made by a specific fund and all departments and agencies that receive money from a fund must be allotted on a uniform percentage basis, except that appropriations for foundation aid, transportation aid, and special education aid may only be allotted to the extent the allotment can be offset by transfers from the foundation aid stabilization fund. The Legislative Assembly approved Senate Bill No. 2272 (2017) and House Bill No. 1155 (2017), which amended Section 54-44.1-12 to provide any reductions to the general fund appropriation to the Department of Career and Technical Education for grants to school districts due to allotment are offset by funding from the foundation aid stabilization fund. Senate Bill No. 2272 also created a new section to Chapter 54-27 indicating that state school aid includes general fund appropriations for state school aid, transportation aid, and special education aid in DPI, as well as general fund appropriations for career and technical education grants to school districts and area centers in the Department of Career and Technical Education.

The Legislative Assembly approved Senate Bill No. 2362 (2019), which changed the method of allocating oil extraction tax revenue related to the state's share of revenue associated with production on tribal lands, increasing the allocation to the foundation aid stabilization fund.

Section 24 of Article X of the Constitution of North Dakota provides the interest income of the foundation aid stabilization fund must be transferred to the general fund on July 1 of each year. However, the State Treasurer's office allocates the interest income to the general fund on a monthly basis.

**ANALYSIS OF THE HEALTH CARE TRUST FUND
FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$165,393		\$0
Add estimated revenues				
Investment earnings	\$500		\$500	
Loan repayments - Principal and interest	816,708		668,344	
Total estimated revenues		817,208		668,844
Total available		\$982,601		\$668,844
Less estimated expenditures and transfers				
Department of Human Services nursing facility operating margin increases (2021 HB 1012)	\$982,601		\$0	
Total estimated expenditures and transfers		982,601		0
Estimated ending balance		\$0		\$668,844

FUND HISTORY

The health care trust fund was established by the Legislative Assembly in Senate Bill No. 2168 (1999) for providing nursing alternative loans or grants. The Legislative Assembly in House Bill No. 1196 (2011) provided that money in the fund may be transferred to the long-term care facility loan fund for nursing facility renovation projects and used for other programs as authorized by the Legislative Assembly. Money was generated for the health care trust fund as a result of the Department of Human Services making government nursing facility funding pool payments to two government nursing facilities--McVilleville and Dunseith. Payments were made based on the average amount Medicare rates exceeded Medicaid rates for all nursing care facilities in the state multiplied by the total of all Medicaid resident days of all nursing homes. Federal Medicaid funds were available for these payments and required a state match. Payments were made to the two government nursing facilities and were subsequently returned to the state, less a \$50,000 transaction fee retained by each of the two government nursing facilities. Once returned to the state, the state's matching share was returned to its source, and the federal funds were deposited in the health care trust fund. Money in the fund is invested by the State Investment Board, and any investment earnings are retained in the fund. The federal government has eliminated this intergovernmental transfer program. As a result, North Dakota's final intergovernmental transfer payment was received in July 2004. The Legislative Assembly, in House Bill No. 1012 (2009), amended North Dakota Century Code Section 50-30-02 to preclude the Governor from recommending spending from the health care trust fund in draft appropriation acts under Section 54-44.1-06, except for the operation and maintenance of the nurse aide registry.

**ANALYSIS OF THE HEALTH INFORMATION TECHNOLOGY PLANNING LOAN FUND
FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
	Beginning balance ¹		\$7,419,876	
Add estimated revenues				
Loan repayments - Principal	\$1,520,656		\$602,757	
Loan repayments - Interest and miscellaneous income	69,948		18,864	
Total estimated revenues		1,590,604		621,621
Total available		\$9,010,480		\$3,617,858
Less estimated expenditures and transfers				
Loans to health care entities ²	\$0		\$0	
Bank of North Dakota fees	14,243		10,224	
Transfer - Electronic health information exchange fund (2021 SB 2021) ³	6,000,000		3,000,000	
Total estimated expenditures and transfers		6,014,243		3,010,224
Estimated ending balance		\$2,996,237		\$607,634

¹Section 9 of Senate Bill No. 2332 (2009) provided for a transfer of up to \$5 million of Bank of North Dakota profits to the health information technology planning loan fund, which was transferred during the 2009-11 biennium. Section 4 of House Bill No. 1021 (2011) provided for a transfer of up to \$5 million of Bank profits to the health information technology planning loan fund in the 2011-13 biennium. During the 2011-13 biennium, approximately \$4.3 million of Bank profits were transferred to the fund.

²The Health Information Technology Advisory Committee has approved \$14,227,024 of loans since the program's inception in the 2009-11 biennium. Loans have not been issued since the 2017-19 biennium. The following is a summary of loans provided to health care facilities:

St. Andrew's Health Center (Bottineau)	\$625,000	Nelson County Health System	\$305,000
Cooperstown Medical Center	396,996	Southwest Healthcare System	605,000
Wishek Hospital	761,149	CHI St. Alexius Medical Center	1,250,000
Towner County Medical Center (Cando)	924,018	Pediatric Therapy Partners	100,000
Presentation Medical Center (Rolla)	625,000	Valley Health	72,155
West River Health Services (Hettinger)	1,250,000	Knife River Care Center	125,000
Ashley Medical Center	815,652	Golden Acres Manor	98,648
Tioga Medical Center	931,320	St. Luke's Home	115,053
St. Luke's Community Hospital and Clinics (Crosby)	874,542	Richard P. Stadter Psychiatric Center	463,000
Midgarden Family Clinic (Park River)	101,590	Elm Crest Manor	74,500
7-Day Clinic Walk-In Express Care (Fargo)	50,000	Northwood Deaconess	920,125
Linton Hospital	1,073,012	Pharmacists Association	120,070
McKenzie County Health Care System	600,000	St. Gerard's Community of Care	150,194
Garrison Memorial Hospital	800,000		
		Total	\$14,227,024

³Senate Bill No. 2021 (2021) provided for a transfer of \$6 million, as requested by the Chief Information Officer, from the health information technology planning loan fund to the electronic health information exchange fund for the purpose of defraying the expenses of the Health Information Technology Office and the health information network during the 2021-23 biennium. Section 3 of the bill provides legislative intent that the funding be transferred only to the extent federal funding is not available to defray the expenses of the Health Information Technology Office and the health information network during the 2021-23 biennium.

Through January 31, 2023, the Chief Information Officer has requested the Bank transfer \$6 million of funding from the health information technology planning loan fund to the electronic health information exchange fund.

⁴House Bill No. 1021 (2023), as approved by the House, provides for a transfer of \$3 million, as requested by the Chief Information Officer, from the health information technology planning loan fund to the electronic health information exchange fund for the purpose of defraying the expenses of the Health Information Technology Office and the health information network during the 2023-25 biennium.

FUND HISTORY

North Dakota Century Code Section 6-09-43 (Senate Bill No. 2332 (2009)) established a health information technology planning loan fund at the Bank of North Dakota for providing low-interest loans to health care entities to assist those entities in improving health information technology infrastructure. This fund is a revolving loan fund. Pursuant to Section 9 of the bill, \$5 million was transferred from the Bank to this fund during the 2009-11 biennium. All money transferred into the fund, interest upon money in the fund, and collections of interest and principal on loans made from the fund are appropriated for disbursement. Annually, the Bank may deduct a service fee for administering the revolving loan fund.

Section 4 of House Bill No. 1021 (2011) provided the Industrial Commission transfer up to \$5,000,000 from the current earnings and accumulated undivided profits of the Bank of North Dakota to the health information technology planning loan fund or the health information technology loan fund in the 2011-13 biennium. The director of the Health Information Technology Office was to request transfers from the Bank only as necessary to meet cashflow needs of the funds and only upon certification by the director of a demonstrated need for health information technology planning loans. During the 2011-13 biennium, \$4,280,219 was transferred by the Bank to the health information technology loan fund.

An application for a loan must be made to the Health Information Technology Office. The director of the Health Information Technology Office, in collaboration with the Health Information Technology Advisory Committee, may approve the application of a qualified applicant that meets the criteria established by the director of the Health Information Technology Office. The Health Information Technology Office is to forward approved applications to the Bank of North Dakota. Upon approval of the application by the Bank, the Bank is to make the loan from the revolving loan fund.

Loans are provided at a fixed interest rate of 1.00 percent. Of the 1.00 percent of interest collected, 0.50 percent is deposited in the fund and 0.50 percent is retained by the Bank as the service fee for administering the loans.

ANALYSIS OF THE HIGHWAY TAX DISTRIBUTION FUND FOR THE 2021-23 AND 2023-25 BIENNIUMS (REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)

	2021-23 Biennium		2023-25 Biennium	
		\$0		\$0
Beginning balance		\$0		\$0
Add estimated revenues ^{1,2}				
Motor vehicle fuel tax	\$178,100,000		\$182,102,368	
Special fuels taxes	163,400,000		165,000,000	
Motor vehicle registration fees	174,800,000		178,050,000	
Legacy fund earnings ³	0		60,000,000	
Total estimated revenues		516,300,000		585,152,368
Total available		\$516,300,000		\$585,152,368
Less estimated deductions and transfers				
Highway Patrol	\$9,346,781		\$11,989,604	
Motorboat safety account	200,000		200,000	
State snowmobile fund	200,000		200,000	
Rail safety fund	594,724		600,000	
Administrative assistance to transferees	5,500,000		5,500,000	
Ethanol production incentives	4,700,000		4,700,000	
Total estimated deductions before distributions		20,541,505		23,189,604
Total available for distributions and transfers		\$495,758,495		\$561,962,764
Less estimated distributions and transfers				
State highway fund	\$303,858,495		\$344,546,064	
Counties	109,100,000		123,657,080	
Cities	62,000,000		70,229,170	
Townships	13,400,000		15,126,700	
Transit	7,400,000		8,403,750	
Total estimated distributions and transfers		495,758,495		561,962,764
Estimated ending balance		\$0		\$0

¹Revenues do not include funds collected and disbursed for the administration of the Department of Transportation's (DOT) Motor Vehicle Division, through tribal agreements, or funds collected for vanity license plates and disbursed to nonprofit organizations.

²The amounts shown reflect actual revenue collections deposited in the fund through September 2022. The estimated revenue for the remainder of the 2021-23 biennium and the estimated collections for the 2023-25 biennium are based on DOT's revenue forecast and the effect on motor vehicle registration fees in House Bill No. 1295 (2023).

³North Dakota Century Code Section 21-10-13 provides for the State Treasurer to transfer up to \$60 million from the legacy earnings fund to the highway tax distribution fund on July 1 of each odd-numbered year beginning in 2023.

FUND HISTORY

Section 11 of Article X of the Constitution of North Dakota provides:

Revenue from gasoline and other motor fuel excise and license taxation, motor vehicle registration and license taxes, except revenue from aviation gasoline and unclaimed aviation motor fuel refunds and other aviation motor fuel excise and license taxation used by aircraft, after deduction of cost of administration and collection authorized by legislative appropriation only, and statutory refunds, shall be appropriated and used solely for construction, reconstruction, repair and maintenance of public highways, and the payment of obligations incurred in the construction, reconstruction, repair, and maintenance of public highways.

The majority of funds received from motor fuels taxes and motor vehicle registration fees are deposited in the highway tax distribution fund. Section 54-27-19 provides the highway tax distribution fund consists of the "moneys available by law from collections of motor vehicle registration and related fees, fuels taxes, special fuels taxes, use taxes, and special fuels excise taxes." This section provides after the first \$5.5 million per biennium is transferred to the state highway fund for the purpose of providing administrative assistance to other transferees, the money in the fund must be distributed by the State Treasurer as follows:

1. Sixty-one and three-tenths percent must be transferred monthly to the state department of transportation and placed in a state highway fund.
2. Two and seven-tenths percent must be transferred monthly to the township highway fund.
3. One and five-tenths percent must be transferred monthly to the public transportation fund.
4. Thirty-four and five-tenths percent must be allocated to the counties of this state in proportion to the number of vehicle registrations credited to each county. Each county must be credited with the certificates of title of vehicles registered by residents of the county. The state treasurer shall compute and distribute the counties' share monthly after deducting the incorporated cities' share. All the moneys received by the counties from the highway tax distribution fund must be set aside in a separate fund called the "highway tax distribution fund" and must be appropriated and applied solely for highway purposes in accordance with section 11 of article X of the Constitution of North Dakota. The state treasurer shall compute and distribute monthly the sums allocated to the incorporated cities within each county according to the formulas in this subsection using the incorporated cities' populations as determined by the last official regular or special federal census or the census taken in accordance with the provisions of chapter 40-02 in case of a city incorporated subsequent to the census.
 - a. For counties having no cities with a population of ten thousand or more, twenty-seven percent of the total county allocation must be distributed to all of the incorporated cities within the county on a countywide per capita basis. The remaining county allocation amount must be transferred into the county highway tax distribution fund.
 - b. For each county having a city with a population of ten thousand or more, the amount transferred each month into the county highway tax distribution fund must be the difference between the amount allocated to that county pursuant to this subsection and the total amount allocated and distributed to the incorporated cities in that county as computed according to the following formula:
 - (1) A statewide per capita average as determined by calculating twenty-seven percent of the amount allocated to all of the counties under this subsection divided by the total population of all of the incorporated cities in the state.
 - (2) The share distributed to each city in the county having a population of less than one thousand must be determined by multiplying the population of that city by the product of 1.50 times the statewide per capita average computed under paragraph 1.
 - (3) The share distributed to each city in the county having a population of one thousand to four thousand nine hundred ninety-nine, inclusive, must be determined by multiplying the population of that city by the product of 1.25 times the statewide per capita average computed under paragraph 1.
 - (4) The share distributed to each city in the county having a population of five thousand or more must be determined by multiplying the population of that city by the statewide per capita average for all such cities, which per capita average must be computed as follows: the total of the shares computed under paragraphs 2 and 3 for all cities in the state having a population of less than five thousand must be subtracted from the total incorporated cities' share in the state as computed under paragraph 1 and the balance remaining must then be divided by the total population of all cities of five thousand or more in the state.
5. The moneys allocated to the incorporated cities must be distributed to them monthly by the state treasurer and must be deposited by the cities in a separate fund and may only be used in accordance with section 11 of article X of the Constitution of North Dakota and an incorporated city may use

the fund for the construction, reconstruction, repair, and maintenance of public highways within or outside the city pursuant to an agreement entered into between the city and any other political subdivision as authorized by section 54-40-08.

Section 54-27-19(1) provides for 61.3 percent of the funds from the highway tax distribution fund be transferred to DOT for deposit in the state highway fund. Section 24-02-37(1) provides, except for investment income, the money of the state highway fund must be applied in the following priority:

- a. The cost of maintaining the state highway system.
- b. The cost of construction and reconstruction of highways in the amount necessary to match, in whatever proportion may be required, federal aid granted to this state by the United States government for road purposes in North Dakota. Notwithstanding any other provision of law, the department of transportation may repay the United States department of transportation for previous related expenditures from current biennium appropriations to allow the department to reobligate the federal aid to other federal aid projects.
- c. Any portion of the highway fund not allocated as provided in subdivisions a and b may be expended for the construction of state highways without federal aid or may be expended in the construction, improvement, or maintenance of such state highways.

Section 54-27-19(2) requires 2.7 percent of the funds from the highway tax distribution fund to be deposited in the township highway fund. Section 54-27-19.1 directs the State Treasurer to distribute the money to the counties of the state based on the length of township roads in each county compared to the length of all township roads in the state. To receive any funds, organized townships must provide 50 percent matching funds. Each county treasurer is required to allocate the funds received to the organized townships in the county which provide 50 percent matching funds based on the length of township roads in each of those organized townships compared to the length of all township roads in the county. The funds received must be deposited in the township road and bridge fund and used for highway and bridge purposes. If a county does not have organized townships, or has some organized and some unorganized townships, the county is required to retain a pro rata portion of the funds received based on the length of roads in unorganized townships compared to the length of township roads in organized townships in the county.

Section 54-27-19(3) allocates 1.5 percent of the funds from the highway tax distribution fund to the public transportation fund. Section 39-04.2-04 provides money in the public transportation fund must be disbursed under guidelines issued by the Director of DOT and must be used by transportation providers to establish and maintain public transportation, especially for the elderly and handicapped. In addition, the money may be used to contract to provide public transportation, as matching funds to procure money from other sources for public transportation and for other expenditures authorized by the Director.

Motor Vehicle Fuel Tax

Prior to 1983, the motor vehicle fuel excise tax was 8 cents per gallon on motor vehicle fuel sold. The 1983 Legislative Assembly repealed Chapter 57-54 relating to motor vehicle fuel tax and created Chapter 57-43.1 to consolidate the provisions of the motor fuel tax law and the importers for use tax law. Section 1 of House Bill No. 1539 (1983) imposed a 13 cents per gallon tax for all motor vehicle fuel sold except on motor vehicle fuel sold containing a minimum of 10 percent agricultural ethyl or methanol, which was taxed as shown in the following table:

Exception Effective Dates	Tax Rate Per Gallon
Through December 31, 1983	\$0.09
January 1, 1984, through December 31, 1984	\$0.08
January 1, 1985, through December 31, 1985	\$0.07
January 1, 1986, through June 30, 1992	\$0.09
July 1, 1992	\$0.13

The Legislative Assembly, in Section 1 of Senate Bill No. 2296 (1985), changed the language from agricultural ethyl or methanol to "a qualifying alcohol," adjusted the motor fuel tax on motor vehicle fuel sold containing a minimum of 10 percent agricultural ethyl or methanol as shown in the following table:

Exception Effective Dates	Tax Rate Per Gallon
July 1, 1985, through June 30, 1987	\$0.05
July 1, 1987, through December 31, 1992	\$0.09
January 1, 1993	\$0.13

The Legislative Assembly, in Section 9 of Senate Bill No. 2557 (1987), increased the motor vehicle fuel tax from 13 cents per gallon to 17 cents per gallon for all motor vehicle fuel sold.

The Legislative Assembly, in Section 2 of Senate Bill No. 2029 (1989), increased the motor vehicle fuel tax from 17 cents per gallon to 20 cents per gallon for all motor vehicle fuel sold. The referred measure was disapproved on December 5, 1989, leaving the motor vehicle fuel tax rate at 17 cents per gallon.

The Legislative Assembly, in Section 2 of House Bill No. 1575 (1991), removed Section 57-43.1-02(2) relating to the exception from the motor vehicle fuel tax for motor vehicle fuels containing a minimum of 10 percent of qualifying alcohol.

The Legislative Assembly, in Section 1 of House Bill No. 1163 (1997), increased the motor vehicle fuel tax from 17 cents per gallon to 20 cents per gallon for all motor vehicle fuel sold.

The Legislative Assembly, in Section 2 of House Bill No. 1183 (1999), increased the motor vehicle fuel tax from 20 cents per gallon to 21 cents per gallon for all motor vehicle fuel sold.

The Legislative Assembly, in Section 12 of Senate Bill No. 2012 (2005), increased the motor vehicle fuel tax from 21 cents per gallon to 23 cents per gallon for all motor vehicle fuel sold. Section 2 of House Bill No. 1478 (2005), created a new subsection to Section 57-43.1-02, imposing a 1 cent per gallon motor vehicle fuel tax on E85 fuel effective after June 30, 2005, through the month in which a cumulative total of 1.2 million gallons of E85 fuel has been reported to the Tax Commissioner and after that date is ineffective.

Special Fuels Excise Tax

The 1983 Legislative Assembly also repealed Chapter 57-52, relating to special fuels excise tax and created Chapter 57-43.2 to consolidate the provisions of the Special Fuels Tax Act, the special fuels tax levy, the Importers for Use Tax Act, and the aviation fuel tax. Section 1 of House Bill No. 1072 (1983) created Chapter 57-43.2 related to special fuels taxes and imposed an excise tax of 8 cents per gallon on the sale or delivery of special fuel with some exceptions and an excise tax of 2 cents per gallon on the exempt items in Section 57-43.2-02. Section 1 of House Bill No. 1539 (1983) amended Section 1 of House Bill No. 1072 to increase the special fuels excise tax from 8 cents per gallon to 13 cents per gallon.

The Legislative Assembly, in Section 1 of House Bill No. 1248 (1985), amended the definition of special fuel to include compressed natural gas.

The Legislative Assembly, in Section 10 of Senate Bill No. 2557 (1987), increased the special fuels excise tax from 13 cents per gallon to 17 cents per gallon.

The Legislative Assembly, in Section 3 of Senate Bill No. 2029 (1989), increased the special fuels excise tax from 17 cents per gallon to 19 cents per gallon. The referred measure was disapproved on December 5, 1989, leaving the special fuels excise tax rate at 17 cents per gallon.

The Legislative Assembly, in Section 12 of House Bill No. 1311 (1997), removed exemptions from the 17 cents per gallon on special fuels. Section 2 of House Bill No. 1163 (1997), increased the special fuels excise tax from 17 cents per gallon to 20 cents per gallon.

The Legislative Assembly, in Section 3 of House Bill No. 1183 (1999), increased the special fuels excise tax from 20 cents per gallon to 21 cents per gallon.

The Legislative Assembly, in Section 3 of Senate Bill No. 2454 (2001), amended Section 57-43.2-02 regarding special fuels excise taxes to authorize a reduction of one and five-hundredths cents per gallon on the sale or delivery of diesel fuel that contains at least 2 percent biodiesel fuel by weight.

The Legislative Assembly, in Section 14 of Senate Bill No. 2012 (2005), amended Section 57-43.2-02 regarding special fuels excise taxes to increase the special fuels excise tax from 21 cents per gallon to 23 cents per gallon effective after June 30, 2005.

Motor Vehicle Registration Fees

Motor vehicle registration fees are assessed based on Chapter 39-04 and vary by vehicle type and vehicle weight. Motor vehicles required to be registered in this state must be furnished license plates upon the payment of an initial fee of \$10 for plates. Motor vehicle registration fees were last changed in 2005, which increased fees for all weight classes by \$10.

**ANALYSIS OF THE LEGACY EARNINGS FUND
FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$0		\$486,568,637
Add estimated revenues				
Earnings transferred from the legacy fund (2023 HB 1379; 2023 SB 2330) ¹	\$486,568,637		N/A	
Total estimated revenues		486,568,637		N/A
Total available		\$486,568,637		\$486,568,637
Less estimated expenditures and transfers				
Spending based on percent of market value calculation²				
Transfer to the legacy sinking and interest fund (2023 HB 1379) ³	\$0		\$150,000,000	
Transfer to the highway tax distribution fund (2023 HB 1379) ³	0		60,000,000	
Other designations (2023 HB 1014, 2023 HB 1018, 2023 HB 1040, 2023 HB 1379; 2023 SB 2009, 2023 SB 2012, 2023 SB 2019) ³	0		640,089,098	
Allocation of excess earnings⁴				
Transfer to the legacy fund to become part of principal (2023 HB 1379)	0		0	
Transfer to the strategic investment and improvements fund (2023 HB 1379)	0		0	
Total estimated expenditures and transfers		0		850,089,098
Estimated ending balance		\$486,568,637		(\$363,520,461)
Reserve for future bond payments ⁵		0		0
Estimated uncommitted ending balance		<u>\$486,568,637</u>		<u>(\$363,520,461)</u>

¹Based on the provisions of Section 26 of Article X of the Constitution of North Dakota, investment earnings in the legacy fund are transferred to the general fund at the end of the biennium. North Dakota Century Code Section 21-10-12 provides that the investment earnings are the realized earnings of the fund. Unrealized earnings remain in the fund. Senate Bill No. 2330 (2023) changes the definition of investment earnings to reflect a percent of market value calculation method using 7 percent of the 5-year average value of the legacy fund assets. House Bill No. 1380 (2021), as codified in Section 21-10-13, provides a process to immediately transfer legacy fund earnings from the general fund to the legacy earnings fund. Since the earnings are transferred at the end of the biennium, Section 21-10-13 clarifies the earnings are available for spending from the fund in the subsequent biennium.

The amount shown for the earnings reflects the estimates provided by the Retirement and Investment Office and the provisions of Senate Bill No. 2330 (2023).

²Section 21-10-13 establishes a percent of market value calculation to determine the amount of legacy fund earnings available for spending in the subsequent biennium. The percent of market value is based on 7 percent of the 5-year average of legacy fund assets using the June 30th fund balances for the 5-year period ending with the most recently completed even-numbered fiscal year.

For the 2023-25 biennium, the amount available for spending is \$486,568,637 based on the legacy fund balances of \$5,576,084,018 (June 30, 2018), \$6,122,227,871 (June 30, 2019), \$6,995,309,070 (June 30, 2020), \$8,115,202,181 (June 30, 2021), and \$7,946,079,492 (June 30, 2022).

³Pursuant to Section 21-10-13, the funding available for spending is allocated as follows:

- The first \$150 million to the legacy sinking and interest fund for bond payments related to infrastructure projects and programs and a transfer to the Public Employees Retirement System main system plan;
- The next \$60 million to the highway tax distribution fund; and
- Other purposes subject to legislative appropriation, including up to \$50 million for tax relief; up to \$30 million for the clean sustainable energy fund; and up to \$30 million for university research programs, the innovation loan fund, and workforce enrichment initiatives.

House Bill No. 1379 (2023) changes the allocations from the legacy earnings fund to provide total allocations of \$486.6 million from the amount available for spending. The bill also identifies additional allocations if the earnings transferred to the fund exceed the amount available for spending. However, based on the change to the definition of legacy fund investment earnings in Senate Bill No. 2330 (2023), there would not be any excess earnings available for additional allocations.

House Bill No. 1040 (2023) changes the allocations from the legacy earnings fund to provide a separate allocation to the Public Employees Retirement System main system plan and increases the allocation to \$70 million resulting in an additional \$22,620,461 for the main system plan.

Other appropriations and transfers from the legacy earnings fund include \$305 million for the oil and gas research fund and clean sustainable energy fund in House Bill No. 1014 (2023), \$20 million for the legacy investment for technology fund in House Bill No. 1018 (2023), \$6.5 million for the bioscience innovation fund in Senate Bill No. 2009 (2023), \$7 million for child care assistance programs in Senate Bill No. 2012 (2023), and \$2.4 million for cabin construction at a state park in Senate Bill No. 2019 (2023).

⁴Based on the provisions of Section 21-10-13, if the earnings transferred to the legacy earnings fund exceed the amount available to spend, the excess earnings are allocated as follows:

- A portion of the excess earnings are retained in the legacy earnings fund as a reserve for any bond payments;
- Up to \$100 million of excess earnings is transferred to the legacy fund to become part of the principal; and
- Any the remaining excess earnings are transferred to the strategic investment and improvements fund.

Transfers to the legacy fund from any source, including legacy fund earnings, become part of the principal. Subject to the provisions of the constitution, not more than 15 percent of the principal may be spent during a biennium, and any expenditure of principle requires a vote of at least two-thirds of the members elected to each house of the Legislative Assembly.

⁵House Bill No. 1379 (2023) removes the provision to retain a portion of the funding as a reserve for future bond payments.

FUND HISTORY

House Bill No. 1380 (2021), as codified in Section 21-10-13, created the legacy earnings fund and provided a process to immediately transfer legacy fund earnings from the general fund to the legacy earnings fund. The earnings available for spending are allocated to special funds and for other purposes designated by the Legislative Assembly. If the earnings transferred to the fund exceed the amount available to spend, a portion of the excess earnings are retained in the legacy earnings fund as a reserve for any bond payments, and up to \$100 million of excess earnings is transferred to the legacy fund to become part of the principal with the remaining excess earnings transferred to the strategic investment and improvements fund.

**ANALYSIS OF THE LEGACY FUND
FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$8,074,763,216		\$8,613,124,579
Add estimated revenues				
Oil and gas gross production and extraction tax collections (30 percent of collections) (2019 SB 2312) ¹	\$1,591,930,000		\$1,373,750,000	
Investment earnings (losses) (2021 HB 1015, 2021 HB 1425) ^{2,3,4,5}	(567,000,000)		520,000,000	
Transfer in from legacy earnings fund			0	
Total estimated revenues		1,024,930,000		1,893,750,000
Total available		\$9,099,693,216		\$10,506,874,579
Less estimated expenditures and transfers				
Transfer of realized earnings to the legacy earnings fund (2021 HB 1380; 2023 HB 1379; 2023 SB 2330) ⁶	\$486,568,637		N/A	
Expenditure of principal ⁷	0		\$0	
Total estimated expenditures and transfers		486,568,637		0
Estimated ending balance		\$8,613,124,579		\$10,506,874,579

¹The oil and gas tax revenues reflect allocations for August through July (24 months). The estimated allocations reflect the January 2023 legislative forecast.

²Based on the provisions of Section 26 of Article X of the Constitution of North Dakota, investment earnings accruing after June 30, 2017, are transferred to the general fund at the end of each biennium. North Dakota Century Code Section 21-10-12 provides that the investment earnings are the realized earnings of the fund. Unrealized earnings remain in the fund. Senate Bill No. 2330 (2023) changes the definition of investment earnings to reflect a percent of market value calculation method using 7 percent of the 5-year average value of the legacy fund assets. The schedule below provides more detail on the investment earnings and the transfers at the end of each biennium since the 2015-17 biennium.

	2015-17 Biennium Actual ³	2017-19 Biennium Actual ³	2019-21 Biennium Actual ³	2021-23 Biennium Estimated ⁴	2023-25 Biennium Estimated ⁴
Realized earnings (losses)	\$273,064,100	\$502,243,356	\$951,888,747	\$495,000,000	N/A
Unrealized earnings (losses)	252,305,388	167,170,302	935,625,936	(1,062,000,000)	N/A
Total investment earnings (losses)	\$525,369,488	\$669,413,658	\$1,887,514,683	(\$567,000,000)	\$520,000,000
End of biennium transfer		\$455,263,216	\$871,687,384	\$486,568,637	N/A

The investment earnings (losses) for the legacy fund for the 2021-23 biennium through December 31, 2022, were approximately (\$741.0 million), including realized earnings (losses) of \$430.4 million and unrealized earnings (losses) of (\$1,171.4 million).

³Due to the timing of the transfer and the reporting of earnings at the end of the each biennium, the realized and unrealized earnings reflect the amounts reported by the Retirement and Investment Office for July through June (24 months), but the transfers reflect the realized earnings from June through May (24 months).

⁴The estimated earnings reflect the estimates provided by the Retirement and Investment Office.

NOTE: The actual earnings may differ significantly from these estimates based on actual investment performance.

⁵House Bill No. 1425 (2021) designates a portion of the legacy fund investments to in-state fixed income investments and in-state equity investments. The performance of these investments may affect the earnings of the legacy fund. Senate Bill No. 2330 (2023) changes the amount designated for in-state investments from 20 to 9 percent.

⁶House Bill No. 1380 (2021), as codified in Section 21-10-13, provides a process to immediately transfer legacy fund earnings from the general fund to the legacy earnings fund and establishes a percent of market value calculation to determine the amount of legacy fund earnings available for spending each biennium. The percent of market value is based on 7 percent of the 5-year average of legacy fund assets. The earnings available for spending are allocated to special funds and for other purposes designated by the Legislative Assembly. If the earnings transferred to the fund exceed the amount available to spend, a portion of the excess earnings are retained in the legacy earnings fund as a reserve for any bond payments, and up to \$100 million of excess earnings is transferred to the legacy fund to become part of the principal with the remaining excess earnings transferred to the strategic investment and improvements fund.

House Bill No. 1379 (2023) changes the allocations from the legacy earnings fund. The bill also identifies additional allocations if the earnings transferred to the fund exceed the amount available for spending. However, based on the change to the definition of legacy fund investment earnings in Senate Bill No. 2330 (2023), there would not be any excess earnings available for additional allocations.

⁷The principal and earnings of the legacy fund were not available for spending until after June 30, 2017, pursuant to Section 26 of Article X of the Constitution of North Dakota. Up to 15 percent of the principal of the legacy fund may be spent during a biennium subject to approval by at least two-thirds of the members elected to each house of the Legislative Assembly.

FUND HISTORY

The legacy fund was created in 2010 when the voters of North Dakota approved a constitutional amendment--now Section 26 of Article X of the Constitution of North Dakota--to provide 30 percent of oil and gas gross production and oil extraction taxes on oil and gas produced after June 30, 2011, be transferred to the legacy fund. The principal and earnings of the legacy fund may not be spent until after June 30, 2017, and any expenditure of principal after that date requires a vote of at least two-thirds of the members elected to each house of the Legislative Assembly. Not more than 15 percent of the principal of the legacy fund may be spent during a biennium. The Legislative Assembly may transfer funds from any source to the legacy fund, and such transfers become part of the principal of the fund. The State Investment Board is responsible for investment of the principal of the legacy fund. Investment earnings accruing after June 30, 2017, are transferred to the general fund at the end of each biennium.

Prior to July 1, 2015, if the unobligated balance of the strategic investment and improvements fund exceeded \$300 million at the end of any month, 25 percent of any revenues received for deposit in the strategic investment and improvements fund were deposited instead into the legacy fund in the subsequent month. In House Bill Nos. 1176 and 1377 (2015), the Legislative Assembly amended Section 15-08.1-08 to remove the provision related to the additional deposits of revenue in the legacy fund from the strategic investment and improvements fund.

Senate Bill No. 2312 (2019) amended the oil and gas tax revenue sharing agreement between the state and the Three Affiliated Tribes of the Fort Berthold Reservation increasing the revenue allocated to the Three Affiliated Tribes and decreasing the revenue allocated to the state. As a result, less revenue is available for allocations to the legacy fund.

**ANALYSIS OF THE LIGNITE RESEARCH FUND
FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$21,807,466		\$6,358,369
Add estimated revenues				
Separate two-cent coal severance tax	\$840,135		\$1,075,000	
50 percent of coal severance taxes deposited in the coal development trust fund ¹	1,181,439		1,470,000	
20 percent of coal severance taxes deposited in the coal development trust fund for clean coal projects ¹	472,576		630,000	
15 percent of coal severance taxes ¹	2,362,879		3,000,000	
5 percent of the general fund share of coal conversion tax	91,747		0	
Lignite research tax (2021 HB 1412) ¹	2,071,976		2,250,000	
Oil and gas tax allocation	10,000,000		10,000,000	
Investment income on Dakota Gasification Company ammonia plant and Spiritwood plant	180,000		180,000	
Revenue bonds/short-term loan ²	0		0	
Interest income, return of funds, and litigation contributions	102,865		70,000	
Total estimated revenues		17,303,617		18,675,000
Total estimated available		\$39,111,083		\$25,033,369
Less estimated expenditures and transfers ^{3,4}				
Administration	\$900,000		\$1,250,000	
Lignite feasibility studies (nonmatching grants)	6,571,150		2,839,249	
Small research grants	9,929,742		8,806,395	
Lignite marketing	2,187,000		2,187,000	
Lignite litigation ⁵	1,000,000		1,000,000	
Demonstration projects	1,367,678		1,367,678	
Advanced energy technology development	10,797,144		4,574,676	
Total estimated expenditures and transfers ⁶		32,752,714		22,024,998
Estimated ending balance		\$6,358,369		\$3,008,371

¹House Bill No. 1412 (2021) exempts 100 percent of the generation tax and 60 percent of the capacity tax from the coal conversion tax and creates a new lignite research tax to maintain the current level of allocations to the lignite research fund.

²Pursuant to North Dakota Century Code Section 54-17.5-04, the Industrial Commission may issue revenue bonds or borrow short-term funds from the Bank of North Dakota.

³The Industrial Commission has a policy stating that 18 percent of lignite research fund income will be used for small research projects, 56 percent for large demonstration research projects, 21 percent for marketing projects, and 5 percent for administration. The commission has further directed that no single large demonstration research project can receive more than 37.5 percent of available funds.

⁴The Industrial Commission has waived the fund allocation policy. The commission has committed \$22,000,000 through the 2011-13 biennium to three projects. In January 2015 the commission learned one of the projects is not proceeding and released the project's commitment of \$8,732,503. Expenditures for Lignite Vision 21 Project have been \$1,360,750 during the 2003-05 biennium, \$2,243,391 during the 2005-07 biennium, \$2,200,000 during the 2007-09 biennium,

\$3,972,090 during the 2009-11 biennium, \$678,851 during the 2011-13 biennium, \$110,000 during the 2013-15 biennium, \$914,663 during the 2015-17 biennium, \$1,290,525 during the 2017-19 biennium, \$0 in the 2019-21 biennium, \$0 in the 2021-23 biennium, and anticipated expenditures of \$1,367,678 in subsequent bienniums. The objective of the Lignite Vision 21 Project is to construct new lignite-fired power plants in North Dakota. (These amounts are net of funds that were distributed but later returned when projects did not proceed.)

⁵Lignite litigation - House Bill No. 1093 (2007) provides that \$500,000 of the amount appropriated to the lignite research fund for the 2007-09 biennium is to be used to pay for fees associated with lignite litigation that may be brought by the state to protect and promote the continued development of lignite resources. Activities associated with the litigation have been initiated with \$83,379 spent during the 2007-09 biennium, \$153,907 spent during the 2009-11 biennium, \$652,519 spent during the 2011-13 biennium, \$983,288 during the 2013-15 biennium with \$451,555 of that amount paid by industry, \$259,159 during the 2015-17 biennium with \$122,866 of that amount paid by industry, \$44,962 spent during the 2017-19 biennium with \$14,760 of that amount paid by industry, \$0 spent during the 2019-21 biennium, and \$0 spent during the 2021-23 biennium.

The State of North Dakota was successful in its litigation against the State of Minnesota during the 2017-19 biennium and will be receiving a total of \$1,410,000. Of the \$1,410,000, \$670,000 was paid to industry partners, and the remaining \$740,000 was deposited in the lignite research fund during the 2017-19 and 2019-21 bienniums. The original \$500,000 was spent by the end of the 2011-13 biennium with additional funding being provided from nonmatching program funds in subsequent bienniums.

From nonmatching funds within the lignite research fund, \$500,000 was designated for litigation expenses in the 2019-21 biennium, \$0 for the 2021-23 biennium. Of the nonmatching funds, \$313,483 was spent during the 2019-21 biennium, and the remaining \$186,517 anticipated to be spent in subsequent bienniums.

House Bill No. 1014 (2019) provided legislative intent that at least \$500,000 from the lignite research fund, including proceeds from successful litigation, is available for fees associated with lignite litigation brought by the state to protect and promote the continued development of lignite resources.

⁶The Industrial Commission has continuing appropriation authority for all money deposited in the lignite research fund pursuant to Section 57-61-01.6. The amount shown for the 2023-25 biennium includes \$250,000 of one-time funding for grant administration software pursuant to House Bill No. 1014 (2023).

FUND HISTORY

Section 57-61-01.5(2) and Section 21 of Article X of the Constitution of North Dakota provide for up to 70 percent of the taxes collected and deposited in the coal development trust fund to be deposited in the lignite research fund. Of the 70 percent, 50 percent is designated for research, development, and marketing pursuant to the passage of Initiated Measure No. 3 in June 1990, and 20 percent is designated for clean coal demonstration projects pursuant to voter approval of a constitutional amendment in June 1994. The remaining 30 percent of the funds deposited in the coal development trust fund are to be held in trust and administered by the Board of University and School Lands, which has the authority to invest the funds, and may, as provided by law, lend money from the fund to political subdivisions. Senate Bill No. 2014 (2017) reduced the allocation of coal severance tax allocations to the coal development trust fund from 30 to 15 percent and provides an allocation of 15 percent to the lignite research fund.

From the state general fund share of coal conversion tax collections, the Legislative Assembly designated 3 percent for transfer to the lignite research fund during the 2007-09 biennium and 5 percent after the 2007-09 biennium in House Bill No. 1093 (2007).

House Bill No. 1152 (2017) changed the allocation of the state's share of oil and gas tax revenue to provide up to \$3 million of allocations to the lignite research fund. House Bill No. 1066 (2019) increased the allocation of oil and gas tax revenue to the lignite research fund by \$7 million, from \$3 million to \$10 million.

**ANALYSIS OF THE MEDICAL MARIJUANA FUND FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$1,234,230		\$1,748,330
Add estimated revenues				
Program fees:				
Dispensary and manufacturer registration fees	\$1,120,000		\$1,120,000	
Application fees, including patient and compassion center agent fees	968,074		821,000	
Total estimated revenues		2,088,074		1,941,000 ²
Total available		\$3,322,304		\$3,689,330
Less estimated Department of Health and Human Services expenditures (Pursuant to a continuing appropriation in North Dakota Century Code Section 19-24.1-40)				
Salaries and wages	\$989,435		\$1,157,555	
Indirect costs	145,447		170,161	
Operating expenditures	439,092		497,415	
Total estimated expenditures and adjustments		1,573,974 ^{1,2}		1,825,131 ²
Estimated ending balance		\$1,748,330		\$1,864,199

¹The State Department of Health presented estimated expenditures to be made through the continuing appropriation, totaling \$1,564,793, including 5 FTE positions. Estimates were increased \$12,120 for salary adjustments of 1.5 percent on July 1, 2021, with a minimum monthly increase of \$100, and 2 percent on July 1, 2022, and \$4,000 for the expenditure impact of House Bill No. 1359 (2021).

²The Department of Health and Human Services presented estimated expenditures to be made through the continuing appropriation, totaling \$1,746,384, including 5 FTE positions. Estimates have been increased \$52,435 for salary adjustments of 4 percent each year of the biennium and \$26,312 for increases in the health insurance rate. The estimated expenditures do not include the fiscal impact of Senate Bill No. 2201 (2023) which, if approved, would decrease revenue by \$280,000 and increase expenditures by \$26,400 during the 2023-25 biennium. The estimated expenditures for the 2021-23 biennium do not include the fiscal impact of House Bill No. 1478 (2023) which, if approved, would increase expenditures by \$4,000 during the 2021-23 biennium.

FUND HISTORY

In November 2016, voters approved Initiated Statutory Measure No. 5 (North Dakota Compassionate Care Act) relating to medical marijuana and created Chapter 19-24. In Senate Bill No. 2344 (2017), the Legislative Assembly repealed Chapter 19-24 and created and enacted Chapter 19-24.1 to provide for the legalization of medical marijuana. Senate Bill No. 2344 required the State Department of Health to establish and implement a medical marijuana program to allow for the production, processing, and sale of marijuana for medical use. In Section 19-24.1-40, the Legislative Assembly established a medical marijuana fund. The State Department of Health must deposit all fees related to medical marijuana into the fund and must administer the fund. Money in the fund is appropriated to the department on a continuing basis for use in administering the medical marijuana program. Therefore, the Legislative Assembly removed funding for the Medical Marijuana Division from the State Department of Health's base budget in 2019.

**ANALYSIS OF THE NORTH DAKOTA OUTDOOR HERITAGE FUND
FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$8,936,144		\$3,808,122
Add estimated revenues				
Oil and gas gross production tax collections	\$15,000,000 ¹		\$15,000,000 ¹	
Interest income	90,000		90,000	
Refunds	911,978		900,000	
Total estimated revenues		16,001,978		15,990,000
Total available		\$24,938,122		\$19,798,122
Less estimated expenditures and transfers				
Grant award commitments	\$21,000,000 ²		\$18,000,000	
House Bill No. 1014 (2023) Transfer for grant management software expenses			250,000 ³	
Administrative expenses	130,000		200,000	
Total estimated expenditures and transfers		21,130,000		18,450,000
Estimated ending balance		\$3,808,122		\$1,348,122

¹North Dakota Century Code Section 57-51-15 established a maximum allocation of \$40 million (\$20 million per year) to the fund. Senate Bill No. 2014 (2021) limits oil and gas gross production tax revenue allocations to the fund to \$7.5 million annually for the 2021-23 biennium. For the 2023-25 biennium, House Bill No. 1014 (2023) limits the allocations to \$15 million.

²All money in the fund is appropriated on a continuing basis, pursuant to Section 54-17.8-02. Grant commitments include projects that will draw down funds over a 10-year period. The amounts shown reflect the estimated amount available for grants and not the amount expended.

³House Bill No. 1014 (2023) provides for a transfer up to \$250,000 from the North Dakota outdoor heritage fund to the Industrial Commission for grant management software expenses.

FUND HISTORY

The North Dakota outdoor heritage fund was established in House Bill No. 1278 (2013) (Chapter 54-17.8) to provide, pursuant to a continuing appropriation, grants to state agencies, tribal governments, political subdivisions, and nonprofit organizations, with higher priority given to enhancing conservation practices in this state by:

- Providing access to private and public lands for sportsmen, including projects that create fish and wildlife habitat and provide access for sportsmen;
- Improving, maintaining, and restoring water quality, soil conditions, plant diversity, animal systems, and by supporting other practices of stewardship to enhance farming and ranching;
- Developing, enhancing, conserving, and restoring wildlife and fish habitat on private and public lands; and
- Conserving natural areas and creating other areas for recreation through the establishment and development of parks and other recreation areas.

For the 2013-15 biennium, pursuant to Section 57-51-15, 4 percent of the first 1 percent of oil and gas gross production tax collections is deposited in the North Dakota outdoor heritage fund, up to \$15 million per year. House Bill No. 1176 (2015) amended Section 57-51-15 to increase the amount deposited in the North Dakota outdoor heritage fund from 4 percent of the first 1 percent of oil and gas gross production tax collections to 8 percent, and to increase the maximum oil and

gas gross production tax collection deposits from \$15 million to \$20 million per year and from \$30 million to \$40 million per biennium. For the period September 1, 2017, through August 31, 2019, Senate Bill No. 2013 (2017), a maximum of \$10 million of oil and gas gross production tax collections may be deposited in the fund. For the period September 1, 2019, through August 31, 2021, House Bill No. 1014 (2019), a maximum of \$15 million of oil and gas gross production tax collections may be deposited in the fund. For the period September 1, 2021, through August 31, 2023, Senate Bill No. 2014 (2021) a maximum of \$7.5 million per year of oil and gas gross production tax collections may be deposited in the fund. The Industrial Commission has oversight of the North Dakota outdoor heritage fund. The North Dakota Outdoor Heritage Advisory Board (consisting of 12 voting and 4 ex officio members) makes recommendations to the commission on the funding of grants.

ANALYSIS OF THE RESOURCES TRUST FUND FOR THE 2021-23 AND 2023-25 BIENNIUMS (REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$287,678,550		\$428,846,473
Add estimated revenues and transfers				
Oil extraction tax collections	\$522,080,000 ¹		\$460,080,000 ¹	
Bond proceeds from repayment of loans	74,500,000 ²			
Repayments and reimbursements	11,088,000		11,000,000	
Investment earnings/miscellaneous income	2,600,000		1,526,000	
Total estimated revenues		610,268,000		472,606,000
Total available		\$897,946,550		\$901,452,473
Less estimated expenditures and transfers				
Department of Water Resources - Grants, projects, and project administration, pursuant to House Bill No. 1020 (2021) for the 2021-23 biennium and Senate Bill No. 2020 (2023) for the 2023-25 biennium	\$310,628,400 ³		\$814,169,835 ⁴	
House Bill No. 1431 (2021) - Appropriation to the State Water Commission to provide funding for the Mouse River flood control project	2,486,950 ²		72,013,050 ^{2,4}	
Total estimated Department of Water Resources expenditures and loans		313,115,350		886,182,885
Transfer to renewable energy development fund (Section 57-51.1-07)	\$3,000,000		\$3,000,000	
Transfer to energy conservation grant fund (Section 57-51.1-07)	1,200,000		1,200,000	
Senate Bill No. 2345 (2021) - Transfer to water projects stabilization fund	151,784,727 ⁵			
Total estimated transfers		155,984,727		4,200,000
Estimated ending balance		<u>\$428,846,473</u>		<u>\$11,069,588</u>

¹Estimated oil extraction tax revenues - These amounts are based on the January 2023 legislative revenue forecast.

²House Bill No. 1431 (2021) allocates \$74.5 million of bond proceeds which are deposited into the resources trust fund for the repayment of outstanding loans of the Western Area Water Supply Authority. The bill also provides an appropriation of \$74.5 million from the resources trust fund to the State Water Commission for the Mouse River flood control project. Of the \$74.5 million, \$72 million is anticipated to be continued into the 2023-25 biennium.

³House Bill No. 1020 (2021) includes \$678,048,989 from the resources trust fund for the purpose of defraying the expenses of the Department of Water Resources for the 2021-23 biennium. This amount includes \$360,685,806 of new appropriations for the 2021-23 biennium and \$317,363,183 of water project funding continued from the 2019-21 biennium (carryover). The Department of Water Resources estimates it will expend \$313,115,350 during the 2021-23 biennium.

⁴Senate Bill No. 2020 (2023) includes \$886.2 million from the resources trust fund for defraying the expenses of the Department of Water Resources, including \$497.2 million of new appropriations for the 2023-25 biennium and \$389 million for carryover projects.

⁵The amount shown reflects the oil and gas tax revenue deposited in the resources trust fund in excess of the 2021 legislative revenue forecast for the period August 1, 2021, through February 28, 2023. Senate Bill No. 2345 (2021 special legislative session) created the water projects stabilization fund for the purpose of defraying planning and construction expenses of water-related projects, provided for a transfer of \$1 million from the resources trust fund to the water projects stabilization fund, and provided for the transfer of all oil extraction tax revenues deposited in the resources trust fund that exceed the amount included in the 2021 legislative forecast from August 1, 2021, through February 28, 2023, on a quarterly basis.

INFRASTRUCTURE REVOLVING LOAN FUND HISTORY

The infrastructure revolving loan fund was created by the Legislative Assembly in Senate Bill No. 2233 (2013), which became effective on January 1, 2015. The bill established an infrastructure revolving loan fund within the resources trust fund. The bill provided 10 percent of oil extraction tax revenue deposited in the resources trust fund is to be made available on a continuing basis to provide loans for water supply, flood protection, or other water development and water management projects. Loans are approved by the State Water Commission with a fixed interest rate of 1.5 percent and administered by the Bank of North Dakota. Annually, the Bank receives .5 percent of the balance of issued loans to cover costs associated with administering the loans. The fund beginning balance and revenue earned in a biennium are carried over from biennium to biennium within the resources trust fund. House Bill No. 1020 (2017) provided the maximum to be allocated to the infrastructure revolving loan fund is **\$26 million**. House Bill No. 1431 (2021) eliminates the infrastructure revolving loan fund within the resources trust fund; combines it with the community water development fund to establish a newly created water infrastructure revolving loan fund; and provides a continuing appropriation to the State Water Commission for the purpose of providing loans for water projects in a similar manner as the prior infrastructure revolving loan fund.

RESOURCES TRUST FUND HISTORY

The resources trust fund was created pursuant to the passage of Initiated Measure No. 6 in the November 1980 general election. Initiated Measure No. 6 created a 6.5 percent oil extraction tax, 10 percent of which was to be allocated to the resources trust fund. In June 1990 the Constitution of North Dakota was amended to establish the resources trust fund as a constitutional trust fund and provide that the principal and income of the fund could be spent only upon legislative appropriations for:

- Constructing water-related projects, including rural water systems; and
- Energy conservation programs.

In November 1994 the voters of North Dakota approved a constitutional amendment, which is now Section 24 of Article X of the Constitution of North Dakota, to provide that 20 percent of oil extraction taxes be allocated as follows:

- 50 percent (of the 20 percent) to the common schools trust fund; and
- 50 percent (of the 20 percent) to the foundation aid stabilization fund.

The 1995 Legislative Assembly amended Section 57-51.1-07 to increase the percentage of oil extraction tax deposited into the resources trust fund from 10 to 20 percent. The general fund received 60 percent of oil extraction tax revenues, and the remaining 20 percent was allocated pursuant to Section 24 of Article X of the Constitution of North Dakota.

Section 57-51.1-07, as amended by Senate Bill No. 2129 (2011), provides that oil extraction tax revenues be distributed as follows:

- 20 percent to the resources trust fund;
- 20 percent allocated as provided in Section 24 of Article X of the Constitution of North Dakota;
- 30 percent to the legacy fund; and
- 30 percent to be allocated to the state's general fund with certain funds designated for deposit in the property tax relief sustainability fund, the strategic investment and improvements fund, and the state disaster relief fund as provided in House Bill No. 1451 (2011).

The Legislative Assembly in Senate Bill No. 2014 (2013) authorized quarterly transfers of 5 percent of the amount credited to the resources trust fund to the renewable energy development fund--up to \$3 million per biennium and of .5 percent of the amount credited to the resources trust fund to the energy conservation grant fund--up to \$1.2 million per biennium. Funds in the newly created energy conservation grant fund are appropriated on a continuing basis to the Department of Commerce for grants to political subdivisions for energy conservation projects in nonfederal public buildings. In addition, effective January 1, 2015, the Legislative Assembly, in Senate Bill No. 2233 (2013), established an infrastructure revolving loan fund within the resources trust fund. The bill provides 10 percent of oil extraction tax revenue deposited in the resources trust fund is to be made available on a continuing basis to provide loans for water supply, flood protection, or other water development and water management projects. Loans are approved by the State Water Commission and administered by the Bank of North Dakota. House Bill No. 1020 (2017) reduced the allocation to the renewable energy development fund from 5 to 3 percent and the maximum allocation to the energy

conservation grant fund from \$1.2 million to \$200,000 for the 2017-19 biennium, restored the maximum allocation to the energy conservation grant fund to \$1.2 million after July 31, 2019, and provided for a \$26 million maximum allocation of resources trust fund revenues to the infrastructure revolving loan fund.

The Legislative Assembly in Senate Bill No. 2020 (2015) directed the State Water Commission to refinance all remaining bonds through the Bank of North Dakota and to continue annual loan payments on the newly refinanced bonds. The State Water Commission refinanced the bonds with the Bank on July 29, 2015, in the amount of \$45,840,221 at a variable interest rate of 1.75 percent. The Bank loan will mature on June 30, 2030.

The Legislative Assembly in Senate Bill No. 2020 (2019) provided \$37.2 million to pay off the Bank of North Dakota loan. The bill contains an emergency clause, added in Senate Bill No. 2015 (2019); therefore, the State Water Commission paid off the Bank loan from the water development trust fund during the 2017-19 biennium.

The Legislative Assembly in Senate Bill No. 2345 (2021 special legislative session) created the water projects stabilization fund for the purpose of defraying planning and construction expenses of water-related projects, provided for a transfer of \$1 million from the resources trust fund to the water projects stabilization fund, and provided for the transfer of all oil extraction tax revenues deposited in the resources trust fund that exceed the amount included in the 2021 legislative forecast from August 1, 2021, through February 28, 2023, on a quarterly basis.

**ANALYSIS OF THE SENIOR CITIZEN SERVICES AND PROGRAMS FUND
FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
	Actual		Estimated	
Beginning balance		\$0		\$0
Add estimated revenues				
Allocation from sales, use, and motor vehicle excise tax collections	\$9,163,584 ^{1,2}		\$9,900,000 ^{1,2}	
Total estimated revenues		9,163,584		9,900,000
Total available		\$9,163,584		\$9,900,000
Less estimated expenditures and transfers				
State Treasurer - County senior citizen matching grants	\$8,464,733 ³		\$9,900,000 ³	
Transfer to the general fund	698,851 ⁴			
Total estimated expenditures and transfers		9,163,584		9,900,000
Estimated ending balance		\$0		\$0

¹The allocation from sales, use, and motor vehicle excise tax collections is shown below.

Fiscal Year	Allocation From Sales, Use, and Motor Vehicle Excise Tax Collections	Percentage Increase (Decrease) From Previous Year
2014	\$2,311,346 (actual)	26.9%
2015	\$2,654,064 (actual)	14.8%
2016	\$3,169,878 (actual)	19.4%
2017	\$3,627,787 (actual)	14.4%
2018	\$3,886,950 (actual)	7.1%
2019	\$4,060,513 (actual)	4.5%
2020	\$4,163,710 (actual)	2.5%
2021	\$4,342,001 (actual)	4.3%
2022	\$4,529,472 (actual)	4.3%
2023	\$4,634,112 (actual)	2.3%
2024	\$4,950,000 (estimate)	6.8%
2025	\$4,950,000 (estimate)	0.0%

²Senate Bill No. 2162 (2013) increased the amount of general fund revenue to be allocated to the senior citizen services and programs fund from three-fourths of one mill levied statewide to 85 percent of one mill levied statewide effective for taxable years beginning after December 31, 2012. The bill also increased the amount of grants provided to counties that have approved a mill levy for senior citizen programs from three-fourths of the amount levied in the county for senior citizen programs to 85 percent of the amount levied up to one mill.

Senate Bill No. 2143 (2015) increased the amount of general fund revenue to be allocated to the senior citizen services and programs fund from 85 percent of one mill levied statewide to 87.5 percent of the amount appropriated up to one mill levied statewide effective for taxable years beginning after December 31, 2014. The bill also increased the amount of grants provided to counties that have approved a mill levy for senior citizen programs from 85 percent of the amount levied in the county for senior citizen programs to 87.5 percent of the amount appropriated up to one mill.

³The county senior citizen matching grants are shown below.

Fiscal Year	County Senior Citizen Matching Grants	Percentage Increase (Decrease) From Previous Year
2014	\$2,290,963 (actual)	28.0%
2015	\$2,650,725 (actual)	15.7%
2016	\$3,143,803 (actual)	18.6%
2017	\$3,504,725 (actual)	11.5%
2018	\$3,723,317 (actual)	6.2%
2019	\$3,823,071 (actual)	2.7%
2020	\$3,892,217 (actual)	1.8%
2021	\$4,067,236 (actual)	4.5%
2022	\$4,207,302 (actual)	3.4%
2023	\$4,257,431 (actual)	1.2%
2024	\$4,950,000 (estimate)	16.3%
2025	\$4,950,000 (estimate)	0.0%

⁴Any funds remaining at the end of each biennium are transferred to the general fund.

FUND HISTORY

Senate Bill No. 2267 (2005) created the senior citizen services and programs fund. Statutory provisions are contained in North Dakota Century Code Sections 57-15-56(5) and 57-39.2-26.2. Current statutory provisions provide that each year during July through December, the State Treasurer is to transfer to the fund the portion of sales, use, and motor vehicle excise tax collections that are equivalent to the amount generated from 87.5 percent of one mill levied statewide as reported by the Tax Commissioner. The State Treasurer, by March 1 of the following year, pursuant to a continuing appropriation, distributes money in the fund as grants to eligible counties for senior citizen programs. The grants are provided to counties that have approved a mill levy for senior citizen services and programs. Current statutory provisions provide that the amount of each county's annual grant is equal to 87.5 percent of the amount appropriated in dollars in the county for senior citizen programs, limited to one mill. The Legislative Assembly provided intent that counties match 50 percent of the state grant with funding from the county general fund or state aid distribution fund receipts. Any money remaining in the fund at the end of the biennium is transferred to the general fund, except in the 2005-07 biennium any remaining money in the fund at the end of the biennium was allocated to those counties that were levying the statutory maximum for senior citizen programs in proportion to the amounts generated by those levies in those counties. Senate Bill No. 2242 (2011) amended statutory provisions to increase the amount of collections to be allocated to the fund and the amount of grants provided to counties from two-thirds of the amount levied for senior citizen programs to three-fourths of the amount levied for senior citizen programs, limited to one mill. Senate Bill No. 2162 (2013) increased these amounts to 85 percent of the amounts levied for senior citizen programs, limited to one mill. Senate Bill No. 2143 (2015) increased these amounts to 87.5 percent of the amounts appropriated for senior citizen programs, limited to one mill.

ANALYSIS OF THE STATE AID DISTRIBUTION FUND FOR THE 2021-23 AND 2023-25 BIENNIUMS (REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)

	2021-23 Biennium		2023-25 Biennium	
		\$0		\$0
Beginning balance		\$0		\$0
Add estimated revenues				
Sales, use, and motor vehicle excise taxes (based on 43.5 percent of an equivalent one-cent sales tax effective July 1, 2014)	\$227,423,288 ¹		\$242,033,810 ¹	
Total estimated revenues		227,423,288		242,033,810
Total available		\$227,423,288		\$242,033,810
Less estimated expenditures and transfers				
Payments to political subdivisions				
County share (53.7 percent)	\$122,126,305		\$129,972,156	
City share (46.3 percent)	105,296,983		112,061,654	
Total estimated expenditures and transfers		227,423,288		242,033,810
Estimated ending balance		\$0		\$0

¹The amounts shown for the 2021-23 biennium and the 2023-25 biennium are based on the January 2023 legislative revenue forecast and legislative action affecting sales and use tax and motor vehicle tax through crossover, including the effects of House Bill Nos. 1177 and 1402. This analysis does not reflect the effect of House Bill Nos. 1212, 1370, 1430, 1455, 1498, 1511, and 1513, and Senate Bill Nos. 2141 and 2334, because based on the fiscal notes, the effect of these bills cannot be determined.

FUND HISTORY

North Dakota Century Code Section 57-39.2-26.1 provided, prior to January 1999, for a portion of sales, use, and motor vehicle excise tax collections equal to 60 percent of an equivalent one-cent sales tax to be deposited by the State Treasurer in the state aid distribution fund. The Tax Commissioner certified to the State Treasurer the portion of sales, use, and motor vehicle excise tax net revenues that were deposited in the state aid distribution fund. The state aid distribution fund had historically been allocated, subject to legislative appropriation, with 50 percent of revenues for state revenue sharing and 50 percent for personal property tax replacement.

The 1997 Legislative Assembly amended Section 57-39.2-26.1 to provide that, effective January 1, 1999, deposits into the state aid distribution fund are based on an amount equal to 40 percent of an equivalent one-cent sales tax instead of an amount equal to 60 percent of an equivalent one-cent sales tax. In addition, a continuing appropriation was added which appropriates all revenues deposited in the state aid distribution fund for payments to political subdivisions. Senate Bill No. 2325 (2013) provides that effective July 1, 2014, deposits into the state aid distribution fund be based on an amount equal to 43.5 percent of an equivalent one-cent sales tax instead of an amount equal to 40 percent of an equivalent one-cent sales tax.

The 1997 Legislative Assembly also changed the allocation of the state aid distribution fund from 50 percent for personal property tax replacement and 50 percent for revenue sharing to 53.7 percent for counties and 46.3 percent for cities. The allocation for each county includes townships, rural fire protection districts, rural ambulance districts, soil conservation districts, county recreation service districts, county hospital districts, the Garrison Diversion Conservancy District, the Southwest Water Authority, and other taxing districts within the county, excluding school districts, cities, and taxing districts within the cities. The allocation for each city includes park districts and other taxing districts within the city, excluding school districts. The county allocation to townships must be based on the same percentage allocation that a township received in calendar year 1996.

House Bill No. 1025 (2003), which became effective on August 1, 2003, revised the state aid distribution formula for cities and counties to account for population changes resulting from the 2000 federal census. The bill provides for total distribution percentages to cities and counties to remain at 53.7 percent to counties and 46.3 percent to cities; however, the allocation formula to specific counties and cities is:

Population Category Through June 30, 2011			
Counties	Percentage	Cities (Based on Population)	Percentage
17 counties with the largest population (allocated equally)	20.48%	80,000 or more	19.4%
17 counties with the largest population (allocated based on population)	43.52%	20,000 or more but less than 80,000	34.5%
Remaining counties (allocated equally)	14.40%	10,000 or more but less than 20,000	16.0%
Remaining counties (allocated based on population)	21.60%	5,000 or more but less than 10,000	4.9%
		1,000 or more but less than 5,000	13.1%
		500 or more but less than 1,000	6.1%
		200 or more but less than 500	3.4%
		Less than 200	2.6%
Total	100.00%		100.0%

Senate Bill No. 2253 (2011), which became effective July 1, 2011, revised the state aid distribution formula for cities to provide that distributions be based upon the proportion each city's population bears to the total population of all cities. The bill did not change the total distribution percentages to cities and counties, which remains at 53.7 percent to counties and 46.3 percent to cities. The allocation formula for specific counties and cities is:

Population Category Effective July 1, 2011		
Counties	Percentage	Cities
17 counties with the largest population (allocated equally)	20.48%	Based upon the proportion each city's population bears to total population
17 counties with the largest population (allocated based on population)	43.52%	
Remaining counties (allocated equally)	14.40%	
Remaining counties (allocated based on population)	21.60%	
Total	100.00%	

Senate Bill No. 2325 (2013), which became effective July 1, 2014, increased the portion of the sales and use, gross receipts, and motor vehicle excise tax collections that is deposited in the state aid distribution fund from an amount equal to 40 percent of the equivalent one-cent sales tax to an amount equal to 43.5 percent of an equivalent one-cent sales tax.

House Bill No. 1067 (2015), which became effective July 1, 2015, and expired on June 30, 2021, changes the state aid distribution formula from allocations based on the decennial census to allocations based on most recent actual or estimated census data. House Bill No. 1379 (2021) clarified the timing of the allocations from the state aid distribution fund and continued the method of allocating revenues based on the most recent actual or estimated census data.

**ANALYSIS OF THE STRATEGIC INVESTMENT AND IMPROVEMENTS FUND
FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
		\$		\$
Beginning balance		\$863,342,901		\$1,535,736,624
Add estimated revenues				
Production royalties (2017 SB 2134; 2019 SB 2211) ^{1,2}	\$280,340,662		\$217,118,000	
Oil and gas bonuses ^{1,2}	0		0	
Mineral revenue refund repayments (2017 SB 2134; 2019 SB 2211) ²	(37,901,738)		0	
Mineral leases ¹	5,137,352		0	
Investment earnings ¹	(2,732,343)		17,650,565	
Oil and gas tax collections (2021 HB 1015; 2021 SB 2014, 2021 SB 2249, 2021 SB 2319; 2023 HB 1014; 2023 SB 2161, 2023 SB 2367) ^{3,4}	932,180,000		559,260,000	
Total estimated revenues		1,177,023,933		794,028,565
Total available		\$2,040,366,834		\$2,329,765,189
Less estimated expenditures and transfers				
Secretary of State				
Information technology project (2023 SB 2002)			\$1,500,000	
Office of Management and Budget				
Information technology projects (2021 HB 1015)	\$3,251,304			
Transfer to the cultural endowment fund for the maintenance of public arts projects (2021 HB 1015)	1,000,000			
Deferred maintenance funding pool (2023 SB 2015)			20,000,000	
Information Technology Department				
Information technology projects (2023 HB 1021)			16,500,000	
Attorney General				
Litigation funding pool (2021 HB 1003)	3,000,000			
Tax Commissioner				
Reimbursements for the homestead tax credit program (2023 SB 2136)			135,000,000	
Public Employees Retirement System				
Transfer to the main system retirement plan (2023 HB 1014)			240,000,000	
North Dakota University System				
Capital building fund program (2021 SB 2003; 2023 HB 1003)	19,000,000		29,000,000	
Campus projects (2021 SB 2003)	2,863,000			
Bismarck State College				
Multipurpose academic and athletic center project (2023 HB 1003)			29,900,000	
Williston State College				
Medical health care building project (2023 HB 1003)			34,750,000	
University of North Dakota				
Science, engineering, and national security corridor project (2023 HB 1003)			57,400,000	
Science, technology, engineering, and math building project (2023 HB 1003)			52,000,000	
North Dakota State University				
Center for engineering and computational sciences project (2023 HB 1003)			59,000,000	

North Dakota State College of Science			
Agriculture, automation, and autonomous systems project (2023 HB 1003)			18,975,000
Dickinson State University			
Agriculture and technology education building project (2023 HB 1003)			17,100,000
Mayville State University			
Old Main renovation project (2023 HB 1003)			49,970,100
Minot State University			
Dakota Hall demolition project (2023 HB 1003)			765,000
Academic building project (2023 HB 1003)			7,600,000
Valley City State University			
McCarthy Hall renovation project (2023 HB 1003)			11,500,000
Dakota College at Bottineau			
Old Main renovation project (2023 HB 1003)			4,300,000
Veterans' Home			
Parking lot repairs (2023 HB 1007)			600,000
Department of Health and Human Services - Human Services Division			
Transfer to human service finance fund (2023 SB 2012)			21,600,000
Information technology projects (2023 SB 2012)			11,000,000
State Hospital project planning and design (executive budget)			5,000,000
Pregnant and parenting women residential facility projects (2023 SB 2012)			1,000,000
Southeast Human Service Center project (2023 SB 2012)			735,154
Transfer to a newly created pay for success fund (2023 HB 1480)			2,500,000
Insurance Commissioner			
Study of lignite coal industry insurance (2021 HB 1010)	200,000		
Industrial Commission			
Transfer to the oil and gas research fund (2021 SB 2014)	9,500,000		
Transfer to the State Energy Research Center fund - rare earth minerals study (2023 HB 1014)			3,000,000
Transfer to the State Energy Research Center fund - underground energy storage research project (2023 HB 1014)			22,000,000
Transmission line grant (2023 HB 1014)			25,000,000
Transfer to a newly created clean natural gas capture and emissions reduction fund (2023 SB 2089)			7,500,000
Bank of North Dakota			
Transfer to the innovation loan fund to support technology advancement (2021 HB 1141)	15,000,000		
Transfer to a newly created bulk propane storage tank revolving loan fund (2023 SB 2242)			15,000,000
Department of Corrections and Rehabilitation			
Information technology project (2023 HB 1015)			2,307,000
Heart River Correctional Center project (2023 HB 1015)			161,200,000
James River Correctional Center maintenance shop project (2023 HB 1015)			1,550,000
Adjutant General			
National Guard deferred maintenance projects (2021 HB 1016)	1,000,000		
Statewide interoperable radio network equipment (2023 SB 2016)			2,700,000
Department of Commerce			
Beyond visual line of sight unmanned aircraft systems (2021 SB 2018; 2023 HB 1018)	19,000,000		30,000,000
Enhanced use lease grants (2021 SB 2018; 2023 HB 1018)	7,000,000		28,000,000

Job development grant (2021 SB 2018)	1,500,000		
Workforce safety grant (2021 SB 2018)	1,500,000		
Transfer to North Dakota development fund - development programs (2023 HB 1018)			30,000,000
Transfer to North Dakota development fund - fertilizer grants (2023 HB 1018)			120,000,000
Rural workforce housing grants (2023 HB 1018)			7,000,000
Tourism marketing awareness initiative (2023 HB 1018)			5,000,000
Tourism destination development initiative (2023 HB 1018)			25,000,000
New Americans workforce development and training grants (2023 HB 1018)			2,000,000
Workforce safety grant (2023 HB 1018)			1,500,000
Agriculture Commissioner			
Grasslands grazing grant program (2021 HB 1009)	5,000,000		
Transfer to the bioscience innovation fund (2023 SB 2009)			5,500,000
Grasslands grazing grants (2023 SB 2290)			3,000,000
Upper Great Plains Transportation Institute			
Remote sensing infrastructure (2021 SB 2020)	225,000		
Transportation data intelligence center (2023 HB 1020)			432,600
Branch Research Centers			
Capital projects at the Carrington Research Center, the Central Grasslands Research Center, the Hettinger Research Center, and the Langdon Research Center (2021 SB 2020)	2,073,000		
NDSU Main Research Center			
Waldron Hall replacement, storage sheds, and deferred maintenance (2023 HB 1020)			99,400,000
Northern Crops Research Center			
Feed center project (2023 HB 1020)			3,900,000
State Historical Society			
Historic site projects (2023 SB 2018)			4,500,000
Exhibit projects (2023 SB 2018)			595,000
Parks and Recreation Department			
Various capital projects at parks and deferred maintenance (2023 SB 2019)			10,000,000
Local park district grants (2023 SB 2019)			750,000
State park matching grants (2023 SB 2019)			1,500,000
Lake Metigoshe reimagined project (2023 SB 2019)			250,000
Department of Transportation			
Matching federal funds (executive budget)			200,000,000
Transfer to a newly created state flexible transportation fund (2023 HB 1012)			115,000,000
Shortline railroad loan program enhancement (2023 HB 1012)			8,000,000
Preliminary engineering and studies for northern Red River Valley infrastructure projects (2023 HB 1012)			5,000,000
Transfer to the general fund (2021 HB 1015)	410,000,000		
Administrative costs/other fees	3,517,906		4,000,000
Total estimated expenditures and transfers		504,630,210	1,778,279,854
Estimated ending balance		\$1,535,736,624	\$551,485,335

Restricted fund income		
Reserve relating to potential title disputes (2017 SB 2134; 2019 SB 2211) ^{2,5}	68,349,040	68,349,040
Loan guarantees (2011 SB 2306; 2013 SB 2287; 2019 SB 2296; 2021 SB 2230; 2023 HB 1014) ⁶	80,000,000	140,000,000
Estimated ending balance - Unobligated	<u>\$1,387,387,584</u>	<u>\$343,136,295</u>

¹The amounts shown reflect projections by the Department of Trust Lands for the 2021-23 bienniums.

²Senate Bill No. 2134 (2017) changes the definition of the ordinary high water mark related to sovereign minerals, reducing the mineral revenue to the strategic investment and improvements fund (SIIF) and requiring refund payments for previously received mineral revenues. The bill appropriated \$100 million from SIIF and authorized \$87 million from a line of credit through the Bank of North Dakota for the mineral revenue refund repayment during the 2017-19 biennium. Some production royalties may be deposited in SIIF prior to the implementation of the repayment process. The bill provided legislative intent that the \$87 million line of credit is to be repaid from SIIF; however, the total amount of funding needed for mineral revenue refund repayments is unknown and any changes to the amount of funding or the line of credit repayments will be determined by future legislative assemblies. Mineral revenue refund repayments began in the fall of 2020. The amounts shown for the refund repayments reflect the amounts paid pursuant to the department's continuing appropriation.

House Bill No. 1202 (2019) clarifies the definition of navigable waters, which may affect the state's mineral interests and mineral revenue deposited in SIIF. However, the estimated impact is unknown.

³Estimated revenues - The estimated allocations for the 2021-23 biennium are based on actual oil and gas tax revenue allocations through December 2022 and the January 2023 legislative revenue forecast for the remainder of the 2021-23 biennium and for the entire 2023-25 biennium.

⁴House Bill No. 1015 (2021) increases the oil and gas tax revenue allocation limit for the state disaster relief fund by \$5 million and aligns the allocations to the municipal infrastructure fund and the county and township infrastructure fund to provide allocations to the two funds at the same time after the initial allocation to SIIF. For the 2021-23 biennium only, Senate Bill No. 2014 (2021) limits the allocations to the North Dakota outdoor heritage fund to \$7.5 million per fiscal year. Senate Bill No. 2249 (2021) increases the oil and gas tax revenue allocation limit for the state disaster relief fund by \$5 million, the same as House Bill No. 1015 (2021). Senate Bill No. 2319 (2021) allocates a portion of the oil and gas tax revenue collected from oil wells that cross into a reservation to the tribes decreasing the state's share of oil and gas tax revenues. The combined effect of the bills results in an increase in the allocations to SIIF.

House Bill No. 1014 (2023) and Senate Bill Nos. 2161 and 2367 (2023) change the oil and gas tax revenue allocation formulas for the 2023-25 biennium. The combined effect of the bills results in a decrease in the allocations to SIIF.

⁵These amounts represent mineral revenues received from areas of the Yellowstone and Missouri Rivers and Lake Sakakawea where mineral rights are in dispute. Pursuant to action of the Board of University and School Lands, this portion of the fund balance is designated to be held in reserve. The assigned fund balance is adjusted only when approved by the board, which is usually done in August of each year.

⁶Senate Bill No. 2287 (2013) increased the guarantee reserve fund balance from 25 to 100 percent, not to exceed a total of \$25 million, through July 31, 2015. After July 31, 2015, the amount of reserves for all guaranteed loans must be determined by a formula that will provide an adequate amount of reserves as determined by the Bank of North Dakota. Money may be transferred from SIIF to reimburse lenders for guaranteed loans in default.

Senate Bill No. 2296 (2019) increased the limit for loan guarantees to \$50 million. Senate Bill No. 2230 (2021) increases the loan guarantee limit to \$80 million. House Bill No. 1014 (2023) increases the limit for loan guarantees to \$140 million related to a guarantee for a line of credit to provide pipeline capacity positions.

FUND HISTORY

House Bill No. 1451 (2011) provided the lands and minerals trust fund be renamed SIIF, and as soon as feasible after June 30, 2011, the State Treasurer close out the lands and minerals trust fund and transfer any remaining unobligated balance to SIIF. The lands and minerals trust fund originated in 1977 when the Legislative Assembly transferred to the Board of University and School Lands possessory interest in properties obtained by the Bank of North Dakota, including tracts of real property and reserved mineral interests.

All income from the sale, lease, and management of the mineral interests relating to these properties is deposited in SIIF, pursuant to North Dakota Century Code Section 15-08.1-08. The principal and interest of the fund may be used for one-time expenditures relating to improving state infrastructure or for initiatives to

improve the efficiency and effectiveness of state government. Money in the fund may be included in draft appropriation Acts under Section 54-44.1-06 and may be appropriated by the Legislative Assembly, but only to the extent the money is estimated to be available at the beginning of the biennium in which the appropriations are authorized.

Prior to July 1, 2015, if the unobligated balance of SIIF exceeded \$300 million at the end of any month, 25 percent of any revenues received for deposit in SIIF were deposited instead into the legacy fund in the subsequent month. In House Bill Nos. 1176 and 1377 (2015), the Legislative Assembly amended Section 15-08.1-08 to remove the provision related to the additional deposits of revenue in the legacy fund from SIIF. The unobligated balance in the fund is defined as the balance in the fund reduced by appropriations or transfers from the fund authorized by the Legislative Assembly, guarantee reserve fund requirements under Section 6-09.7-05, and any fund balance designated by the Board of University and School Lands relating to potential title disputes related to certain riverbed leases.

**ANALYSIS OF THE TAX RELIEF FUND FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$200,199,146		\$201,176,153
Add estimated revenues				
Allocation of oil and gas tax revenues	\$200,000,000 ¹		\$250,000,000 ¹	
Refund of prior biennium county expenses				
Total estimated revenues		200,000,000		250,000,000
Total available		\$400,199,146		\$451,176,153
Less estimated expenditures and transfers				
Distributions to non-oil-producing counties (2021 HB 1015)	\$11,799,901 ²			
Transfer to human service finance fund (2021 HB 1015; 2023 SB 2015)	187,223,092		\$200,000,000 ³	
Total estimated expenditures and transfers		199,022,993		200,000,000
Estimated ending balance		<u>\$201,176,153</u>		<u>\$251,176,153</u>

¹Estimated revenues - These amounts reflect the January 2023 legislative revenue forecast and legislative action through crossover. Senate Bill No. 2367 (2023) increases the allocation from the state share of oil and gas taxes to the tax relief fund from \$200 million to \$250 million.

²Section 4 of 2021 House Bill No. 1015, provides \$20 million for distributions to non-oil-producing counties for the benefit of organized and unorganized townships. Of the \$20 million, \$8.2 million is from the state disaster relief fund and \$11.8 million is from the tax relief fund. The State Treasurer is required to allocate \$10 million equally to all the townships and \$10 million based on road miles.

³Section 4 of Senate Bill No. 2015 (2023) provides for a transfer of \$200 million from the tax relief fund to the human service finance fund.

FUND HISTORY

North Dakota Century Code Section 57-64-05, as created by Senate Bill No. 2199 (2009), created the property tax relief sustainability fund for property tax relief programs, pursuant to legislative appropriation. Senate Bill No. 2199 provided an initial transfer of \$295 million from the permanent oil tax trust fund to the property tax relief sustainability fund. Chapter 57-51.1 provided for an allocation of the state's share of oil and gas tax revenues of \$341.79 million each biennium to the property tax relief sustainability fund.

Section 15.1-27-45, as created by Section 40 of House Bill No. 1013 (2013), changed the name of the property tax relief sustainability fund to the property tax relief fund, but only for the 2013-15 biennium. House Bill No. 1377 (2015) repealed Sections 15.1-27-45 and 57-64-05 relating to the property tax relief sustainability fund and amended Section 57-51.1-07.5 to change the name of the property tax relief sustainability fund to the tax relief fund and decreased the amount of the state's share of oil and gas tax revenue deposited in the fund from \$341.79 million per biennium to \$300 million per biennium.

House Bill No. 1152 (2017) amended Section 57-51.1-07.5 to change the allocation of the state's share of oil and gas tax revenue to reduce the allocation to the tax relief fund to \$200 million.

House Bill No. 1066 (2019) amended Section 57-51.1-07.5 but did not change the allocation of \$200 million to the tax relief fund.

ANALYSIS OF THE STATE TUITION FUND FOR THE 2021-23 AND 2023-25 BIENNIUMS (REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)

	2021-23 Biennium		2023-25 Biennium	
Beginning balance		\$2,015,709 ¹		\$1,633,599 ¹
Add estimated revenues				
Fines for violation of state laws	\$11,621,881 ²		\$11,000,000 ²	
Transfers from the common schools trust fund	421,020,000		499,860,000	
Total estimated revenues		432,641,881		510,860,000
Total available		\$434,657,590		\$512,493,599
Less estimated expenditures and transfers				
State aid to schools (2019 SB 2013; 2021 HB 1013)	\$433,023,991		\$510,860,000	
Total estimated expenditures and transfers		433,023,991		510,860,000
Estimated ending balance		<u>\$1,633,599¹</u>		<u>\$1,633,599¹</u>

¹Beginning/ending balance - North Dakota Century Code Section 15.1-28-03 provides for the distribution of money in the state tuition fund in August, September, October, November, December, January, February, March, and April of each fiscal year. Fine proceeds deposited in the state tuition fund during May and June of each fiscal year are carried forward for distribution in August of the subsequent year.

²Fines for violation of state laws - Fine proceeds estimated to be deposited in the state tuition fund during the 2021-23 biennium are based on actual fines deposited into the fund through March 2022 and estimated fine proceeds for the remainder of the 2021-23 biennium based on the 2021 legislative revenue forecast. The amount of state tuition fund distributions from fine proceeds is shown below.

Fiscal Year	Revenue From Fines	Percentage Increase (Decrease) From Previous Year
2003	\$4,607,423 (actual)	(3.6%)
2004	\$4,721,407 (actual)	2.5%
2005	\$4,507,137 (actual)	(4.5%)
2006	\$4,506,316 (actual)	(0.01%)
2007	\$4,590,395 (actual)	1.9%
2008	\$4,692,048 (actual)	2.2%
2009	\$4,452,118 (actual)	(5.1%)
2010	\$4,593,325 (actual)	3.2%
2011	\$4,963,691 (actual)	8.1%
2012	\$5,769,861 (actual)	16.2%
2013	\$6,158,750 (actual)	6.7%
2014	\$6,844,632 (actual)	11.1%
2015	\$7,655,890 (actual)	11.9%
2016	\$6,945,206 (actual)	(9.3%)
2017	\$5,511,247 (actual)	(20.6%)
2018	\$6,055,397 (actual)	9.9%
2019	\$5,885,838 (actual)	(2.8%)
2020	\$5,093,885 (actual)	(13.5%)
2021	\$6,144,964 (actual)	20.6%
2022	\$5,791,042 (actual)	(5.8%)
2023	\$5,830,839 (estimate)	0.7%
2024	\$5,500,000 (estimate)	(5.7%)
2025	\$5,500,000 (estimate)	0%

FUND HISTORY

The state tuition fund originated in 1889 with the enactment of the Constitution of North Dakota. The original constitutional provisions have not changed significantly since enactment and are currently contained in Section 2 of Article IX of the Constitution of North Dakota, which provides that payments to the common schools trust fund of the state include:

- Distributions from the common schools trust fund;
- All fines for violation of state laws; and
- All other amounts provided by law.

Section 15.1-28-01 provides the state tuition fund consists of the net proceeds from all fines for violation of state laws and distributions from the common schools trust fund. Section 15.1-28-03 directs the Office of Management and Budget, on or before the third Monday in January, February, March, April, August, September, October, November, and December of each year, to certify to the Superintendent of Public Instruction the amount of the state tuition fund. Prior to the 2007-09 biennium, the Superintendent apportioned the money in the state tuition fund among the school districts in the state based on the number of school-age children in the district. Senate Bill No. 2200 (2007) consolidated funding for the state school aid program, including per-student payments, teacher compensation payments, special education average daily membership payments, revenue supplemental payments, and tuition apportionment payments, into a new state school aid funding formula with a new distribution methodology; therefore, beginning with the 2007-09 biennium, the Superintendent includes the money in the state tuition fund in state school aid payments to school districts as determined by Chapter 15.1-27.

**ANALYSIS OF THE VETERANS' POSTWAR TRUST FUND
FOR THE 2021-23 AND 2023-25 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)**

	2021-23 Biennium		2023-25 Biennium	
Beginning balance ^{1,2}		\$8,179,087		\$7,675,987
Add estimated revenues				
Investment and interest income ^{3,4}	(\$250,000)		\$500,000	
Patriotic license plates	28,000		28,000	
Income tax return donations	55,000		55,000	
Commemorative memorial coin program sales	15,000		15,000	
Commemorative memorial coin program donations	3,000		3,000	
Impact Foundation donations ^{5,6}	30,000		30,000	
Other donations and income	3,500		3,500	
Total estimated revenues		(\$115,500)		634,500
Total available ⁶		\$8,063,587		\$8,310,487
Less estimated expenditures and transfers				
Investment management and consulting services	\$125,000		\$125,000	
Grants and related expenditures	190,000			
Veterans' transportation programs	600			
Commemorative memorial coin program expenditures	16,000		16,000	
Impact Foundation expenditures ^{5,6}	56,000		30,000	
Other programs that benefit veterans ⁷	0		240,000	
Total estimated expenditures and transfers		387,600		411,000
Estimated ending balance		\$7,675,987		\$7,899,487

¹During the 2019-21 biennium, the State Treasurer converted investment earnings reporting from a cost basis to a fair market value basis, resulting in an increase in the reported value of investments of the veterans' postwar trust fund.

²North Dakota Century Code Section 57-38-34.7 allows the Department of Veterans' Affairs to apply for, accept, and expend private donations, gifts, grants, or bequests that are offered or tendered with a specifically identified purpose or a restrictive condition which is related to a benefit or service for resident North Dakota veterans and appropriates those funds to the department on a continuing basis in accordance with the donor's instructions. During the 2019-21 biennium, the department received \$52,300 of donations, excluding donations from the Impact Foundation, for veterans' programs, of which \$9,600 was for hardship assistance grants, \$18,900 was for a hyperbaric oxygen therapy program for veterans with posttraumatic stress disorder, \$11,300 was for a Fisher House program to partner with a private organization to build comfort homes for military and veteran families when a family member is hospitalized, and \$12,500 was for a commemorative book provided free to Vietnam War veterans.

³Prior to July 2011, Section 37-14-14 appropriated on a continuing basis all income of the veterans' postwar trust fund to the Administrative Committee on Veterans' Affairs for programs that benefit veterans or their dependents. The Legislative Assembly in House Bill No. 1468 (2011) amended Section 37-14-14 to provide that all income earned in a biennium is appropriated to the Administrative Committee on Veterans' Affairs for authorized programs on a continuing basis in the following biennium, and not in the biennium in which it is earned. Therefore, the investment income earned by the fund during the 2019-21 biennium was not available for programs until the 2021-23 biennium and income earned by the fund during the 2021-23 biennium will not be available for programs until the 2023-25 biennium.

⁴The State Treasurer has not provided investment income estimates for the 2021-23 biennium. Actual investment losses through January 2023 were (\$396,500). Investment income estimates for the 2021-23 biennium are based on actual investment losses through January 2023 and estimated investment gains for February

through June 2023 based on 12 months of investment returns during the 2021-23 biennium that did not include abnormally high investment losses or abnormally high investment gains. Investment income estimates for the 2023-25 biennium are based on prior biennium investment returns.

⁵The North Dakota Veterans Emergency Needs Charitable Fund (also known as the North Dakota Support Our Veterans Fund) was established in April 2010 by the Impact Foundation to support emergency needs of North Dakota veterans and their eligible dependents. As noted in the March 28, 2018, *Performance Audit Report of the Department of Veterans' Affairs* prepared by the State Auditor, the department has received and expended funds from the Impact Foundation by combining these funds with those of the veterans' postwar trust fund without legislative or Emergency Commission approval. The State Auditor's report identified that these actions were in conflict with Section 18 of Article X of the Constitution of North Dakota and Section 37-18-12. In House Bill No. 1248 (2019), the Legislative Assembly created Section 57-38-34.7 to authorize the department to accept and expend donations and other funding, such as the funding received from the Impact Foundation.

⁶Estimated funds available for benefits during the 2021-23 biennium total approximately \$463,312, of which \$232,370 is from income earned on the fund during the 2019-21 biennium, \$81,142 is from income earned on the fund during prior bienniums but not yet spent, \$1,250 is the estimated short term interest earned on certificates of deposit approved by the Administrative Committee on Veterans' Affairs, \$18,000 is the estimated donations and sales related to the commemorative memorial coin program during the 2021-23 biennium, \$18,736 is from donations and sales related to the commemorative memorial coin program during the 2019-21 biennium that was not spent by the end of the biennium, \$30,000 is from revenue received from the Impact Foundation during the 2021-23 biennium, \$26,014 is from net proceeds from the Impact Foundation from prior bienniums, \$3,500 is the estimated amount donations and other income that will be collected during the 2021-23 biennium, and \$52,300 is from donations received during the 2019-21 biennium but not spent by the end of the biennium.

⁷Estimated funds available for benefits during the 2023-25 biennium, based on the average investment income earned on the fund during the 2021-23 biennium through January 2023, is approximately \$240,000, excluding any funding continued from prior bienniums and funding collected during the 2023-25 biennium for the commemorative memorial coin program, donations, and short-term interest.

FUND HISTORY

Established

The fund was created by Section 6 of Senate Bill No. 2271 (1981):

SECTION 6. TRANSFER OF VIETNAM BONUS FUNDS TO VETERANS' POSTWAR TRUST FUND. All unobligated moneys in the Vietnam veterans' adjusted compensation funds in the state treasury after July 1, 1981, shall be transferred by the state treasurer to the veterans' postwar trust fund. Any obligations of such funds as a result of any amendment of section 37-25-10 by the forty-seventh legislative assembly shall be paid out of the veterans' postwar trust fund and the moneys necessary to meet those obligations are hereby appropriated.

1988 Initiated Measure No. 4

Initiated Measure No. 4, approved by the voters in the November 1988 general election, provided the following:

- Established the veterans' postwar trust fund as a permanent fund.
- Required the State Treasurer to transfer \$740,000 per year for 5 years commencing July 1, 1989, from the state general fund or other sources as appropriated by the Legislative Assembly to the veterans' postwar trust fund to total \$3.7 million.
- Appropriated the income from the veterans' postwar trust fund on a continuing basis to the Administrative Committee on Veterans' Affairs to be spent for veterans' programs as authorized by law.
- Required the State Treasurer to invest the fund in legal investments as provided by Section 21-10-07.

The principal balance in the fund on December 8, 1988, was \$401,849.

Senate Bill No. 2009 (1989) transferred \$1,480,000--\$740,000 on July 1, 1989, and \$740,000 on July 1, 1990--from the state general fund to the veterans' postwar trust fund. The bill also appropriated up to \$274,000 of investment income earned on the veterans' postwar trust fund balance to the Veterans' Home for its

operating costs. Because of net budget reductions during the 1989-91 biennium, the transfer from the general fund to the veterans' postwar trust fund for the 2nd year of the 1989-91 biennium was reduced by \$95,005, from \$740,000 to \$644,995.

Senate Bill No. 2001 (1991) transferred \$1,575,005 from the general fund to the veterans' postwar trust fund during the 1991-93 biennium. This amount restored the \$95,005 which was not transferred during the 1989-91 biennium because of net budget reductions. Because of budget allotments ordered by the Governor during the 1991-93 biennium, the transfer from the general fund to the veterans' postwar trust fund for the 2nd year of the 1991-93 biennium was reduced by \$5,670, from \$740,000 to \$734,330.

House Bill No. 1001 (1993) transferred \$745,670 from the general fund to the veterans' postwar trust fund during the 1993-95 biennium. This was the final transfer required by the initiated measure and included \$5,670 to restore the reduction made during the 1991-93 biennium because of budget reductions.

1996 Initiated Constitutional Measure No. 4

Initiated Constitutional Measure No. 4, approved by the voters in the November 1996 general election, created the following new section to Article X of the Constitution of North Dakota:

The veterans' postwar trust fund shall be a permanent trust fund of the state of North Dakota and shall consist of moneys transferred or credited to the fund as authorized by legislative enactment. Investment of the fund shall be the responsibility of the state treasurer who shall have full authority to invest the fund only in the same manner as the state investment board is authorized to make investments. All income received from investments is to be utilized for programs which must be of benefit and service to veterans, who are defined by legislative enactment, or their dependents, and such income is hereby appropriated to the administrative committee on veterans' affairs on a continuing basis for expenditure upon those programs selected at the discretion of the administrative committee on veterans' affairs.

House Bill No. 1468 (2011)

The Legislative Assembly in House Bill No. 1468 (2011) amended Section 37-14-14 to provide that all income earned in a biennium is appropriated to the Administrative Committee on Veterans' Affairs on a continuing basis in the following biennium, and not in the biennium in which it is earned, for authorized programs.

House Bill No. 1439 (2013)

The Legislative Assembly in House Bill No. 1439 (2013) provided \$250,000 from the general fund to increase the principal balance of the veterans' postwar trust fund.

House Bill No. 1360 (2015)

The Legislative Assembly in House Bill No. 1360 (2015) created Section 39-04-10.15 to require an initial fee of \$25 for patriotic license plates, of which \$20 is deposited in the highway tax distribution fund and \$5 is deposited in the veterans' postwar trust fund. The revenue deposited in the veterans' postwar trust fund must be added to the principal of the fund.

Senate Bill No. 2183 (2017)

The Legislative Assembly in Senate Bill No. 2183 (2017) created Section 37-18-15 to establish a commemorative memorial coin program to provide commemorative memorial coins to a family member of a deceased North Dakota veteran during military funeral honors and to allow for the purchase of commemorative memorial coins from the Department of Veterans' Affairs. The bill provided legislative intent that the Administrative Committee on Veterans' Affairs considering providing funding from the veterans' postwar trust fund to the department for the purpose of funding at least 4,000 commemorative memorial coins during the 2017-19 biennium.

House Bill No. 1131 (2019)

The Legislative Assembly in House Bill No. 1131 (2019) amended Section 37-18-12 to allow the Department of Veterans' Affairs to accept private donations, gifts, grants, or bequests that benefit or service North Dakota veterans, which are available to the department pursuant to continuing appropriation authority.

House Bill No. 1248 (2019)

The Legislative Assembly in House Bill No. 1248 (2019) created Section 57-38-34.7 to allow an individual to make a contribution to the veterans' postwar trust fund on the individual's income tax return for taxable years beginning after December 31, 2018. The Tax Commissioner is required to transfer the contributions to the State Treasurer for deposit in the veterans' postwar trust fund.

House Bill No. 1211 (2021)

The Legislative Assembly in House Bill No. 1211 (2021) expanded the State Treasurer's ability to invest funds of the veterans' aid fund and the income from the veterans' postwar trust fund by allowing investment in assets not held by the Bank of North Dakota.

Department of Health and Human Services - Public Health - Budget No. 325
House Bill No. 1004
Base Level Funding Changes

	Executive Budget Recommendation				House Version				House Changes to Executive Budget			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	Increase (Decrease) - Executive Budget			
									FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	210.50	\$38,575,155	\$129,409,112	\$167,984,267	210.50	\$38,575,155	\$129,409,112	\$167,984,267	0.00	\$0	\$0	\$0
2023-25 Ongoing Funding Changes												
Base payroll changes		\$103,733	\$216,068	\$319,801		\$103,733	\$216,068	\$319,801				\$0
Base budget changes, including federal funds and adjustments to transfer funding between the former State Department of Health and former Department of Human Services budgets		1,692,991	106,147,341	107,840,332		1,692,991	106,147,341	107,840,332				0
Salary increase		656,026	2,019,554	2,675,580		488,250	1,513,380	2,001,630		(167,776)	(506,174)	(673,950)
Health insurance increase		260,470	846,616	1,107,086		266,461	866,093	1,132,554		5,991	19,477	25,468
Adds funding to convert 1 temporary position to 1 FTE autopsy technician IV position	1.00	65,094		65,094	1.00	65,094		65,094				0
Adds funding to convert 4 temporary positions to 4 FTE program management III positions	4.00		50,008	50,008	4.00		50,008	50,008				0
Adds funding for ITD rate increases		191,302	1,050,392	1,241,694		191,302	1,050,392	1,241,694				0
Adds funding from the community health trust fund for tobacco treatment and cessation grants			500,000	500,000			500,000	500,000				0
Adds funding from the community health trust fund for youth vaping prevention grants			300,000	300,000			300,000	300,000				0
Increases funding for operating expenses in injury prevention		31,000		31,000		31,000		31,000				0
Adds funding from the community health trust fund to increase local public health state aid to provide a total of \$8,000,000, of which \$4,725,000 is from the general fund and \$3,275,000 is from the community health trust fund			2,750,000	2,750,000			2,750,000	2,750,000				0
Increases funding for domestic violence prevention to provide a total of \$5,936,285, of which \$4,596,285 is from the general fund and \$1,000,000 is from the community health trust fund		2,686,285		2,686,285		2,686,285	1,000,000	3,686,285			1,000,000	1,000,000
Increases funding from the community health trust fund for domestic violence offender treatment to provide a total of \$1 million from the community health trust fund			700,000	700,000			700,000	700,000				0

Increases funding to maintain public health registries		701,553		701,553		701,553		701,553					0
Adds funding to expand the biomedical cache		20,000		20,000		20,000		20,000					0
Adds funding for emergency response and preparedness training and exercise		385,000		385,000		385,000		385,000					0
Total ongoing funding changes	5.00	\$6,793,454	\$114,579,979	\$121,373,433	5.00	\$6,631,669	\$115,093,282	\$121,724,951	0.00	(\$161,785)	\$513,303	\$351,518	
One-Time Funding Items													
Adds one-time funding for public health registries		\$69,558		\$69,558				\$0		(69,558)			(69,558)
Adds one-time funding from the federal State Fiscal Recovery Fund for a new laboratory building shared with DEQ			\$55,120,000	55,120,000			\$55,120,000	55,120,000					0
Total one-time funding changes	0.00	\$69,558	\$55,120,000	\$55,189,558	0.00	\$0	\$55,120,000	\$55,120,000	0.00	(\$69,558)	\$0	(\$69,558)	
Total Changes to Base Level Funding	5.00	\$6,863,012	\$169,699,979	\$176,562,991	5.00	\$6,631,669	\$170,213,282	\$176,844,951	0.00	(\$231,343)	\$513,303	\$281,960	
2023-25 Total Funding	215.50	\$45,438,167	\$299,109,091	\$344,547,258	215.50	\$45,206,824	\$299,622,394	\$344,829,218	0.00	(\$231,343)	\$513,303	\$281,960	
<i>Federal funds included in other funds</i>			\$270,392,653				\$269,984,293				(\$408,360)		
<i>Total ongoing changes as a percentage of base level</i>	2.4%	17.6%	88.5%	72.3%	2.4%	17.2%	88.9%	72.5%					
<i>Total changes as a percentage of base level</i>	2.4%	17.8%	131.1%	105.1%	2.4%	17.2%	131.5%	105.3%					

Other Sections in Department of Health and Human Services - Public Health - Budget No. 325

	<u>Executive Budget Recommendation</u>	<u>House Version</u>
Funding transfer authorization - Line items of House Bill No. 1004 and Senate Bill No. 2012	Section 3 would provide an exemption to allow DHHS to transfer funding between line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS approved by the 68th Legislative Assembly. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.	Section 3 provides an exemption to allow DHHS to transfer funding between line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS approved by the 68th Legislative Assembly. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.
Funding transfer authorization - Line items of House Bill No. 1004 and select subdivisions of Senate Bill No. 2012 to county social services in Senate Bill No. 2012	Section 4 would provide an exemption to allow DHHS to transfer funding from the line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS approved by the 68th Legislative Assembly to subdivision 4 of Section 1 of Senate Bill No. 2012. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.	Section 4 provides an exemption to allow DHHS to transfer funding from the line items in House Bill No. 1004, subdivisions 1, 2, and 3 of Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS approved by the 68th Legislative Assembly to subdivision 4 of Section 1 of Senate Bill No. 2012. The department is required to notify the Legislative Council of any transfers and report to the Budget Section after June 30, 2024, any transfer made in excess of \$50,000. The department is also required to report any transfers to the 69th Legislative Assembly.

Other Sections in Department of Health and Human Services - Public Health - Budget No. 325

	<u>Executive Budget Recommendation</u>	<u>House Version</u>
Transfer of appropriation authority	Section 5 would require OMB to combine the appropriation authority contained in Section 1 of House Bill No. 1004, Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS in other bills approved by the 68th Legislative Assembly, into one budget for DHHS on July 1, 2023. The section would also require DHHS to submit one budget for the 2025-27 biennium.	Section 5 requires OMB to combine the appropriation authority contained in Section 1 of House Bill No. 1004, Section 1 of Senate Bill No. 2012, and any remaining appropriation authority for DHHS in other bills approved by the 68th Legislative Assembly, into one budget for DHHS on July 1, 2023. The section would also require DHHS to submit one budget request for the 2025-27 biennium.
Estimated income - Insurance tax distribution fund	Section 6 would identify \$1,125,000 from the insurance tax distribution fund for rural EMS grants during the 2023-25 biennium.	Section 6 identifies \$1,125,000 from the insurance tax distribution fund for rural EMS grants during the 2023-25 biennium.
Estimated income - Community health trust fund	Section 7 would identify \$19,072,324 from the community health trust fund for various programs and grants during the 2023-25 biennium.	Section 7 identifies \$20,072,324 from the community health trust fund for various programs and grants during the 2023-25 biennium.
Deposit of JUUL Labs, Inc. settlement funds in the community health trust fund		Section 8 provides the statutory changes to require 80 percent of the funds received by the state as a result of the JUUL Labs, Inc. settlement be deposited in the community health trust fund.
Transfer - JUUL Labs, Inc. settlement funds to community health trust fund		Section 9 requires the Attorney General transfer 80 percent of the JUUL Labs, Inc. settlement proceeds received during the 2021-23 biennium and deposited in the Attorney General refund fund to the community health trust fund.
Use of Funds - Federal COVID-19 public health crisis response grant		Section 10 requires the department to first make available \$870,000 from the federal COVID-19 public health crisis response grant to local public health units. Funding not requested by December 31, 2023, will be available to the department for workforce efforts pursuant to grant guidance.
Laboratory Building Steering Committee membership		Section 11 provides the Laboratory Building Steering Committee include representation from DHHS, DEQ, OMB, the Governor's office, and the Legislative Assembly. Legislative Assembly members assigned to the committee must include one member of the Senate, appointed by the Senate Majority Leader; one member of the House, appointed by the House Majority Leader; and one member of the minority party from either the Senate or the House, appointed by the minority leaders of the Senate and House.
Exemption - Statewide health strategies initiative - 2021-23 biennium carryover	Section 8 would provide an exemption to allow the department to continue \$3 million of one-time funding, of which \$1.5 million is from the community health trust fund and \$1.5 million is from other funds secured as matching funds, provided for a statewide health strategies initiative during the 2021-23 biennium to the 2023-25 biennium. The amount appropriated from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds.	Section 12 provides an exemption to allow the department to continue \$3 million of one-time funding, of which \$1.5 million is from the community health trust fund and \$1.5 million is from other funds secured as matching funds, provided for a statewide health strategies initiative during the 2021-23 biennium to the 2023-25 biennium. The amount appropriated from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds.

Other Sections in Department of Health and Human Services - Public Health - Budget No. 325

Executive Budget Recommendation

House Version

Exemption - Public health laboratory
capital project - 2021-23 biennium carryover

Section 9 would provide an exemption to allow the department to continue any unexpended funding provided from the federal State Fiscal Recovery Fund during the 2021 special legislative session for the public health laboratory capital project. The section provides any unexpended funds remaining of the \$15 million one-time funding appropriation are available for the public health laboratory capital project during the 2023-25 biennium.

Section 13 provides an exemption to allow the department to continue any unexpended funding provided from the federal State Fiscal Recovery Fund during the 2021 special legislative session for the public health laboratory capital project. The section provides any unexpended funds remaining of the \$15 million one-time funding appropriation are available for the public health laboratory capital project during the 2023-25 biennium.