Sixty-third Legislative Assembly of North Dakota

Introduced by

- 1 A BILL for an Act to amend and reenact sections 23-35.1-01, 23-35.1-02, 23-35.1-03, and
- 2 23-35.1-04 of the North Dakota Century Code, relating to regional public health network
- 3 definitions, joint powers agreement review, annual plan, and receipt and use of moneys; and to
- 4 provide an appropriation.

## 5 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

6 SECTION 1. AMENDMENT. Section 23-35.1-01 of the North Dakota Century Code is

7 amended and reenacted as follows:

## 8 **23-35.1-01. Definitions**.

9 For purposes of this chapter, unless the context otherwise requires:

- 10 1. The definitions of section 23-35-01 apply; and
- 12. "Regional public health network" means a group of public health units that have
- 12 entered a joint powers agreement or an existing lead multidistrict health unit identified
- 13 in the emergency preparedness and response region which has been reviewed by the
- 14 state health officer and has been verified as meeting the requirements of this chapter
- 15 and chapter 54-40.3 and have been verified by the state health officer as meeting the
- 16 <u>requirements of this chapter</u>.

17 SECTION 2. AMENDMENT. Section 23-35.1-02 of the North Dakota Century Code is

18 amended and reenacted as follows:

19 23-35.1-02. Regional public health network - Joint powers agreement - Review by

20 state health officer - Criteria.

21 Before a group of public health units may be designated as a regional public health network

22 <u>and eligible for state funding</u>, the state health officer shall review the joint powers agreement the

23 districts entered and verify that:

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1	1.	The	e geographical region covered by the regional public health network corresponds to					
2		one	of the emergency preparedness and response regions established by the state					
3		dep	artment of health.consists of:					
4		<u>a.</u>	<u>At le</u>	east two public health units serving a minimum population of fifteen thousand;				
5			<u>or</u>					
6		<u>b.</u>	<u>A m</u>	inimum of three public health units.				
7	2.	The	joint	powers agreement requires that the participating public health units:				
8		a.	Sha	re various administrative functions and public health services in accordance				
9			with	subsection 3Assess the health of the population;				
10		b.	Ider	ntify workplan activities that meet the needs of the region;				
11		<u>C.</u>	Con	nply with requirements <u>adopted by</u> the health council <del>adopts</del> by rule; <del>and</del>				
12		<del>c.<u>d.</u></del>	Mee	et department maintenance of effort funding requirements, which must be				
13			calc	ulated based on each unit's dollar or mill levy public health unit contribution in				
14			cale	ndar year 2007 <del>.<u>;</u> and</del>				
15		<u>e.</u>	<u>Sha</u>	re core public health activities and measure outcomes in accordance with				
16			<u>sub</u>	section 3.				
17	3.	The	joint	powers agreement requires:				
18		a.	A re	gional public health network to share the following public health services:				
19			<del>(1)</del>	Emergency preparedness and response;				
20			<del>(2)</del>	Environmental health services; and				
21			<del>(3)</del>	A regional public health network health officer, although this paragraph does-				
22				not prohibit a public health unit from appointing a local health				
23				officer.Evidence that network activities align with prevailing health status				
24				and community needs;				
25		b.	<del>A re</del>	gional public health network to select and share at least three administrative				
26			func	tions and at least three public health services, as provided under this				
27			sub	division:				
28			<del>(1)</del>	"Administrative functions" are:				
29				(a) Financial accounting, billing, and accounts receivable;				
30				(b) Community assessment and planning;				
31				(c) Contract compliance;				

1		<del>(d)</del>	Public health service improvement planning;
2		<del>(e)</del>	Human resource management;
3		<del>(f)</del>	Technology support;
4		<del>(g)</del>	Budgeting;
5		<del>(h)</del>	Workforce development;
6		<del>(i)</del>	Public information;
7		<del>(j)</del>	Grant writing;
8		<del>(k)</del>	Inventory management, including vaccines; and
9		<del>(I)</del>	Any other functions approved by the state health officer.
10		<del>(2)</del> "Pub	lic health services" are:
11		<del>(a)</del>	School health;
12		<del>(b)</del>	Nutrition;
13		<del>(C)</del>	Family planning;
14		<del>(d)</del>	Injury prevention;
15		<del>(e)</del>	Violence prevention;
16		<del>(f)</del>	Tobacco prevention and cessation;
17		<del>(g)</del>	<del>Oral health;</del>
18		<del>(h)</del>	Cancer prevention;
19		<del>(i)</del>	Maternal and child health;
20		<del>(j)</del>	Asthma;
21		<del>(k)</del>	<del>Diabetes;</del>
22		<del>(I)</del>	Cardiovascular health;
23		<del>(m)</del>	Physical activity;
24		<del>(n)</del>	Immunizations;
25		<del>(0)</del>	Communicable disease programs;
26		<del>(p)</del>	Mental health;
27		<del>(q)</del>	Chronic disease;
28		<del>(r)</del>	Public health visits; and
29		<del>(S)</del>	Any other services approved by the state health officer.
30	4 <del>.</del>	The joint power	rs agreement provides:
31		a. Shared or	expanded services in the core public health activities of:

1		(1)	Droventing enidemics and enread of disease:				
		(1)	Preventing epidemics and spread of disease;				
2		<u>(2)</u>	Protecting against environmental hazards;				
3		<u>(3)</u>	Preventing injuries:				
4		<u>(4)</u>	Promoting health behaviors;				
5		<u>(5)</u>	Responding to disasters; and				
6		<u>(6)</u>	Assuring the quality and accessibility of health services;				
7	<u>C.</u>	<u>Ass</u>	Assurance of network performance measurement to demonstrate capacity,				
8		proc	cess, or health outcomes;				
9	d. Criteria for the future participation of public health units that were not partie						
10		the	original joint powers agreement;				
11	<del>b.<u>e.</u></del>	An a	application process by which public health units that were not parties to the				
12		orig	inal joint powers agreement may become participating districts; and				
13	<del>c.<u>f.</u></del>		A process by which public health units that were not parties to the original joint				
14		ром	vers agreement may appeal a decision to deny an application to participate in				
15		the	agreement to the state health officer.				
16	5.4. The joint powers agreement provides for the structure of the governing body of the						
17	network.						
18	SECTION 3. AMENDMENT. Section 23-35.1-03 of the North Dakota Century Code is						
19	amended and reenacted as follows:						
20	23-35.1-03. Regional public health network - Annual plan.						
21	A regional public health network shall prepare an annual plan regarding the provision of the						
22	required and optional public health services core public health activities and shall submit the						
23	plan to the state health officer for approval.						
24	SECTION 4. AMENDMENT. Section 23-35.1-04 of the North Dakota Century Code is						
25	amended and reenacted as follows:						
26	23-35.1-04. Regional public health networks - Receipt and use of moneys.						
27	The board of a regional public health network may receive and expend moneys for the						
28	provision of administrative functions, public health services, core public health activities and any						
29	other lawful activities.						
30	SECTION 5. APPROPRIATION. There is appropriated out of any moneys in the general						
31	fund in the state treasury, not otherwise appropriated, the sum of \$4,000,000, or so much of the						

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- 1 sum as may be necessary, to the state department of health for the purpose of establishing,
- 2 administering, and operating regional public health networks in the state, for the biennium
- 3 beginning July 1, 2013, and ending June 30, 2015.