2013 SENATE APPROPRIATIONS

SB 2004

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004
January 22, 2013
Job # 17553

☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

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

Minutes:

Testimony Attached # 1-10

Legislative Council - Sheila M. Sandness
OMB - Lori Laschkewitsch
Chairman Holmberg called the committee to order on SB 2004. All committee members were present.
Senator Holmberg reminded the committee that a performance audit was required to be made on the Dept. of Health - Family Health Division. A copy of the audit report will be handed out to each of the committee members. The sub-committee will be **Senators Kilzer, Grinberg and Mathern.**

Terry Dwelle, MD, State Health Officer, North Dakota Department of Health
Testified in favor of SB 2004
Testimony attached # 1- Testimony SB 2004 to Senate Appropriation Committee

(21:00) **Senator Mathern** asked about "preenteeism" (on page 8 of testimony) and said there is no cost or expense associated with it.

Terry Dwelle: The initial research that has the numbers to it came from actually a different study where they didn't look at presenteeism. The second study actually looked at the impact on the bottom line. It was 35% of all of the impact on the bottom line of businesses. Thirty three percent was due to absenteeism, clinical care, hospitalizations and medications.

(22:19) **Senator Erbele**: In your conclusion, you said you provide suicide prevention funding for 31 projects. Of those 31 projects, how many are on the Indian reservations? We did, through the Indian commission this morning, talked about last year giving $75,000. Do you dovetail some of those programs or are they separate funds that you're doing different things?

(23:10) **Mary Dosavick, Director, Division of Injury Prevention and Control**
We don't share money with certain projects, but we share expertise and we did provide funding to the Three Affiliated Tribes for a project. We also provided some funding to train two individuals on what is called assist training. Those two individuals went out to all the tribal colleges with the exception of Standing Rock. We weren't able to get in there. We worked with the Indian Affairs Commission to help us get into those colleges. They actually arranged the training.

(24:33) **Arvy Smith, Deputy State Health Officer, North Dakota Department of Health**
Testified in favor of SB 2004
Testimony attached # 1 - continuing on page 10.

She presented the overview of the Health Department budget.
She handed out the 2012 Performance Audit Report - see attached #2

(53:20) **Chairman Holmberg** said he found it curious in the audit where they looked at taxi receipts and found that people going to the same conference from the airport to the hotel paid between $30 and $70 for that same taxi ride. Arvy commented that she made a trip where the way out it was $50 and the way back was $20. On the way out, she couldn't coordinate with other people to ride. On the way back, she had two friends with her and they split the bill. They looked in-depth at the taxi issue and how they were handling that. It's a trust thing what you put on that receipt.

(56:08) **Dave Glatt, Chief Officer of Enforcement, Environmental Health, ND Department of Health**
Testified in favor of SB 2004
Testimony attached # 3 - Testimony to SB 2004
Testimony attached # 4 - Oilfield Impacts and the ND Department of Health Environmental Health Section

(1:00:06) **Senator Warner** asked about radioactive materials.

Dave Glatt: Both. There are naturally occurring radioactive materials. There was an article in the Bismarck Tribune that was related to that. There are naturally occurring radioactive materials that, as part of the materials that are drilled and brought up to the surface. There can be some radioactive materials in there. Also, as part of the drilling process, they use radioactive materials to help them log holes, identify what the sub-surface is like, and they will use some of those sources that have to also be controlled.

(1:11:09) **Senator Robinson**: On the assessment of the spills, is the responsibility, in terms of costs, solely on the department? How does that work? Is there an assessment or fines?

Dave Glatt: A little bit of all of that. If we know who the responsible party is and typically, if it's a small spill, that we can get out there and assess with them and they can clean it up within that day that is something that the department just absorbs the cost through their budget. If it's something that is going to take a long time, and some of these are months to

Senator Robinson: Given the magnitude of the activity in oil patch and the shortage of staff, you have to as a department, be somewhat overwhelmed. Are there spills that is not consistent with our state policy and laws? Are there spills going on that we never hear about?

Dave Glatt: If I don't hear about it, is it a spill? There is some of that going on. There is some illegal dumping going on. We do asses those and determine for environmental impact, but there is no money to deal with that. For those that are illegally dumping, there are releases that we don't know where it came from. Those are very difficult to address. Some of them, we tried to work with the nearest oil company. Some of them have been very honest and stepped up to the plate and cleaned it up. Some of them haven't. We do a triage on a lot because there are so many spills coming in. If it looks like it's going to impact waters of the state, or has the potential to do that, those are the ones we concentrate on.

(1:13:40) **Senator Warner**: Scott Davis was here this morning from the Indian Affairs Commission talking about jurisdictional issues relative to spills on the reservation. Could you address that?

Dave Glatt: We just met with Scott and the Three Affiliated Tribes representative and it was a very productive meeting. At the end of the day, they have the same desires we have is to protect the environment and public health. There are some jurisdictional issues. They want - and we respect, their sovereignty within the reservation boundaries. We also realize that we have a shared environment and the environment doesn't respect boundaries. I think there are opportunities that we can join and share expertise to make sure the clean-up is done. When it comes to enforcement, I have no idea letting the tribe run with that. They have called and asked for assistance periodically and we're more than happy to provide that.
(continuing on page 15)

(1:16:59) **Senator Mathern**: Is any of the staffing needs that you talked about in terms of dealing with spills and the environment, is any of that within the context of needing emergency action? Should there be an emergency clause on this bill or on some other feature of your work?

Dave Glatt: Would I like assistance as soon as possible? Yes. This is continually ongoing. If it happens in July, I'll take it. If it happens now, I'll take it with a bigger smile. A simple answer is a lot of activity is going on now and the sooner we get people on board to start addressing that the better. I'll leave it up to you guys to determine if it's an emergency, but we could use them as soon as possible.

(1:18:04) **Senator Wanzek**: I'm reading a letter that I had my secretary send. It's from the environmental health section regarding an air pollution general permit to operate. It's an on farm seed plant - an added value plant. Is that something that is common place for awhile? I see where we're not supposed to do any construction or add anything without approval from the Health Dept. I didn't realize it until I got this letter.

Dave Glatt: It depends on the size of the facility. Depending on the size, there are certain control activities or best management practices that need to be put in place prior to the construction.

Senator Wanzek Even though this is an on-farm operation? There are really no urban folks living around there. Dave said he didn't know the specifics of that and could get back to him.

Chairman Holmberg will give the folks from out of town a chance to speak.

(1:20:30) **Tim Meyer, ND Emergency Medical Services Association**
Testified in favor of SB 2004
Testimony attached # 5

(1:23:40) **Senator Robinson** - Last session, we heard that we had situations across the state because of a shortage of staffing. It was not uncommon that on Friday night, the ambulance provider would take the vehicle to the local hospital and basically leave it there for the weekend and say we don't have coverage. Is that situation commonplace or an exceptional situation?

Tim Meyer: It happens occasionally like that. It's not always reported. The only people that really know this is going on are the people in the dispatch centers when they call and there is nobody available. It's hard data to get back to the Health Dept. Volunteers are sometimes stretched pretty thin and could be a common occurrence.

Senator Robinson: In terms of the declining volunteer numbers, what percentage?

Tim Meyer: We studied the age of EMS providers in the state and found that 17% are over the age of 65. That's a lot of people that really should be retired. As they eventually phase out of the game, we are not backfilling with new people. People don't volunteer like that anymore.

Senator Robinson: Are you an active EMT worker yourself? Answer: He's a paramedic and works for Air Ambulance in Fargo.

(1:26:01) **Senator Warner**: We were at a meeting in Killdeer with their ambulance and they claimed to be $250,000 in arrears on uncollectable ambulance runs, mostly coming out of the oil industry. About 1 in 14 of their runs was for a local person so 13 out of 14 involve transient or oil-based population. Many companies in that area gave alternatives - either a housing allowance or medical insurance, so they were caught in between a rock and a hard place. Is that a general situation in the west or an anomaly?

Tim Meyer: I think that payer mix is poor out west. A lot of these guys are younger people and when they come to work in the state, they probably think they don't need health insurance. They are transient and they don't necessarily stay here. They have a lot harder time with collections out west. The call volume has gone up drastically and I'm sure Killdeer is one of them.

(1:27:15) **Senator O'Connell**: How is the program going where communities are going together to hire a full time EMT and then at night or weekends, turn it back to the volunteers in the surrounding communities?

Tim Meyer: That's the grant we're talking about. I think this will be the fourth biennium that it will be a project and 73 of 94 funding areas applied for the grant this past biennium. They had to be reduced by quite a bit because they didn't have all the money. Then there were some that weren't funded at all.

Senator O'Connell: Maybe about a ¼ were funded?

Tim Meyer: I think they funded 64. A lot of them were funded but they were all funded at a reduced rate. About 10-12 didn't get funded at all.

(1:28:34**) Senator Kilzer**: Are we going to see additional funding requests in other bills.

Tim Meyer: Not directly from us. This is the project that the EMS Association is behind and it's been going on for several biennium. I know there are other concepts out there, but they are not initiatives of the EMS Association.

Senator Kilzer: Any bills from other sources?

Tim Meyer: Rep. Skarphol is going to introduce a bill that would include funding for EMS. I'm not exactly sure what the distribution formula would be for that.

(1:29:24) **Senator O'Connell**: Rep.Skarphol's bill is in there, but I don't remember the formula. It may have been introduced this week.

(1:29:59) **June Herman, Regional VP of Advocacy for the American Heart Association**
Testified in favor of SB 2004
Testimony attached # 6 - AHA Testimony
Testimony attached # 7 - Stroke Core Measure Defect-Free
Testimony attached # 8 - Stroke victims gather on UND campus to reclaim lives

(1:36:28) **Sherry Adams, Executive Officer, Southwestern District Health Unit President, ND Association of City and County Health Officials (SACCHO)**
Testified in favor of SB 2004
Testimony attached # 9 - Southwestern District Health Unit

(1:48:45) **Senator Kilzer:** In your SW District Health Unit, could you tell me what your budget is for the biennium and how much you've received from the Tobacco Prevention and Control Committee.

Sherry Adams: Our overall budget is about $2M. Of that, we received about $200,000 from the tobacco program. That will be getting cut this year to $160,000.

Senator Kilzer: Why the cut?

Sherry Adams: Part of that is because of the Centers for Disease Control funding and the formulas they've come across. They're going to be re-allocating a lesser amount to the locals.

Senator Kilzer: Is that pretty common for all the local public health units around the state that the Tobacco Prevention Committee is going to be cutting them?

Sherry Adams: I believe so. There may be some of the smaller ones that may be maintaining but a lot of the larger ones will be getting cut.

Senator Kilzer: I'm surprised.

(1:50:19**) V.Chairman Bowman**: How much is in governor's budget of all the requests that you ask for? How many dollars are in the Governor's Budget and how many dollars are you asking over and above that?

Sherry Adams: The overall governor's budget - the part that we were able to put in was part of the environmental health component was $1,184,000. That is to be split between the 3 regional health units. Then the other component was: They asked for $1.5M. $750,000 was put in for the other 25 health units to add for an increase of their additional state aid. The universal vaccine doesn't actually come to us, but funding the vaccine does actually trickle down to us, but it's those two particular pots of money.

(1:51:37) **Julie Ellingson, ND Stockmen's Association**
Testified in favor of SB 2004
Testimony attached # 10

Chairman Holmberg closed the hearing on SB 2004.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004 subcommittee
January 29, 2013
Job # 17878

☐ Conference Committee

Committee Clerk Signature	Rose Laning

Explanation or reason for introduction of bill/resolution:

This is a subcommittee hearing on the Department of Health.

Minutes:

Testimony # 1 of January 22, 2013 hearing

Legislative Council - Sheila M. Sandness
OMB - Lori Laschkewitsch

Chairman Kilzer opened the hearing for the SB 2004 subcommittee. Committee members **Senator Grinberg** and **Senator Mathern** were present.

Those attending:
Arvy Smith, Deputy State Health Officer, North Dakota Department of Health
Brenda Weisz, Director of Accounting, North Dakota Department of Health
Melanni Hoff - Division of Accounting, North Dakota Department of Health
Keith Johnson, Executive Director, Custer District Health
Lisa Clute, CEO, 1st District Health Unit, Minot, ND

Senator Kilzer would like to give Arvy and Brenda time for any additional comments that they would like to make and if the subcommittee had any informational requests of the Health dept. He also said that the Tobacco Coalition has their own budget, but the Health Dept. has control of some grants and things and he'll be very interested in some anti-tobacco measures and the work that they do.

Arvy Smith - She started on page 14 of testimony #1 of the January 22 Senate Appropriations hearing and explained options that the governor provided for them.

Energy Development -
Their highest priority is the energy development in the oil industry part of the state. They've included 9 FTEs in environmental health.

(5:14) **Senator Mathern**: What are the present hiring scenarios for these positions? Are there people around for these positions or will it take a while to fill them?

Arvy - They are getting more difficult to fill, but so far they have been able to fill the ones they need. They are getting applications. Their salaries are lower - maybe even 3X lower paying. They are also below pay of engineers in other parts of state government.

Senator Kilzer: What training would they have?

Arvy: Some are scientists and engineers. We don't require master's degree, but the engineers need an engineering degree.

Senator Kilzer : Ft. Berthhold wants to have their own single public health. Their request was a total of $500,000 from the state and they were talking about setting up their own health environmental situation. Would that affect these 9?

Arvy: I don't know how much effort they will have in environmental issues. These positions are all related to environmental health. Their issues are non-environmental.

LPHU Universal Vaccine -
(10:58**) Senator Grinberg** asked about the vaccine funding?

Arvy: Last session we brought forth a proposal so that the entire state would be universally vaccinated so we were going to collect assessments from insurance companies, use that to buy vaccine at a lower cost through the federal government. All that vaccine would be available at all providers across the state to vaccinate any kid, any place. We weren't able to accomplish that, but the legislature just made local public health units available. Proceeded to tell about the vaccines........

Asking for $1M in general fund to continue what's currently in place for local public health units being universal.

(14:23**) Senator Kilzer** asked if the federal government added additional requirements. Discussed some federal regulations on vaccines.

Keith Johnson, Executive Director, Custer District Health said giving only the vaccines that ACIP (American College of Immunization) recommends is a good one. It's the only way we'll keep the state from going broke. Right now we're limited in the kind of vaccines we can give.

Senator Kilzer: There are certain populations that down the road, it will really be cost effective to use vaccines. The prison population and the hepatitis C vaccine is one example. That would prevent a lot of problems - maybe not immediately, but a generation down the road. When you have a large number of working poor who are Medicaid and not Blue Cross, this is a godsend.

Lisa Clute, CEO, 1st District Health Unit, Minot, ND said it provides a safety net so nobody is walking away from vaccinations due to cost especially in the rural communities.

Continuing on page 15, the Medical Examiner Services -

Arvy said they are seeing huge increases. They're at a point of needing a half of an additional forensic examiner. That's not possible to hire, so in the meantime they contract with UND. They need to pay them. The university likes having the data to study and they also use it as part of their pathology department for training purposes.
Discussed contracting and doctors that do forensics. (24:27)

Senator Grinberg why the sharp increase in forensics. (25:42) Arvy explained that a small part is due to the oil populations, but some is working better with the communities. Arvy said they have the space for two forensic examiners.

Page 16 - Loan Repayment Programs (30:31)

(34:54) Local Public Health State Aid -

(37:41) **Senator Kilzer** asked if the $750,000 would be divided out to each county. Also some would be based on population.

Arvy: This goes out based on a formula. It's a base plus population formula.

(38:25) Community Paramedic/STEMI
Part of this position (1 FTE) would be to manage the STEMI project that was put in place. Only about 10% of EMS providers are self-sufficient through the revenue they are able to collect. (Talked about aging volunteers as well as people who are too busy to help out.)

Senator Kilzer: This would bring STEMI employees to 10 FTEs?

(40:41) **Arvy** replied they do not have 10 FTEs in STEMI, but that's the Health Departments total new FTEs.

(42:45) Page 17 - Emergency Medical Services Assistance Fund - allows them to stay at $3M / year.

(43:23) Food and Lodging Licensing Management System - the management system is 20 years old and doesn't do what modern requests like credit card payments. This is one time funding to update that system.

(43:47) Colorectal Cancer Screening - By detecting polyps early, they're able to remove them and prevent many cancers and costs.

Senator Kilzer asked how they choose the candidates to be screened.

Arvy said they put out a grant proposal and two communities got approved for this project.

Senator Grinberg: How do certain individuals get selected - a certain income threshold? No insurance?

Arvy: I will check on it for you, but there are income guidelines.

(47:08) **Senator Mathern**: I think this is also an area that is impacted by health care reform in that now it's a covered service.

Arvy: Theoretically, down the road these screening programs should be covered either by Medicaid or insurance, but there will be gaps.

Senator Kilzer: On the other side, I have people that tell me that all these preventive measures are - If you expect the government to pay for your prevention, it's like expecting your car insurance company to pay for your oil changes.

Arvy: It's difficult for the local public health units to do the work for us because we contract that out and it's difficult to get the people in for the screenings.

Federal Funding Issues -

Senator Grinberg: Is there a chart or graph that would track the tobacco proceeds into the new tobacco committee that shows where it started and how much and how long it's supposed to extend - another 7 years?

Sheila M. Sandness: If you read the trust fund analysis that's in the governor's budget. It's also on the website.

Senator Mathern: I would like a list of positions or activities that you believe would be crucial for trying to move ahead faster than our general bill would allow. There might be an emergency clause amendment that should be added here for some of these positions. If the department would come up with a list of which things that we are probably going to do and things you'd do faster with an emergency clause.

Arvy: There are a couple other minor items that were funded in our optional package that I just didn't bring forward. If you want we can talk about that another time.

Senator Kilzer: We'll have another meeting early next week.

Senator Kilzer: I have exact text of measure 3 - what the people of ND voted upon in 2005? Some of those CDC guideline things are being provided by the health dept. and not by the tobacco prevention and control committee. I'd like a little delineation there of who does what because I will be asking the control committee of the way they're spending their money - or not spending it.

Senator Kilzer adjourned the hearing.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004 subcommittee
February 6, 2013
Job # 18408

☐ Conference Committee

Committee Clerk Signature	Rose Laning

Explanation or reason for introduction of bill/resolution:

This is a subcommittee hearing on the Department of Health.

Minutes:

Testimony attached # 1-3

Legislative Council - Sheila M. Sandness
OMB - Laney Herauf

Chairman Kilzer opened the subcommittee hearing for the SB 2004 subcommittee. Committee members **Senator Grinberg** and **Senator Mathern** were present.

Chairman Kilzer asked if there was anything from last meeting that was to be researched.

Brenda Weisz, Director of Accounting, North Dakota Department of Health
Attachment # 1 - Colorectal Cancer Screening Program
Brenda read from the attachment.

Program eligibility was also requested and is in the attachment.

Senator Grinberg asked what an average colonoscopy cost.

Joyce Sayler, Staff, Department of Health - $1400 is the average for the colorectal initiative which is based out of Medicare Part B rate. If one is billed outright for a screening colonoscopy, the average charges are anywhere between $2500-3500.

Senator Grinberg: Are they underwriting some of the cost?

Joyce Sayler: Yes. There are significant inkind that the facilities are providing for this service.

Chairman Kilzer asked if they had the results of the 2007-09 and 2009-11.

Joyce Sayler: In 2007-09 biennium, there were 91 people that were screened in the program. Of those 91participants that were screened, 50 had no insurance. With this program, we do allow people that have insurance with no coverage for colorectal cancer

screening or those that have extremely high deductible insurance plans that they would never be able to afford the procedure, plus they still have to meet the income criteria. Of those 91, 27 had polyps that needed follow-up screenings which is a percentage of 30%. We have a medical advisory committee for this program consisting of surgeon, gastro-enterologist, a pathologist and a general practice physician. We are told that 25-30% is average for having polyps. In 2009-11 biennium, 175 people were screened with the program. Of that 175, 130 were uninsured and 60 of those 175 had polyps that will require follow-up which is a 34% ratio.
Currently, in this biennium, we have had 110 people that we've screened and 84 were uninsured and we have a 34% rate of polyps at 37 individuals. We're above average as far as the polyp rate.

Chairman Kilzer said the statistics are very significant - whether it's genetic, or the foods we eat, this is a high priority to continue this program.

Joyce Sayler: When we look at our screening rate around the state, ND is in the lowest tier of states that are screening for colorectal cancer. We have one of highest late stage colorectal cancer diagnostic rates because we have a lower screening rate.

(0:13:27) **Arvy Smith, Deputy State Health Officer, North Dakota Department of Health** We requested a hold even budget on the colorectal screenings to continue running two sites. Discussion followed on the possibility of a third screening site because right now they will be screening 250 people in the next biennium. There may be a need to move the sites around the state because after exhausting an area, the patients wouldn't need another screening for 10 years unless they were involved in a follow-up but there is no need.

(0:18:49) **Senator Mathern** suggested that they consider the fact that this is the third biennium of people being screened, and that they not only encourage the department to consider another site, but even further, if there are resources left, to offer that to people who need a follow-up. Even in this appropriation, there is room for this.

Arvy Smith stated that they spend every dollar in the colorectal program.

Chairman Kilzer clarified that the colonoscopy procedure doesn't include other cancer screenings.

Arvy Smith stated that this is correct and explained this is a good program with good results. They didn't ask for more because of the Obama thing. They are watching the screen program because down the road they will be insured or on Medicaid, but they expect there to be some gaps. In the 13-15 biennium, they will evaluate how the health reform is working out with regard to these preventive screenings.

Chairman Mathern asked if they would like the freedom to use it for those cases where a follow-up screening is recommended.

Arvy Smith deferred the question to her cancer expert.

Joyce Sayler explained that she looked into the prior bienniums to look for how many of these individuals would require follow-ups and found that of these it would be 110 procedures.

Senator Mathern asked for her professional opinion on offering that freedom.

Joyce Sayler feels that follow up is necessary and many of these people are not getting it. Puts them at higher risk in the future and the only way to stay on top of that are surveillance colonoscopy.

Senator Mathern suggested indicating their support for this, especially in light of what Arvy Smith has been talking about in regards to some of these being covered under the Healthcare Reform. This would give room within this allocation to do some follow-ups.

Arvy Smith stated that this would be permissive rather than mandated language.

Chairman Kilzer thinks that if it's just a benign lesion, the follow-up isn't as necessary.

V.Chairman Grinberg stated that over the 13-15 biennium they're diminishing the pool of dollars for first time screenings which is certain to be over $2,500. He asked if it makes more sense to put more money in just for that purpose.

Senator Mathern thought that there would be fewer of the screenings needed of the first time people because somebody else was covering the screening. However, what Senator Grinberg is suggesting is more positive because it tells the department to start those follow ups for those cases regardless of what happens in health care reform.

V.Chairman Grinberg stated that there is not going to be much change for at least 4 years.

Arvy Smith is concerned and doubts that everything going to be up and running by January 2014.

Senator Mathern asked what would be the amount of money needed by the department to offer follow up for the individuals that meet the criteria that Senator Kilzer was talking about that have already screened through the first time.

Joyce Sayler stated that she would have to go back into pathology a little bit more. The state of WY and federal program from CDC has tight criteria of who can receive a paid follow up colonoscopy. She can take a look at that along with the pathology and come up with a number.

Chairman Kilzer would appreciate that number and would like to see this move ahead.

(0:32:00) Brenda Weisz handed out information on Tobacco funding - Testimony attached # 2 - ND Department of Health Tobacco Special Appropriation Line 2013-15 Executive Budget.

Chairman Kilzer stated that the people from tobacco prevention and control say they are using about 1/3 of funds from the state health department in meeting the CDC goals (1/3 comes from the health department and 2/3 from tobacco prevention and control agency).

Brenda Weisz proceeded to go through the budget (testimony # 2)

Chairman Kilzer asked if they are meeting the CDC guidelines.

Karalee Harper, State Department of Health explained that if you add the dollars that the health department has with what the center has it would be meeting the recommended level which is approximately $18.6M.

V.Chairman Grinberg asked for clarification on the percentages.

Karalee Harper stated that they were talking dollar amounts, not percentage.

Chairman Kilzer inquired about the quality improvement project for $60,000.

Karalee Harper explained that it's a contract for ND Blue Cross/Blue Shield to assist with the Medicue Home Project which is a chronic disease management program that assists with heart disease and stroke and diabetes. Recently they now have a tobacco suite in which they ask, advise, and refer every patient that comes into their facility.

Chairman Kilzer asked if NDQuits is anything more than a quit line.

Karalee Harper explained that in Feb 2009 they added an online component so NDQuits includes the quit line and the online resources.

Chairman Kilzer asked how this is run.

Karalee Harper explained that the dollars for the online portion come out of the community health trust fund under the NDQuits vendor. With this, they have a call center with UND counselors and the online component that the vendor takes care of and mans.

Arvy Smith followed by stating that this is all done contractually. The other vender is Health Ways so they do a three way contract.

Karalee Harper expanded more on the components of NDQuits

Chairman Kilzer asked if the medications are free.

Karalee Harper stated that they have two 28 day supply of nicotine replacement therapy to ND citizens that are on or under insures and enroll in the program.

Chairman Kilzer followed by asking if there is a black market for any of these and Karlee Harper stated that she wasn't aware of any.

Chairman Kilzer referred to her testimony - CDC tobacco grantees for $540,000 - and asked if these are the people that review the applications for grants.

Karalee Harper explained that these are dollars that go out into the community. They fund tribal coordinators on all 4 of the reservations that are actually enrolled members. This is done in conjunction with human services so they have a full-time prevention person on the tribal reservation.

Chairman Kilzer asked if they are making any progress with the high smoking rates on the reservations.

Karalee Harper stated that they are better off than they were a few years ago in regards to bringing the awareness of the importance of smoke free environments as well the difference between commercial and traditional tobacco use.

Chairman Kilzer inquired about a study concerning objective percentages.

Karalee Harper explained that they are assisting with funding the Native American Adult Tobacco survey that is specific to the reservations. Two out of the four reservations are participating but they are working on the other two. It is difficult to get the information from the tribes because it is their data.

Chairman Kilzer stated that he would like to look into the grants and asked how much are they are paying people who review or advise the grants.

Arvy Smith doesn't have a salary schedule with her but references the top line on their schedule. They charge all their salaries to the federal grant for simplicity which are all eligible for the same types of services: $420,000/year with approximately 4.5 FTE's that includes benefits. Temporary is not included in this.

Chairman Kilzer asked if they focus on other programs as well.

Arvy Smith stated that they just focus on the tobacco programs. The main things the Health Dept. is focusing on between the two funding sources are the Quitline and dealing with the difficult populations/tribes in regards to pregnancy. They do worksite wellness as well as some evaluation and surveillance.

Chairman Kilzer asked if all of the tobacco funds for CDC guidelines are federal or general funds.

Arvy Smith stated that total tobacco is either the federal funds listed or the community health trust fund. There are no general fund dollars.

(0:47:46) **Arvy Smith** then proceeded to distribute the optional package that was requested. Testimony attached # 3 - DOH Optional Adjustment Summary

Yellow lines = funded
Blue lines = partially funded

Lines not highlighted = not funded

Senator Mathern asked if this is in order of priority of the department and Arvy Smith responded yes.

V.Chairman Grinberg asked about #10 and what percent it was funded at.

Arvy Smith stated that half of it was funded ($180,000). The other half was for the nonprofit dental loan repayment program which had gotten cut last biennium. We got a federal grant that may help in that. They did get a federal grant that may help in that area but there are some restrictions.

Chairman Kilzer suggested holding the information about the budget until the next meeting due to time constraints.

Senator Mathern stated that he also asked for a list of physicians.

Arvy Smith explained why she doesn't have a list of physicians. They ran into troubles with issues in the oil field and got emergency commission approval for general funding and 3 FTE. There is a deficiency request in food and lodging.

Chairman Kilzer explained that next time they just need more information about what might be available and how we can serve the people better. They are hopeful to meet again next Wed. afternoon.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004 subcommittee
February 13, 2013
Job # 18898

☐ Conference Committee

Committee Clerk Signature *Rose Laning*

Explanation or reason for introduction of bill/resolution:

This is a subcommittee hearing on the Department of Health.

Minutes: Testimony # 1-2

Legislative Council - Sheila M. Sandness
OMB - Lori Laschkewitsch

Chairman Kilzer: Opened the subcommittee hearing on SB 2004. Committee members **Senator Grindberg** and **Senator Mathern** were present.

Senator Kilzer: Asked for new comments from committee members.

Arvy Smith, Deputy State Health Officer, Department of Health: I have the additional information on colorectal cancer. See attachment #1 for testimony on Salaries and Wages.

(4:53)Senator Kilzer: The Governor put in $4.451million, how much had you requested?

Arvy Smith: We had requested $3.6 million but that was only dealing with the Hay Study and compression. That had nothing in there for performance, cost of living, or any of that. So we would be behind others if we were at a lower level. There are charts out there. There are certain agencies that are further behind in salaries and classifications than others and we are one of those as well as a few others.

Senator Mathern: What would it take to bring this to the level that you think would be appropriate and easier to keep the staff?

Arvy Smith: Our information indicates that 15% on average that we are behind compared to other employees in similar grades. This goes a long ways towards that, but a lot of it depends on what happens in those other agencies. If we all go up 5 or 7%, we'd still be behind. We are happy with the Governor's recommendation. We'll never match the private salaries like in the oil field country. We are usually able to fill our positions, but there are certain areas that we are having trouble.

Senator Kilzer: In the regular bill, there is a provision made for salary increases and those are at a level of 3-5%?

Lori Laschkewitsch, OMB: It is 2-4 in the market range and 3-5 for performance.

Senator Kilzer: Are you happy with that?

Arvy Smith: Yes. I don't know that it will totally fix our situation comparing to other state agencies, but it will go a long ways.

Senator Kilzer: Is there anything else on the OAR list that have changed or that we should focus on?

Arvy Smith: The yellow ones are the Governor's recommendation and we are happy with that. They came a long way on our funding efforts. (Goes over a few numbers)

Senator Kilzer: I would ask about #16, the trauma system. Is that for keeping track of the trauma registry?

Arvy Smith: SB 2226 (#16 OAR) has that in it and that will probably come before you as well. It was in Human Services and will be referred to you. It gives us additional funding for medical director for trauma system.

Senator Kilzer: Do you have a person in place for that?

Arvy Smith: No, we do it through a contract a few hours a month. We could not afford to hire that position. We have worked on a registry but we need additional funding to support that a well. That is in that bill as well as a lot of training, and rural trauma team development course. I think what was budgeted here was half time. The FTE was for training. The bill might be a little different than what we put together in our optional package.

Senator Kilzer: As part of the training, is that ATLS and ACLS?

Arvy Smith: That is Advanced Trauma Life Support level 4 and level 5 site visits and rural trauma team development course - 16 courses.

Senator Mathern: I am interested in some feedback on #7 and #12. Generally, what is the consequence if we were to fund those in terms of health of North Dakotans and some sort of reduction of healthcare costs?

Arvy Smith: #7 is our healthy North Dakota request. The reason this request is here is that right now we have a federal grant funding our healthy North Dakota efforts. It is the Community Health block grant for around $130,000 to $150,000 per year. That grant continually gets pulled from the budget by the President and then Congress adds it back in every year. We have to fight for that every year so the funding is very uncertain and we put in a request for it in order to have a sustainable source for healthy North Dakota. If we did continue to get the grant, it would allow us to do some programs.

Terry Dwelle, MD, State Health Officer, North Dakota Department of Health: We are going to have to collaborate more than we ever have before with partnerships and that's the whole point of healthy North Dakota. It started with a program where people were meeting to figure out how to work together and utilized resources for common goals. We saw several years ago that there was a strategic vacuum there. We had program people working together but we really did not have an overarching strategy for health in North Dakota. That resulted in the Strategy Envision Group that is the leadership of about 30 organizations that met to develop a strategic map including academic institutions, healthcare institutions, long-term care, public health - across the board with everyone involved with health to develop a true state health improvement plan that looks at all areas of health and from that group they developed a coordinating committee. It is many key individual that help implement the strategic map that was developed.

Senator Mathern: What happens in terms of this not being funded with that project?

Terry Dwelle: The vision and strategy group has been funded fully by the private sector and then some in-kind donations. I was able to utilize the Community Block Grant which is the only flexible federal funding that we have. There is funding that has come from other partners. We have not had any funding from state sources that I am aware of. If it is eliminated then we will not have a source of flexible funding in the health department.

(19:24)Senator Grindberg: Can I get some information on the colorectal screening?

Arvy Smith and Joyce Sayler: See Attachment #2 for testimony on follow-up colonoscopies. (They discussed prior testimony on original procedure cost in comparison to these and the differences between the two. The cost for the follow-up is higher because of the additional equipment used and procedures that need to be done.)

(25:40)Senator Kilzer: So this is the number of follow-ups that should have been done from 2007 to June of 2015 and do we know if any of those went private?

Joyce Sayler: I am assuming that a few of them did go in for follow-up, but the vast majority of these folks are uninsured so it will take the grantees, if this is approved, to be able to go back and make contact with these people to see if follow-up has been done or not. From what I hear from the grantees, many of these people are calling and asking if there is money for them to come back and they have had to say no up to this point.

Senator Kilzer: This is not an OAR?

Arvy Smith: No.

Senator Kilzer: Asked about attachment #2 and the numbers of follow-ups that need to be done in the 2013 biennium - would that be the 21 people listed there? Are these overdue?

Joyce Sayler: All are overdue up until we get into 2013-2015 biennium. The 21 total are those that will be coming due in the upcoming biennium. The additional 20 are projected numbers that I added in for those that will be screening the remainder of this biennium and

potentially in the future biennium as well as the people that would receive surveillance colonoscopies that have to come back in again in the 13-15 biennium.

Senator Mathern: What if we funded these to the original provider and make it up to them versus the Department of Health?

Joyce Sayler: I can't answer that. Can the program work that way?

Arvy Smith: We have contracts with the grantees, the two facilities, and they bill us on a monthly basis for the procedures that they do at Medicare Part B rates, so I am not sure how that would work.

Senator Mathern: Who do you have a contract with?

Joyce Sayler: We are contracted with Heart of America in Rugby and Sanford Health in Fargo.

Senator Mathern: If we said to the contractor that we would give a certain amount per service and if you get these folks in and we pay for that contract and the Department of Health does not track down these people and get them back in ....

Joyce Sayler: We do not do that. The facility does all of that.

Senator Mathern: So what is the $80,000?

Joyce Sayler: That is for staff time to manage that section of people that would be requiring follow-up. It will take time to track them down and get them into the clinic.

Senator Mathern: I am saying to not do that. We should let the contractor do that. They get the payment of $1800 if they find someone who needs a follow-up, and then they get them to come in for the follow-up.

Arvy Smith: Would they do it without having that project manager? That is not our staff; that is the facilities staff to do the administration and will they do that for less?

Joyce Sayler: I cannot answer that question. That has been how we designed it from the beginning. 2/3 of the grant had to go toward screening so that the vast majority of the money went toward procedures and much less toward program management by the grantee. We have no staff time through the cancer division for this particular project.

Senator Mathern: So this group that did the follow-ups, they get the $160,000 for the technical part of doing it and then they get the $80,000 for finding the clients and bringing them in and getting it done.

Joyce Sayler: And then the reporting back to us.

Senator Mathern: I would know that they could do it much more efficiently than the Health Department and they are the ones that make the calls anyway and give out the medications

that the patients take the day before and things like that to get ready. These patients have all been through it so it shouldn't be too hard to get them lined up once they are contacted. Maybe we have to put an amendment in here to do the follow-up at the $160,000 rate if they want to do it. Fine if they don't want to.

Joyce Sayler: Clarified statement asking if it should be a separate program for the follow-ups or to add money to this and designate.

Senator Mathern: I am thinking of adding $160,000 to it limiting the follow-ups to $1800.

Senator Kilzer: I would think the institutions doing these would want to take care of their patients and they have an incentive to run down the patients. I hope to finish up on Friday and review one more time the FTE's.

Senator Kilzer: Closed the subcommittee on SB 2004.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004 subcommittee
February 15, 2013
Job # 19031

☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

This is a subcommittee hearing on the Department of Health.

Minutes: Testimony # 1

Legislative Council - Sheila M. Sandness
OMB - Laney Herauf

Chairman Kilzer: Opened the subcommittee hearing on SB 2004. Committee members **Senator Grindberg** and **Senator Mathern** were present.

Senator Kilzer: Asked for colorectal follow-up amendments.

Sheila M. Sandness, Legislative Council: When we talked afterwards, I thought that we said that we would make a list of amendments and then draft them at the end into one amendment. I have a list. I have that we will increase funding for colorectal screens for $160,200 and added intent to allow for follow-up colorectal screenings and to provide that the cost of the follow-up screening shall not exceed $1800 per screening. That is the only one I have so far, but I thought there might be others.

Senator Kilzer: Asks if there are any other amendments by committee members.

Senator Grindberg: I would like to add to the discussion OAR #23; stroke system of care. As I have learned about the CDC and being involved with your leadership on the subcommittee, I understand that that funding could come from the tobacco fund because it does match CDC like definitions of chronic diseases.

Senator Kilzer: Are you talking about the whole $383,000 or are you talking about the part that the $193,000; which would be the first three of the five that were listed in June Herman's handout from the American Heart Association on January 22, 2013 - attachments # 6-8)

Arvy Smith, Deputy Health Officer, Department of Health: We get 10% of the tobacco settlement money and all of that has been budgeted. I'm unclear where that funding would come from for that.

(Those present in the room clarified some figures regarding the tobacco settlement money and percentages of where that goes and whether or not money can be pulled for that to fund this line item)

(6:20) Sheila M. Sandness: The language indicated that it has to be used for CDC recommended tobacco prevention plan. As long as the items are part of the plan, it can be funded. I am not sure how these items fit into there.

Senator Grindberg: That would be what I propose. It is straight forward and simple.

Sheila M. Sandness: I can draw up that amendment.

Senator Kilzer: Are there any more amendments to be considered?

Senator Mathern: Did the amendment get prepared for colorectal? (Sheila M. Sandness filled him in on earlier discussion.)

(8:11)Senator Kilzer: I have a couple of questions on orphan bills that are floating around aside from this one, the mother bill.

(The subcommittee and others in the room then go through several bills that are out there and the funding that is being requested for those orphaned bills and how it relates to this bill and the overall budget.)

(21:05)Senator Kilzer: We will ask for the amendments that we talked about for colorectal screening and the $383,000 for the stroke system care. That would be the only two amendments that I would have.

Sheila M. Sandness: I have another item that John Walstad brought it to my attention and it is up to you whether you want to make the change. If you recall last session, HB 1044 appropriated that additional $3 million for EMS but it also included some new Century Code language. In the Century Code language there was a section that said that during first year of the biennium the state Department of Health may not distribute more than $1,250,000 of biennial legislative appropriation to state financial assistance for EMS. That limits what they can spend the first year and since they have such a substantial increase in EMS funding, they wouldn't be able to send that out until the second year of the biennium unless they change this. He suggested repealing that section and it is up to you.

Arvy Smith: I understand that HB 1145 amends that out.

Senator Mathern: Should we put it in this bill too?

Sheila M. Sandness: We can put it in both bills in case something happens to 1145.

Senator Kilzer: I think we are ok to go ahead and put it in this bill, so that would be three subjects on the amendments.

Senator Mathern: There was an earlier issue that related to that I thought we should do an emergency clause regarding the new employees that are doing inspections. I have discussed it with Arvy and we discussed it here that there is no need because you cannot get them out sooner anyways, but I just thought in sight of someone being here if there are in any changes in that regard?

Dave Glatt, Environmental Health Section Chief: By the time the bill got passed and we are able to advertise, we wouldn't be able to get anyone on staff before July anyway.

Arvy Smith: We got emergency authority through the emergency commission for the 9 new positions and three of those are already on board. We also got funding to add a food and lodging so some needs are being addressed ahead of July 1st.

Sheila M. Sandness: I want to also mention as part of these amendments and all the amendments that we are doing for the Senate appropriation bills, we are also including an amendment to correct the compensation package for OMB. There was a calculation error so we are automatically making that adjustment as well.

Senator Kilzer: Will that require an amendment?

Sheila M. Sandness: It will be part of this set of amendments that I will draft.

(26:30)Arvy Smith: (Lists other orphaned bills for Senator Kilzer and gives a schedule of the Senate ones to him.)

Senator Kilzer: We will meet one more time to adopt the amendments. Closed subcommittee discussion on SB 2004.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004
February 18, 2013
Job # 19133

☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

This is a subcommittee hearing on the Department of Health.

Minutes:

Testimony attached # 1

Legislative Council - Becky J. Keller
OMB - Laney Herauf

Chairman Kilzer opened the subcommittee hearing on SB 2004. Committee members **Senator Grinberg** and **Senator Mathern** were present.

Chairman Kilzer: Gave Listing of Proposed Changes to Senate Bill No. 2004 - attached # 1 and said he's satisfied with them.

Senator Mathern: Said he has issue with the money being taken from the tobacco prevention and control trust fund. The people put the money into use by the committee and not to this kind of use. (2:45-4:44)

Chairman Kilzer moved Listing of Proposed Changes to Senate Bill No. 2004

Senator Grinberg seconded.

Roll Call Vote: Yes - 2 No - 1

Chairman Kilzer adjourned the hearing.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004
02-20-2013 (am)
Job # 19246

☐ Conference Committee

Committee Clerk Signature	

Explanation or reason for introduction of bill/resolution:

Discussion RE: CDC Best Practices (Health Department Bill)

Minutes:

See attached testimony

Chairman Holmberg was conducting hearings this morning regarding tax bills.

Brady Larson - Legislative Council
Joe Morrissette-OMB

Senator Mathern: One of the issues that came up in the subcommittee of 2004 was use of tobacco prevention and control trust funds to fund a heart/stroke program. I just wanted to bring it to the committee's attention, and I hadn't got this copied until now, but the issue that arises is the matter can the legislature appropriate that money from that trust fund that was created by a measure #3, because appropriating money from it is like overturning the will of the people and that can be done but it can only be done by a 2/3 vote majority and so I asked Legislative Council to give me some feedback, or memo dated February 18, 2013 gives the position that is put together by Vonette Richter (Testimony attached # 1) essentially saying that the only way that we could legally take funds from that fund is if there's a 2/3 vote majority by the legislature. So this memo outlines that and I know it's a matter of some debate so I wanted everyone to have it in advance so you would have the material. (1.58)

Vice Chairman Grindberg : For Senator Mathern to clarify in this 3rd paragraph when it is saying you asked whether the legislature assembly could direct appropriation from the Tobacco Prevention and Control Trust Fund for purposes that are not CDC Best Practices. He was told that is right. I am under the impression heart/stroke is a CDC Best Practice so that, if it truly is, then there's a supply.

Senator Mathern: If it is a Best Practice it does not apply. However, I was told it is not a CDC Best Practice. That the stroke program, although it's a very positive program has a lot of features in it that relate to care of stroke victims and the CDC practice is more related to preventing strokes from happening in the first place and so that's another good reason why this is out sooner so that kind of thing can be figured out.

Vice Chairman Grindberg : I've had information, again having research that validates documents whatever the word of the day is that CDC Best Practice does include this in other states namely South Dakota and Montana and I have the Health Department verifying that and if that's the case, then we've got different interruptions of CDC Best Practice. Other states say it is. One side of the aisle saying it isn't and one side of the aisle here in ND says it is so who's the CDC godfather?

Senator Mathern: I would imagine the CDC guidelines themselves would be the guide and I would agree if the CDC says that program is a Best Practice then it could be funded here.
I believe it's not a Best Practice and so this would be in place. Anyway, just wanted people to have that in advance. I think it is helpful for the committee members to have a little bit of this background in case you want to look into it further before the bill comes up.

Chairman Holmberg Thank-you very much, Senator Mathern, for following up and giving us this information. The discussion regarding SB 2004 (CDC) was closed.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004
02-20-2013 (pm)
Job # 19273

☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

Discussion regarding SB 2004 (CDC) Centers for Disease Control (Tobacco)

Minutes:

You may make reference to "attached testimony."

Brady Larson - Legislative Council
Joe Morrissette-OMB

Chairman Holmberg was conducting the hearing before the appropriations committee concerning SB 2330. (Discussion was brought up concerning CDC)

Vice Chairman Grindberg Best Practices that sighted by the tobacco group from the 2007 report and the information that you shared with Senator Mathern that I have now, it's also, as I understand this document from 2007 report, so it must be apples and apples, but under Chronic Disease (CDC) a state-based tobacco prevention and control programs can collaborate with other programs to address diseases which tobacco is a major cause, including multiple cancers, heart disease, stroke, chronic lung and respiratory diseases. Addressing tobacco control strategies in the broader content to tobacco related diseases is beneficial for 3 reasons. I won't read the reasons but they are there.

Chairman Holmberg And they determine, at least their statement there is this is a Best Practice.

Vice Chairman Grindberg This is from a document, Best Practices for Comprehensive Tobacco Control Programs.

Chairman Holmberg: That's CDC. And that's on SB2 2004. Discussion was closed on SB 2004.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004
February 25, 2013
Job # 19423

☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

This is a vote on the Department of Health budget.

Minutes:

Testimony # 1 - 4

Legislative Council - Adam Mathiak & Allen H. Knudson
OMB - Lori Laschkewitsch
Chairman Holmberg opened the hearing on SB 2004. All committee members were present.

Senator Kilzer handed out amendment 13.8154.01003 - attached # 1.
There are three amendments that the committee proposes to the Health Dept. The first one is the change in the salary and wages and that's the routine unclassified state employees' compensation change.

The second one is the added funding that the subcommittee has added for a stroke program. It was one of the OARs and the price tag is $383,000 and your committee desires that the money comes from the Tobacco Prevention and Control Trust Fund. The amount of money that is in the Health Dept. for stroke at the present time in the governor's budget is about $1.5M. This would be a very comprehensive program by the American Heart Association and there are five different components to that $383,000. In the world of mortality and vital statistics, the causes of death in ND are #1 - Heart disease; #2 - Stroke; and #3 - cancer.

We actually addressed heart disease last session by the STEMI program - the ST Elevation Myocardial Infarction program. This would speed up the modern advances in the prevention and treatment of stroke, because TPA is a substance that makes a big difference in the outcome if its administered early.

The third amendment has to do with colorectal screening. This pays for colonoscopies. The State of ND has encouraged this since 2007, so this is several times it has appeared in the budget. Up until now, it's always been for screening purposes where people who are uninsured or underinsured who meet the requirement of income of under 200% of poverty and are between the ages of 55 and 64. In the last biennium (2011-13), there were 110 of these and 58 actually had polyps that were discovered. This is a worthwhile procedure.

Wyoming pays for a 2nd follow-up screening for those who had positive tests of polyps and pre-cancerous lesions.

Senator Kilzer moved the amendment 13.8154.01003.
V.Chairman Bowman seconded

Chairman Holmberg: On the colorectal screenings, what is the current practice regarding every ten years? What is the standard?

Senator Kilzer: Starting at the age of 50 to have a colonoscopy, and if it's normal without any polyps or lesions, to then have another one in 10 years. (He had a screening and found polyps and would be due again for a screening in about two and a half years.)

Senator Mathern handed out paper to change the manner of funding for the stroke program. Handed out a listing of proposed changes to SB 2004 - attached #2.

He said **Senator Kilzer's** amendment of taking $383,000 from the Tobacco Fund and that is not a Center of Disease Control Best Practice. That fund which we call the Tobacco Prevention and Control Trust Fund was established by Measure #3. To change measure three, requires a two thirds vote of the legislature because its overturning what the people did by approving measure three. He suggested funding the stroke prevention from the general fund.

He asked Jeanne Prom to bring written material which is a memo indicating that the stroke system of care that is identified here is not one of the CDC best practices. .

Chairman Holmberg suggested dividing out the amendment into division A & B.

Division A - the correct compensation package, colorectal screenings are the major changes.
Voice vote - motion carried.

Senator Mathern handed out an email from Christopher J. Kissler, MPH, CDC/NCCDPHP/OSH/PSB - attached # 3.
He asked everyone to look on the back of the page to item #5 -

> 5.) A "stroke system of care" isn't identified in the CDC's Best Practices for Comprehensive Tobacco Control Programs nor does it appear in the Guide to Preventative Services produced by the Community Preventive Services Task Force.

That opinion states if we were to use money for another purpose, we would be going against the measure 3 directive and I don't think we ought to get into that and we should just fund the program through the general fund.

Senator Kilzer I would ask members to vote yes on Part B. We have received mixed signals from the CDC. The day prior to Senator Mathern's email handout, I received an equally positive statement because it is the chronic disorder nature and those are covered by the CDC guidelines on the 2007 issue. I also have an attorney general's opinion that

because the tobacco prevention and control committee is stashing away funds, they are violating measure three themselves by not spending at the CDC recommended levels. This money, amounting to $39M and going up quite rapidly is available with the proper 2/3 vote. It's perfectly legal and I urge a yes vote on part B.

Senator Mathern: In 2024, we increased the funding to the CDC level. If there was any question about money being inappropriately spent, we fixed that problem when we passed SB 2024 in this committee and on the Senate floor by appropriating the entire amount that the CDC would recommend. Vote no on the amendment and vote yes on another amendment to get it going down the right track.

Chairman Holmberg (to Allen H. Knudson, Legislative Council) The committee's action here is a simple majority vote. The floor action would require a 2/3 vote to pass. What are the consequences of not receiving the 2/3 vote for the budget of SB 2004? Is it just that section or an emergency clause taken off?

Allen H. Knudson - It would just be a majority vote of the committee here. The question of whether the $383,000 is a best practice or not, it's up to interpretation. If it was interpreted that if not a CDC best practice, there should be provided funding out of the Tobacco Prevention and Control Trust Fund and it would require a 2/3 vote. Only that portion relating to the Tobacco Prevention and Control Trust Fund would not take effect, if it was found not to be in accordance with measure three.

Chairman Holmberg: Who determines whether or not it is conforming? A majority of the Senate or is it some other body who determines the policy interpretation?

Allen H. Knudson: We should have our legal staff look into that further if you want an official opinion. If it was challenged later, that it is not CDC best practice, then it would not be effective.

Chairman Holmberg: Unless it had two thirds.

Allen H. Knudson Right. If it has 2/3, then it doesn't make any difference.

Senator Mathern said he raised the issue with Legislative Council a couple weeks ago to get more clarity and received a memo from Vonette Richter regarding the 2/3 question. That is partially an opinion. (Attached #4).

Chairman Holmberg: We will have a roll call vote for amendment - Division B. A yes vote would keep in the bill, the $383,000 from the Torh bacco Prevention and Control Trust Fund. If you defeat it, then we go back and have further discussions on it.

The motion was made. We just divided it.

Senator Mathern: I just want to clarify that I'm not against the stroke program. It's just the funding source.

Chairman Holmberg asked to call the roll and a yes vote would leave the amendments as they were presented and a no vote would cause us to come back and look at it again.

A vote was taken on the funding source .
A roll call vote was taken. Yea: 10 Nay: 3 Absent: 0

Senator Kilzer Do Pass as Amended.
V.Chairman Bowman seconded
A roll call vote was taken. Yea: 13 Nay: 0 Absent: 0

Senator Kilzer will carry the bill on the floor.

13.8154.01003
Title.02000
Fiscal No. 1

Prepared by the Legislative Council staff for Senator Kilzer
February 18, 2013

2/24/13
1 of 2

PROPOSED AMENDMENTS TO SENATE BILL NO. 2004

Page 1, line 2, after the semicolon insert "to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services;"

Page 1, replace lines 12 and 13 with:

"Salaries and wages	$49,351,659	$8,839,585	$58,191,244
Operating expenses	50,272,030	(11,744,473)	38,527,557"

Page 1, replace line 15 with:

"Grants	57,928,038	(443,309)	57,484,729"

Page 1, replace lines 19 through 21 with:

"Total all funds	$189,870,305	($3,083,375)	$186,786,930
Less estimated income	156,956,525	(16,337,612)	140,618,913
Total general fund	$32,913,780	$13,254,237	$46,168,017"

Page 2, after line 20, insert:

"**SECTION 4. TOBACCO PREVENTION AND CONTROL TRUST FUND.** The estimated income line item included in section 1 of this Act includes $383,000 from the tobacco prevention and control trust fund, for the biennium beginning July 1, 2013, and ending June 30, 2015."

Page 2, after line 23, insert:

"**SECTION 6. FOLLOWUP COLORECTAL SCREENING GUIDELINES.** The grants line item included in section 1 of this Act includes $160,200 from the general fund for recommended followup colorectal screenings. These funds may be spent for the cost of recommended followup colorectal screenings of up to $1,800 per screening for the biennium beginning July 1, 2013, and ending June 30, 2015.

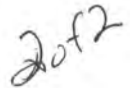
SECTION 7. REPEAL. Section 23-46-05 of the North Dakota Century Code is repealed."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Senate Action

	Executive Budget	Senate Changes	Senate Version
Salaries and wages	$58,149,478	$41,766	$58,191,244
Operating expenses	38,152,557	375,000	38,527,557
Capital assets	2,224,288		2,224,288
Grants	57,316,529	168,200	57,484,729
Tobacco prevention	5,544,251		5,544,251
WIC food payments	24,659,861		24,659,861



Federal stimulus funds	155,000		155,000
Total all funds	$186,201,964	$584,966	$186,786,930
Less estimated income	140,216,701	402,212	140,618,913
General fund	$45,985,263	$182,754	$46,168,017
FTE	354.00	0.00	354.00

Department No. 301 - State Department of Health - Detail of Senate Changes

	Corrects Executive Compensation Package[1]	Increases Funding for Colorectal Screenings[2]	Increases Funding for Statewide Stroke System of Care[3]	Total Senate Changes
Salaries and wages	$41,766			$41,766
Operating expenses			375,000	375,000
Capital assets				
Grants		160,200	8,000	168,200
Tobacco prevention				
WIC food payments				
Federal stimulus funds				
Total all funds	$41,766	$160,200	$383,000	$584,966
Less estimated income	19,212	0	383,000	402,212
General fund	$22,554	$160,200	$0	$182,754
FTE	0.00	0.00	0.00	0.00

[1] Funding is added due to a calculation error in the executive compensation package.

[2] Funding is added for recommended followup colorectal screenings to provide a total of $762,800 from the general fund for the colorectal screening initiative, an increase of $285,200 from the 2011-13 biennium.

[3] This amendment provides funding from the tobacco prevention and control trust fund to increase funding for continued implementation of the statewide integrated stroke system of care to provide a total of $856,324, of which $473,324 is from the general fund.

A section of legislative intent is added to the bill to allow the colorectal screening initiative to provide recommended followup colorectal screenings and to provide that the cost of recommended followup screenings not exceed $1,800 per screening.

A section is added to the bill to repeal Section 23-46-05 relating to a distribution limit on state financial assistance for emergency medical services.

Date: 2-25-13

Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2004

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 13.8154.01003

Action Taken Section A of amendment

Motion Made By Kilzer Seconded By Bowman

Senators	Yes	No	Senator	Yes	No
Chariman Ray Holmberg			Senator Tim Mathern		
Co-Vice Chairman Bill Bowman			Senator David O'Connell		
Co-Vice Chair Tony Grindberg			Senator Larry Robinson		
Senator Ralph Kilzer			Senator John Warner		
Senator Karen Krebsbach					
Senator Robert Erbele					
Senator Terry Wanzek					
Senator Ron Carlisle					
Senator Gary Lee					

Total (Yes) ______ No ______

Absent ______

Floor Assignment ______

If the vote is on an amendment, briefly indicate intent:

Yes Voice Vote carried.

Date: 2-25-13

Roll Call Vote #: 2

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2004

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ______

Action Taken ~~Section~~ funding source - yes vote is to leave amendment as is.

Motion Made By ______ Seconded By ______ - No vote wants to change funding source

Senators	Yes	No	Senator	Yes	No
Chariman Ray Holmberg	✓		Senator Tim Mathern		✓
Co-Vice Chairman Bill Bowman	✓		Senator David O'Connell		✓
Co-Vice Chair Tony Grindberg	✓		Senator Larry Robinson	✓	
Senator Ralph Kilzer	✓		Senator John Warner		✓
Senator Karen Krebsbach	✓				
Senator Robert Erbele	✓				
Senator Terry Wanzek	✓				
Senator Ron Carlisle	✓				
Senator Gary Lee	✓				

Total (Yes) 10 No 3

Absent 0

Floor Assignment ______

If the vote is on an amendment, briefly indicate intent:

Date: 2.25/13

Roll Call Vote # 3

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2004

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 13.8154.01003

Action Taken DPA.

Motion Made By Kilzer Seconded By Bowman

Senators	Yes	No	Senator	Yes	No
Chariman Ray Holmberg	✓		Senator Tim Mathern	✓	
Co-Vice Chairman Bill Bowman	✓		Senator David O'Connell	✓	
Co-Vice Chair Tony Grindberg	✓		Senator Larry Robinson	✓	
Senator Ralph Kilzer	✓		Senator John Warner	✓	
Senator Karen Krebsbach	✓				
Senator Robert Erbele	✓				
Senator Terry Wanzek	✓				
Senator Ron Carlisle	✓				
Senator Gary Lee	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Kilzer

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2004: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2004 was placed on the Sixth order on the calendar.

Page 1, line 2, after the semicolon insert "to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services;"

Page 1, replace lines 12 and 13 with:

"Salaries and wages	$49,351,659	$8,839,585	$58,191,244
Operating expenses	50,272,030	(11,744,473)	38,527,557"

Page 1, replace line 15 with:

"Grants	57,928,038	(443,309)	57,484,729"

Page 1, replace lines 19 through 21 with:

"Total all funds	$189,870,305	($3,083,375)	$186,786,930
Less estimated income	156,956,525	(16,337,612)	140,618,913
Total general fund	$32,913,780	$13,254,237	$46,168,017"

Page 2, after line 20, insert:

"**SECTION 4. TOBACCO PREVENTION AND CONTROL TRUST FUND.** The estimated income line item included in section 1 of this Act includes $383,000 from the tobacco prevention and control trust fund, for the biennium beginning July 1, 2013, and ending June 30, 2015."

Page 2, after line 23, insert:

"**SECTION 6. FOLLOWUP COLORECTAL SCREENING GUIDELINES.** The grants line item included in section 1 of this Act includes $160,200 from the general fund for recommended followup colorectal screenings. These funds may be spent for the cost of recommended followup colorectal screenings of up to $1,800 per screening for the biennium beginning July 1, 2013, and ending June 30, 2015.

SECTION 7. REPEAL. Section 23-46-05 of the North Dakota Century Code is repealed."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Senate Action

	Executive Budget	Senate Changes	Senate Version
Salaries and wages	$58,149,478	$41,766	$58,191,244
Operating expenses	38,152,557	375,000	38,527,557
Capital assets	2,224,288		2,224,288
Grants	57,316,529	168,200	57,484,729
Tobacco prevention	5,544,251		5,544,251
WIC food payments	24,659,861		24,659,861
Federal stimulus funds	155,000		155,000
Total all funds	$186,201,964	$584,966	$186,786,930
Less estimated income	140,216,701	402,212	140,618,913
	$45,985,263	$182,754	$46,168,017

General fund			
FTE	354.00	0.00	354.00

Department No. 301 - State Department of Health - Detail of Senate Changes

	Corrects Executive Compensation Package[1]	Increases Funding for Colorectal Screenings[2]	Increases Funding for Statewide Stroke System of Care[3]	Total Senate Changes
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Operating expenses			375,000	375,000
Capital assets				
Grants		160,200	8,000	168,200
Tobacco prevention				
WIC food payments				
Federal stimulus funds				
Total all funds	$41,766	$160,200	$383,000	$584,966
Less estimated income	19,212	0	383,000	402,212
General fund	$22,554	$160,200	$0	$182,754
FTE	0.00	0.00	0.00	0.00

[1] Funding is added due to a calculation error in the executive compensation package.

[2] Funding is added for recommended followup colorectal screenings to provide a total of $762,800 from the general fund for the colorectal screening initiative, an increase of $285,200 from the 2011-13 biennium.

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A section of legislative intent is added to the bill to allow the colorectal screening initiative to provide recommended followup colorectal screenings and to provide that the cost of recommended followup screenings not exceed $1,800 per screening.

A section is added to the bill to repeal Section 23-46-05 relating to a distribution limit on state financial assistance for emergency medical services.

2013 HOUSE APPROPRIATIONS

SB 2004

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2004
March 11, 2013
Job 19683

☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the State Department of Health; to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide legislative intent.

Minutes: Testimony 1, 2, 3, 4

Chairman Pollert: Opened the hearing on SB 2004, asked Sheila for senate changes on this bill.

01:05 Sheila Sandness, LC: Went over changes that were highlighted on the green sheet. Salaries changed.

Chairman Pollert: There were some budgets that were not updated?

02:10 Sheila Sandness, LC: Yes. She continued with changes on green sheet.

Chairman Pollert: Any questions?

6:40- 24:07 Dr. Terry Dwelle, State Health Officer of the ND Dept. of Health: (Testimony 1) Dr. Dwelle provided testimony on department overview and information on objectives and strategic goals of the health department.

24:09 Arvy Smith, Deputy State Health Officer for the Dept. of Health: Arvy went through the budget information provided in **(testimony 1)**.

28:06 Chairman Pollert: Asked Arvy if the department heads were present today.

Arvy Smith: Introduced the division heads and section chiefs within the dept.

33:50 Chairman Pollert: Within the 7 sections, is there a difference in turnover or is it dept. wide?

34:21 Arvy Smith: The turnover is generally consistent across the dept.

35:16 Rep. Nelson: Did you submit an additional salary request for the western area of the state?

35:50 Arvy Smith: We did not ask for housing allowance, as we add 9 new FTE provided by the Governor because of oil impact, will look at placing some there.

36:34 Rep. Nelson: Have you had any conversation with Public Health units, about employment issues in those areas?

37:08 Arvy Smith: yes, grants were included to the three units in the west.

38:04 continued on with budget

47:53 Rep. Nelson: How would the Federal ruling affect us on the universal vaccine?

Arvy Smith: We would still be impacted by that.

Rep. Nelson: It would have been the same dollar impact?

Arvy Smith: Yes.

(48:33) continued on with testimony

54:46 Chairman Pollert: Is there a bill that combines FTE in different areas?

Arvy Smith: Yes, there is a study on community paramedic use.

55:50 Rep. Nelson: A bill we heard in the first half with part of stroke HB 1175, you support that?

56:15 Arvy Smith: deliberated on that, all relating to STEMI.

56:51 continued on with budget information on testimony.

58:18 Chairman Pollert: wants a funding breakdown.

59:25 Chairman Pollert: Do you have IT systems?

Arvy Smith: No.

1:00.00 Rep. Nelson: is that the reason ALTRU immunizations are added to their electronic health record?

1:01:06 Arvy Smith: Yes.

Rep. Nelson: the reason ALTRU was mentioned is because they are ahead of others?

Arvy Smith: it is real time and they have the capabilities.

1:02:26 Kirby Kruger, Chief of Medical Services, ND Dept. of Health: spoke to why they were successful on their operations of the IT process

Rep. Nelson: Is there a system more compatible to work with than others?

1:04:15 Kirby Kruger: There are a limited number of electronic health systems nationwide.

1:05:50 Rep. Nelson: For those (third party) who don't go thru public health for immunizations?

1:06:22 Kirby Kruger: Yes. It would be a duplication of records.

Rep. Nelson: Any local public health units looking at that?

1:06:54 Kirby Kruger: Yes.

1:07:23 Arvy Smith: continued on with budget part of testimony

Chairman Pollert: This is before Senate added their amendment?

1:08:03 Arvy Smith: Yes.

Chairman Pollert: Will you have an idea on that within next three weeks?

Arvy Smith: We may know more about sequestration, trying to identify areas.

1:11:36 Chairman Pollert: We will take a 10 minute break.

1:12:07 Arvy Smith: on page 18 of testimony, talking about sequestration.

Chairman Pollert: Will you touch on colorectal program?

1:17:19 Arvy Smith: Arvy spoke to that on follow-up screenings.

Chairman Pollert: Not to increase the amount of people coming in, but for follow up?

1:18:19 Arvy Smith: Yes.

1:18:42 Arvy Smith: Arvy finished up with testimony.

1:22:32 Rep. Wieland: One-third of health employees are in an administrative position?

Arvy Smith: One-third is managing a small program.

Rep. Wieland: Do any of them administer more than one?

Arvy Smith: Yes.

1:23:46 Rep. Kreidt: Regarding the performance audit, are the recommendations completed?

1:24:00 Arvy Smith: Haven't worked out how to do manager training department wide.

1:25:35: Dave Glatt, Environmental Health Section Chief: (Testimony 2, 3)
He went through Testimony **2**, referencing Testimony **3**.

Rep. Nelson: Tell me how your workload standards may be different when working on a well pad?

1:30:14 Dave Glatt: It could, emissions are variable from one out by itself vs. eight in one area.

Rep. Nelson: So it will be commonplace?

1:31:08 Dave Glatt: Yes.

Rep. Nelson: Are the flaring emissions in your area or industrial commission?

1:32:06 Dave Glatt: The industrial commission.

1:32:36 Dave Glatt: continued on with testimony.

Rep. Wieland: Will the completion of the WAS water project have an effect on your division?

1:38:19 Dave Glatt: A little bit. Dave continued on with testimony.

1:45:20 Chairman Pollert: Of these 9 there are 3 approved, you need official funds. What are those 3?

Dave Glatt: We did get 3 FTE approved which are in the areas of air quality, septic tank overview/inspection, and spill response. The total 9 have to be approved. I misspoke on the three, instead of air quality it was municipal facilities.

1:46:19 Chairman Pollert: Where was septic tank going in?

Dave Glatt: Part of the water quality. They are requested and required to follow-up with spills and citizen complaints.

1:47:13 Rep. Nelson: Is one of the options to use the source that is already in place and blend water in aquifers with WAS water?

1:48:05 Dave Glatt: Blending doesn't work well. They can, but the public pushes them to go into the cleaner water.

1:49:41 Rep. Bellew: Is Minot being helped?

Dave Glatt: The issue is what kind of treatment technology would work.

1:54.39 Rep. Nelson: What your dept. provides through quit line, can you give an overview how funding levels are being projected into new biennium?

1:56:03 Arvy Smith: Dept. gets 10% tobacco settlement funding.

Rep. Nelson: Is that the only funding quit line gets through Dept. of health?

1:58:18 Arvy Smith: We do quit line functions and promotions.

Rep. Nelson: Recollection was Dept. of Health had whole budget of quit line.

Chairman Pollert: We will have the tobacco detail on Thursday.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2004
March 11, 2013
Job 19725

☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide legislative intent.

Minutes:

Testimony 1, 2, 3, 4, 5, 6, 7, 8, 9

Chairman Pollert opened the hearing.

Sherry Adams, Executive Officer for Southwestern District Health Unit, testified in favor of the bill (Testimony 1).

Rep. Wieland: Is the increase in pay permanent as far as the state is concerned? In the Southwestern counties, do you see an increase in property values so that the 4.75 mills will promote an increase in number of dollars?

Adams: Yes, it would be a long-term salary raise. The property values have been going up so a mill will be worth more so we don't have to ask for additional funding. Not all 8 of our counties are affected by the oil impact. When we ask for an increase, we have to ask across the board. It was a struggle for some of those counties that don't get extra funding. That will continue to be a challenge.

Rep. Nelson: The money you're requesting going to be used for new positions and some salary enhancements. Is there anything for housing allowances or existing staff?

Adams: It's for all of them. Part will go to two new positions; a nurse and an environmental health person. The other will be to increase all of our health unit salaries. It will either be increased salaries across the board or a pay allowance.

Committee requested from Adams a proposal for how the increase will be distributed, the turnover rate, how many applicants there have been for position, a copy of the budgets and where the money comes from.

Tim Meyer, Co-chair of the North Dakota Emergency Medical Services Association's Advocacy Committee, (24:20) testified in support of the bill (Testimony 2).

Chairman Pollert: How much money are you looking or hoping for?

Meyer: Our original ask was $12 million. We have 6.6 in the health department bill and something like 6 in the HB 1358.

Chairman Pollert: Are you also including the $1.2 million in the health department budget for the training grants portion?

Meyer: That's a separate fund for a separate project.

Julie Ellingson, North Dakota Stockmen's Association, (29:17) testified in support of the bill (Testimony 3).

Chairman Pollert: How much is the environmental protection fund?

Ellingson: It is a $50,000 appropriation.

Theresa Will, chair of North Dakota Tobacco Prevention and Control Executive Committee, (31:40) testified in support of the bill (Testimony 4).

Rep. Nelson: Do you support the decreased funding of the QuitLine Program with the drop off in tobacco settlement dollars and the lowering of the federal grant? Is that going to be adequate to meet their needs?

Will: We are in support of the Department of Health budget. I don't know the details of the individual line items.

Jay Taylor, Registered Respiratory Therapist and Tobacco Treatment Specialist, and a Tobacco Education Coordinator, (37:24) testified in support of the bill (Testimony 5).

Drew Lingle, Century High School member of Students Against Destructive Decisions, (41:06) testified in support of the bill (Testimony 6).

Rep. Holman: Have we reached a point yet where your classmates are not seeing it as fun to go out and have a cigarette?

Lingle: This morning at school a student was telling me that 4 students were smoking e-cigarettes on a recent church trip and they thought it was cool. I see kids smoking every day when I'm leaving the parking lot. I would say kids enjoy smoking quite a bit.

Jen Mauch, Tobacco Prevention Coordinator in Richland County, (46:51) testified in opposition of the bill (Testimony 7).

June Herman, Regional Vice President of Advocacy for the American Heart Association, (51:05) testified in support of the bill (Testimony 8).

Chairman Pollert: On the Senate side, did you bring forward the 383, but you didn't mention anything about it coming out of the fund?

Herman: Correct.

Chairman Pollert: And the Senate decided if they wanted to do it and how they wanted to fund it?

Herman: There were two amendments to be considered. We didn't know which way it was going to go. One was from the Center for Tobacco Prevention and Control. The other amendment was general fund.

Rep. Nelson: Of the $233,659 listed for the heart disease and stroke funding, are you assuming the federal grant in the second year will be approved? Are you considering the grant you mentioned earlier?

Herman: The federal funding would not have funds available for an expanded stroke system of care. With the grant, they are looking at preventative. I don't see the funding come in federally.

Rep. Nelson: That grant would be used for something other than what you are requesting the $233,000 for?

Herman: On the Senate side we made two recommendations. One is to support the expanded stroke system of care from general funds. The other is to consider funding for the FTE for heart disease and stroke.

Chairman Pollert: The funding is short by the $233, 659?

Herman: I would defer to someone who could speak better about that. CDC is moving towards general staffing positions and not disease focus positions. We are at the end of our grant. As we apply for additional federal funding, what is being recommended is looking more at general interventions. I'm not sure to what degree we could retain support for the systems of care.

Chairman Pollert: On the bottom of page 2, it sounds like the CDC grant guidance is being reduced. Why is it being reduced when we have bills to fund FTEs?

Herman: The history from CDC is that at one point they supported systems of care, but have been moving towards a general prevention focus, so the time invested has been reduced over the last funding cycles. Our funding ends this year. We can apply for more, but it doesn't mean we will get it. We would have to wait until additional funds become available at a federal level. Over the last 2 grant cycles, we were approved for federal funding, but money did not exist to fund ND. Staff was redirected to other programs. We did not have the heart disease and stroke program.

Chairman Pollert: Are you more concerned about the 383 getting funded? You'd rather see it as general funds?

Herman: Our position is to have it general funded. We support a comprehensive tobacco prevention program.

Chairman Pollert: American Heart Association is agreeing with the 383 figure that the advisory committee came up with?

Herman: The advisory committee made the recommendation as part of the Department of Health budget process.

Chairman Pollert: Are you or anyone affiliated with the American Heart Association part of the care advisory committee of the stroke system?

Herman: I am. As a member of the committee I would say no to special funding and yes to general funding.

Erin Hill Oban, Executive Director of Tobacco Free ND (01:14:26) submitted written testimony for Dr. Eric Johnson, President of Tobacco Free ND (Testimony 9).

Chairman Pollert adjourned the hearing.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2004
March 12, 2013
Job 19797

☐ Conference Committee

Jocelyn Gallagher

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide legislative intent.

Minutes: Testimony 1

Chairman Pollert called the meeting to order.

Rebecca Quinn, UND Medical School (03:26) testified in support of the bill with a focus on a brain injury registry.

Rep. Bellew: What would the registry be used for and how would it benefit not only TBI people but the whole state?

Quinn: The benefit for TBI people would be having that awareness and a connection to resources. It would be a benefit for the state by increasing our awareness that we have a substantial number of individuals with brain injury and help us provide resources to them. One area I deal a lot with is individuals with brain injuries within the criminal justice system, the homeless population or the substance abusing population.

Rep. Nelson: Returning veterans also suffer from this condition. With the funding that's being contemplated this session, there will be 4 facilitators in the state. Those resources will be available to all people, including veterans. If there was a registry created and some of these returning veterans were included in that registry, are there programs that Veteran Affairs has that would include those people? Would that be helpful for that segment of the population? Would you be in charge of everyone?

Quinn: In charge of everyone. There are specific veterans' programs. But a lot of times, veterans don't want to access them. Now that they've returned home, they want to go back to being a regular citizen. I think one of the best ways to do it is the collaboration approach. It's not worth it for me to create independent TBI services for veterans and it's not worth it

for veterans' organizations to create separate TBI services. That approach works well, particularly as we increase resources.

Rep. Nelson: I think it's important that we know that many issues with veterans are not identified; so many of these people don't want to be brought out.

Chairman Pollert: Any other questions for Rebecca?

AT (9:36) ON RECORDING 19798 IS THE FOLLOWING TESTIMONY FOR SB 2004

Sherry Adams, Southwestern District Health Unit (10:27) testified in support of SB 2004 **(Testimony 1).**

Rep. Bellew: Do you pay all PERS?

Adams: That was a decision from the local board. One of the reasons is because we are so low in salaries in comparison to the rest of the state so we offer it as a perk.

Rep. Bellew: Paying 50% benefits seems like a lot...

Adams: It's very comparable to other health units across the state. In comparison to what they could be making in the oil field, that benefit is not comparable.

Rep. Nelson: When nurses are laughing at your starting salary, your board decision to pay both ends of retirement, have you considered how to balance that?

Adams: I've been thinking of all avenues. Our board has been there a long time and change is hard for them. I agree with you, the time to start looking at the overall picture is there. The reason we've been able to keep the staff we have is because of the benefits.. The money we are asking for is to keep the personnel to do the services needed for public health.

Chairman Pollert: With increased valuations in land, is that helping your cause?

Adams: It didn't last year yet.

Chairman Pollert: Does 21 dollars an hour get you competitive statewide for staff?

Adams: If we can keep a benefit package and the 21 dollars.

Rep. Wieland: Do you have a policy addressing if salaries for professionals drop considerably like back in the eighties?

Adams: We don't have a written policy but the message we are giving staff, is if this collapses we need to re-assess

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2004
March 19, 2013 AM
Job 20140

☐ Conference Committee

Meredith Trahott

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide legislative intent.

Minutes:

Attachments 1-10

Chairman Pollert called the committee to order and a quorum was declared. He opened the hearing on SB 2004, detail.

01:45
Arvy Smith, Deputy State Health Officer, Department of Health (DOH): Presented Attachment 1. Presented Attachment 2 beginning minute 04:45.

07:10
Lori Laschkewitsch, OMB: Went over Attachments 3 & 4.

15:00
Smith: Resumed presentation of Attachment 2.

16:45
Chairman Pollert: Have the federal funds reduced in this section?

Smith: A few pages back (in Attachment 2) is a schedule on federal funds. We don't have a comparison by the funding sources. Overall federal funds have increased, due to one new grant. We applied for a federal grant for medical loan repayment projects.

Rep. Bellew: In your food and clothing line item, you have budgeted significantly more than what you have spent already. It doesn't look like you're expending all of this line.

Smith: I believe that is the PKU stuff. I would call on the division director to see why first-year spending is lower and why we need that level next biennium.

Tammy Gallup-Milner, Division Director, Children's Special Health Services: It's been an interesting up-and-down with this program. I budget for additional babies born, because we expect to see at least 1 or 2 babies each biennium born with PKU. We also provide food for individuals with other rare diseases, and we don't know when those babies might be born. We have about 23 individuals that order, they're not always ordering consistently, so I budget for those 20-25 and plan for additions, but we can't always plan for these inconsistent orders throughout the year. Also, we have a responsibility to provide low-protein medical food products for those on medical assistance, which can vary.

Rep. Bellew: Would this be federal funds? Do you have a breakdown?

Gallup-Milner: It's federal and state. It's usually a 57-43 split.

Smith: That's a standard split throughout Special Populations. There is no available local match for this section, so it is provided in the budget. We're required by federal law to give a third of the total Maternal and Child Health (MCH) Block Grant to children's special health services.

Rep. Nelson: What is the other funds category? What are some examples?

Smith: That is the reduction in community health trust funds. Of the 10% of tobacco settlement dollars that the health department gets, 80% has to go to tobacco; in the current biennium, you had Women's Way funded out of there for $400,500, and we held that steady; we took the cut in the loan repayment programs.

Rep. Nelson: With the 80% rule, your department administers the QuitLine programs. Is that held harmless? With the decreased funding, how did you deal with the 80% rule and less funding?

Smith: By law, we need to provide 80% of the tobacco settlement dollars to tobacco. That amount went down, so they still received 80%, but it was less money.

Rep. Nelson: Is the QuitLine program directly impacted by less dollars and increased population? But you are still expected to administer this program with less dollars, correct?

Smith: Yes. When we get to tobacco in the community health section, we can go over where we took the cuts.

28:00
Chairman Pollert: You have expended to date in the second column (Attachment 2 page 1), is that all of November?

Smith: That is through November 30.

Chairman Pollert: Why are you keeping the travel line request very similar to 11-13, when you haven't expended that much of it for the current biennium?

Smith: Some of it is related to the newer increases in costs to travel.

Chairman Pollert: It doesn't really reflect that here, because you'll have an increased fleet rate. Are the IT data processing rates from the IT department?

Smith: Yes.

Chairman Pollert: Is replacement of computers under here?

Smith: It would be under IT equipment under $5000. For the IT data processing, it also increased because we need to make some changes to the Children's Special Health Services client server application; that is about $50,000 of that line request.

Gallup-Milner: We have a responsibility associated with our MCH block grant to do a needs assessment every five years. We budgeted some allocation of funding for the report generation. Went through grants schedule in Attachment 2, beginning minute 37:00.

40:15
Rep. Bellew: What do they do with the money (in grants for care coordination)?

Gallup-Millner: It is used to hire a nurse care coordinator at the local public health unit, who works directly with families to do an assessment, service planning, and work with the community agencies. These are families with kids with very significant and complex health needs. The coordinator helps do the linkage and work with the families to get them what they need.

Chairman Pollert: Would the health department put on a yearly meeting and bring representatives from the local public health units saying, this is what we have for grants? Or do you send that out in the mail?

Gallup-Millner: Because of our relatively flat and reduced federal funding, we've prioritized four areas for our local level contract support. First is family support, next is multi-disciplinary clinics, third is care coordination case management, and fourth is medical home infrastructure. I have a mailing list and send that out.

Chairman Pollert: What is catastrophic relief?

Smith: We switched that last session from only Russell Silver Syndrome to Catastrophic Relief because there are a few other diseases in law that we need to cover, like the tuberculosis outbreak in Grand Forks.

Gallup-Millner: Continued going through grants minute 44:25.

45:55
Rep. Nelson: Is there any impact with ACA to the needs for these types of grants?

Gallup-Millner: I don't anticipate a big change because we're already dealing primarily with an insured population, and we're gap-filling for that under-insured issue.

Rep. Nelson: If they were Medicaid eligible, they wouldn't need this grant, correct? They would be covered 100%?

Gallup-Millner: For the most part. We do a little bit of gap-filling in certain areas where Medicaid doesn't cover, but it's not frequent.

Rep. Nelson: So you have that gap between 100% and 185% where this population fits? And they have a medical plan that doesn't cover all their needs?

Gallup-Millner: Correct, a lot of times it is copays, deductibles, monthly medication costs, those kinds of things. Sometimes it's hospitalizations. If they qualify, we pay, but we're only paying for the special health condition, not all their care. There are about 100 special health conditions that would qualify for the grants to individuals. Continued going through grants minute 51:15.

52:35
Smith: Went through loan repayment programs schedule in Attachment 2.

56:30
Gary Garland, Primary Care Office, DOH: In the Dental New Practice loan repayment program, the community must have a population of 7500 or less. One of the reasons we aren't seeing a lot of applicants for this program is this bill pays $50,000 to the recipient over a five year period of time; however, half of the money has to come from the community. It's difficult to get communities to come up with the money.

Chairman Pollert: On the dental, medical and veterinarian, they've all gone up. Are you still providing appropriations to the same number of participants?

Garland: For veterinarians and dentists, we allow three new in per year. For medical, there is some fluctuation, it is only limited to what the dollars will support.

Smith: We found out it also has to do with the timing of the payments; several are over four year periods. This is a reflection of the timing of those payments. We worked with the health council, who approves these, to come up with a schedule and process that will stabilize that.

Rep. Nelson: What is the waiting list? How many positions were applied for that weren't funded?

Garland: For physicians, on average we receive and fund three per year. We wish the numbers were greater.

Rep. Nelson: Isn't that a $40,000 commitment from the state?

Garland: The physician commitment is $45,000.

Rep. Nelson: How many requests for the medical have you received in excess of what has been funded?

Garland: I don't have the precise numbers. I would say 2 or 3 recently. I give presentations to the UND medical students annually to inform them of the loan repayment programs, including the J-1 programs for the foreign students. It's hard to get health care practitioners to places like ND and rural America.

Chairman Pollert: For the veterinarians, how much do we fund for that?

Garland: We fund them at $80,000 over four years. The first two years are funded at $15,000 each, and years three and four are paid at $25,000 each. Mid-level practitioners are paid $30,000 over a two year period, half from the state and half from the community.

Rep. Bellew: The significant increase hasn't been explained yet.

Smith: You'll see the increases when we look at the detailed schedules, it has to do with the flow of payments.

Chairman Pollert: And what is the grant to UND for primary care?

1:08:15
Garland: My office contracts with the UND medical school. It provides two faculty people at the university. One does the workforce shortage area designations, and she is located at the UND branch in Minot. She assesses the community on certain criteria to make a recommendation to the federal government to make that area federally designated. Those designations open up a whole range of opportunities for the community, including accessing various types of federal money and preference in professional placement programs. The second person administers the National Health Service (NHS) Corp in ND, she assesses all clinics for meeting criteria to become a NHS Corp site. Once the site is established, it opens up opportunities for the clinic to bring in federal NHS Corp practitioners.

1:13:50
Smith: To clarify a couple things: the November 2012 column is what has been paid through November 30, so we may have had a lot of activity that happened in November that won't show up and be paid until December. This is 16 months of expenses. Another thing about the loan repayment programs, since we knew the community trust fund was short, we built into our base hold-even budget enough to honor all current contracts.

The committee took a short recess.

Smith: Presented Attachments 5 beginning minute 1:17:52.

1:20:40
Rep. Holman: What is the success rate on these programs?

Smith: For the most part we are successful.

Garland: It would be safe to say that 75-80% stay at least twice as long as their service obligation.

Smith: Presented Attachment 6 beginning minute 1:22:06. Presented Attachment 7 beginning minute 1:24:25.

1:28:55
Garland: Most of our loan repayment recipients are practicing in rural areas. We do get an occasional application for a sub-specialty that is needed in an area. The last one we funded in Fargo was a pediatric neurologist.

Chairman Pollert: So it's not in Century Code, but when you go through applications, you look at the location?

Garland: Yes, one of the questions on the application asks if the area to be served is a designated workforce shortage area, and we give preference to those areas. In most cases those shortage areas are in rural ND.

Smith: Presented Attachment 8 beginning minute 1:32:20.

1:35:10
Chairman Pollert: What is the community paramedic (the new FTE)?

Smith: It is to develop community paramedics out in the community. The vision with this position is to help those underfunded ambulance units develop services that they can bill for, so that during their down-time, they can find medical types of services that they are qualified to provide and can be paid for. It also makes sure they have appropriate training. The other part helps to continue the STEMI project.

Rep. Nelson: Can you go through the temporary staff increase?

Smith: Part of that is the EMS grants manager. With the EMS grant program that was funded last time, we were allowed to provide some management for that. We also have in the emergency preparedness and response program, we didn't know how long we would have those levels of funding, and we wanted the ability to change or let go when the funding changed, so we have a lot of temporary staff. We have very few FTE in that area. The funding does include money to provide salary increases to those long-term temps.

Rep. Nelson: Since that is dependent on federal funding, is there a fear that the federal funding source may go away?

Smith: We don't anticipate it will go away, but there have already been some reductions. From the start of the program, it is down 30%.

1:43:55
Rep. Bellew: What is the pay for this new position? Where does the money come from?

Smith: The new FTE is all general funds. The cost is $135,000 over the biennium, and that includes salary and benefits.

Rep. Bellew: Where will you house this person?

Smith: Hopefully in the department in Bismarck.

Chairman Pollert: Is there anything in this section in western ND? I see you have the oil impact on your OAR. Is that all encompassing, or is this new FTE part of that?

Smith: This new FTE in emergency preparedness is #13 on the OAR sheet. As far as dealing with the western part of the state, that would mainly be the increase to ambulance service grants that the governor provided.

Tom Nehring, Director, Division of Emergency Medical Services and Trauma, DOH: Regarding the start-up money for the education section, there is approximately $276,000 in the governor's budget for the FTE position and the education. Community paramedics is a term commonly used that will be changing to something like community health EMS. It's a dual-focus approach. In the urban areas, we're looking at decreasing unnecessary ambulance runs and emergency department visits or re-hospitalizations. In the rural areas, we're talking about the sustainability of ambulance services to potentially generate a new revenue stream; there are under-served communities in areas like disease management and wellness checks, safety or occupational health; they could be involved in the Ask a Nurse program. To get this up and running, there is a national curriculum ND has looked at and it is potentially 200-400 additional hours of training for EMS providers. This probably will be the front-runner to programs throughout the U.S. with regards to a community health EMS program out in the rural areas. Things are moving in that direction. The bottom line is that you have to get the education program up and running before you can ever have them in the field. You also have to assess what they are doing in the field, and then start pursuing the other areas. This is a very promising field.

Chairman Pollert: You talked about increased reimbursements. Those will go to the local EMS people? There will be nothing coming to DOH.

Nehring: Correct.

Rep. Bellew: Where specifically in this portion of the budget are those operating expenses?

Smith: On the schedule, there is $5000 for travel, $500 is office supplies, $500 is printing, $1600 other equipment under $5000, $2000 for IT data processing, $2000 for telephone, and $130,000 professional services, which is a contractor to provide that education.

Nehring: We are looking at doing it with a training institution, having a consultant come in and basically be an education coordinator for the first year.

Chairman Pollert: So the contractor will train the ambulance services? We aren't paying $130,000 to train a community paramedic, are we?

Nehring: Yes, we are, but not just one, a class. We are looking at 15-20 students in the first class. They will continue with a training institute in the state after the first year. This is just the first year start-up cost.

Chairman Pollert: How did we train them before, without this $130,000?

Nehring: I took the first EMT class in the state of ND in 1971. The way it worked was the American Academy of Orthopedic Surgeons had a training program for EMTs. They don't just magically appear, you have to have a curriculum. It's the same thing here. You have to have a curriculum, which is available, but we don't feel we have the expertise within the state to lead the first one. After that, class participants will do further preparation and lead future classes.

1:56:40

Chairman Pollert: Why is there an increase in travel?

Smith: $5000 is for the community paramedic; part is for the grants manager. The rest is increased travel for ambulance personnel to come to regional meetings, EMS advisory council expenses, non-state employee travel.

Rep. Kreidt: Could you tell me what you insure?

Smith: We have a huge bump under insurance. We have a warehouse that holds our medical supplies, drugs and equipment that we insure. This is also workforce safety insurance for our volunteers. Previously it was a very small amount, around $1000 a year, but because of a change in legislation last session, we were told that cost would now be $42,000 per year. It had to be general funds because we had already spent our federal grant dollars.

Rep. Bellew: What piece of legislation did we do?

Tim Wiedrich, Section Chief, Emergency Preparedness and Response, DOH: Workforce Safety recalculated the premium and didn't provide the specific piece of legislation, but said that it had been miscalculated in previous years. Last July they contacted us and indicated this is the new dollar amount.

Rep. Kreidt: So that is broad coverage for anyone volunteering?

Wiedrich: That's right, this is for the entire state, and provides coverage for if those volunteers should get injured while they are providing those services.

Rep. Wieland: IT data processing has an increase. Can we have a brief explanation?

Smith: We do not have any special circumstances there. We have a lot of IT costs in this area. Those are just ITD rate increases.

2:06:00

Wiedrich: Went over the Professional Services schedule in Attachment 8. Everything that has a PHP or HPP designation is federal. EMS could be a combination of federal and state dollars.

Chairman Pollert: Are the EMS lines for training?

Wiedrich: The things indicating training are exactly that.

Chairman Pollert: On Capital Assets (Attachment 8 page 1), there is an increase of $127,500 for equipment greater than $5000. Do we have a schedule on that?

Smith: There is a schedule (page 2 of attachment). We use video-conferencing a lot to save money and time on travel. We have some updates we are doing.

Chairman Pollert: What is the federal/general split?

Smith: This would be 100% general funding from the public health preparedness grant. Continued on to Grant Line Item schedule (page 3 of Attachment 8) beginning 2:13:00.

2:22:05
Rep. Bellew: Should that new position and the educational start-up fund be part of EMS grants?

Smith: We give the entire $6.4 million out to the ambulance services. The community paramedic position would fund a position in our office to help them, and half of that is for the STEMI project.

Rep. Nelson: Are there currently any salaries paid out of the grants line?

Smith: No, those would be up in the salaries line item.

Rep. Nelson: Have there ever been?

Smith: No, we can't pay our salaries out of grants. We could grant the money to someone else who pays for their salaries with the money.

Rep. Nelson: Could the EMS Association employ the community paramedic position? Or is there a way to fund that person out of the grant line?

Smith: We're the ones that will have the expertise and the ability to coordinate that, so our preference is not to. To clarify, we have general funds on top of this.

Chairman Pollert: Do you know how HB 1358 is coming?

Nehring: There was a three hour hearing with no opposition. There seems to be an optimistic air about it.

Chairman Pollert: Has the 1.25 in the tax distribution fund been in previous bienniums specifically ear-marked for certain things?

Smith: In the current biennium, it was marked for staffing grants. Those discontinued as of June 30, 2012, and then it switched over to general EMS grants.

Rep. Nelson: Has the criteria for qualifying for the staffing grants changed under the new formula?

Smith: No.

Rep. Bellew: Did the community health trust fund fund all of the EMT training at one time?

Smith: No, it has always been general fund. There was money on top of the $940,000 for a period of time, and when that ran out of money to fund it, that fell off.

2:30:38
Sheila Sandness, Legislative Council: In addition to other bills out there related to EMS, there is also a bill that will probably be coming through here, SB 2226 having to do with the trauma system. It's not for grants, it is for the EMS trauma director and related items.

Chairman Pollert: So there is a bill for another FTE?

Sandness: Yes.

Nehring: SB 2226 allocates an additional $709,000 to the trauma system for the biennium. Last session there was a bill that requested $809,000 and was funded at the level of $100,000; this bill is put forth by the state trauma committee for that additional amount. From the money for this biennium, $50,000 was for the trauma medical director, which funds less than 10 hours per month as a trauma medical director; the rest was for advanced trauma life support training and designation visits our office conducts. We would like to get the trauma medical director up to approximately a half time position, increase the other spending areas, and get a rural trauma team course for up to $100,000.

Rep. Nelson: Is this all general fund money?

Nehring: Correct.

Rep. Nelson: Are there any cross-benefits of the community paramedic program and this trauma system coordination program?

Nehring: The two really do not meet. One is based on the emergent, one non-emergent situations. The governor did not fund the OAR for trauma.

Rep. Nelson: How many level 2 trauma centers are there?

Nehring: I believe we have 44 hospitals in the state, and 6 of those are the level 2 facilities. All of the others are level 4 or 5. Only the hospital in Belcourt is not trauma designated.

Rep. Nelson: Your point was the level 2 trauma centers have been funding the activity around this position out of their pockets in the current situation?

Nehring: They wouldn't receive money from this; however, it would relieve the fact they are undergoing the costs right now and have for a long period of time. It would help with them not incurring such great costs to keep the system going. Another part of SB 2226 is the statewide trauma registry. It's currently funded by the individual critical access hospitals and level 2 facilities.

Rep. Nelson: This wouldn't relieve the entire cost to the hospitals, just reduce it.

Nehring: I think you're right. They will still have significant burden, but it will help relieve some of it.

Smith: Distributed Attachments 9 & 10. Started presenting Attachment 10 at minute 2:44:00.

2:47:25
Rep. Wieland: Are these nine positions going to be permanent FTEs? Or are they positions that if something were reversed, they could go away?

Smith: We requested them as permanent FTE. We expect to need them as long as the oil activity stays where it is at, and the talk is that is 10, 20 years. Every session, you have an opportunity to look at them, and if the opportunity to look at them, and if the activity has declined, to review them.

Rep. Nelson: I understand there is a need for more help because of the volume of work being done. Are these also important to make ND's case stronger from a legal position, as far as water and air quality? Can you explain if that's true?

Dave Glatt, Environmental Health Section Chief, DOH: The amount of work due to the oil impact is significant. In some areas, it is 3-5 times what it would normally be. We are being oversighted by EPA and federal programs to make sure we are adequately implementing those programs pursuant to our primacy agreement with EPA. On top of that, it's a matter of getting a handle on things as a state agency to address all the issues that come along with it. We need adequate staff out there to implement the federal and state environmental programs. The environment will change no matter how many people we put out there, but this provides us additional oversight and more people in the field to at least contain some of the impact.

Chairman Pollert: Is this as simple as saying, if we add 20 wells, we need 1 FTE in water services? Or if we increase a town's population by 30%, we need a municipal services guy?

Glatt: I wish I could make it that simple, too.

Rep. Nelson: The other thing is, on these multiple well pads, we may have an issue with clean air standards and may need a permit. If there is any implications as to expanded regulations like that, could you refer to that as well?

Glatt: With air quality, there are several issues. One is radioactive material, tracking that, licensing it, making sure it properly stored and handled. Also, we've gone from 3,000 wells going to 30,000 wells. Each of those is a potential air quality emission source that needs to be permitted, tracked, and inspected. Today, we are in the 8000 range for wells. By the end of 13-15, they are probably adding 150 a month.

Chairman Pollert: How many environmental scientists did you have before the oil boom?

Glatt: In all five divisions, roughly 90-100, but I will get you the exact number.

Chairman Pollert recessed the committee.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2004
March 19, 2013 PM
Job 20196

☐ Conference Committee

Meredith Trauhott

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide legislative intent.

Minutes:

Attachments 9-12

Chairman Pollert called the committee back to order.

Lori Laschkewitsch, OMB: Presented Attachment 11.

03:07
Arvy Smith, Deputy State Health Officer, Department of Health (DOH): Went over Attachment 10.

04:30
Dave Glatt, Environmental Health Section Chief, DOH: Discussed septic waste disposal bill (SB 2308) with committee. Presented Attachment 12 beginning minute 11:10. Went through FTE request in Attachment 10 beginning minute 13:20.

16:50
Rep. Nelson: On the salary range of employees, many people in your department are in the first quartile. Can you find people for $45,000 per year?

Glatt: Fortunately the rest of the country is in economic doldrums, so we have more applicants than we normally do. Scientists are easier than engineers to get.

Rep. Nelson: There was a lot of turnover for engineers. Is that still occurring?

Glatt: It goes in spurts. I heard yesterday that I had two engineers that were offered salaries 45% higher than their current amount. We do train them, and we end up making them very marketable; some choose to stay, some choose to move on.

Rep. Nelson: Can you put a rough value on the training of an engineer?

Glatt: 2 years of training and mentoring is what we have invested in them.

Chairman Pollert: How many wells are we expected to have?

Glatt: It's about 150-200 per month projected to go the next 10-15 years. So 30,000-40,000 additional wells.

Chairman Pollert: Each spot gets a well, and then later they may put on a pad and put in another 4-5 wells on each site, is that correct?

Glatt: That is correct. Once they secure the leases, they will go up to 8 wells or higher on one site.

Chairman Pollert: Do you get into more trouble with the air quality when there are multiple wells on one site?

Glatt: The potential is there. You have an emission from every well. From a regulatory sense, we have looked at how to deal with flash emissions.

Chairman Pollert: You currently have one person doing radioactive now?

Glatt: We have three people working with the program now. The Nuclear Regulatory Commission has said we are understaffed. We are currently on probation for that program from having such a large turnover; we were constantly training new people and they weren't fully certified. Since that time we have improved the situation. Resumed presentation of Attachment 10 minute 22:15.

28:20
Rep. Bellew: You have lease/rental for $6,000 for each of these positions. Does that mean you are leasing out a different office space? That's $54,000 total.

Glatt: We are going to need more space. Whatever we do, we will end up paying more rent to house these people. We're looking at our options of where these people can go. From a management standpoint, the more people I can keep in one place, the better.

Chairman Pollert: What other offices do you have, besides the state morgue?

Smith: We have the second floor of the J wing, and vital records is on the first floor; we have environmental health and emergency preparedness in the Gold Seal building; we have the lab, morgue, and training center with a few offices out by the pen. We are looking at internal options, as well as some other properties that could become options for us.

Rep. Nelson: In the air quality area, do you charge for those tests?

Glatt: No we don't. That is an ambient air quality monitoring network that is provided some federal and a little bit of state funds to maintain. We do charge for some of the laboratory

samples; some we can't charge for because of statutes. Resumed presentation of Attachment 10, minute 33:25.

38:35
Rep. Nelson: Are most of the man camps served by rural systems for water supply?

Glatt: I think they try to get onto the rural water systems, if the capacity is there. We have some that drill their own wells. That's not as good of quality, but it's still safe to drink.

Rep. Nelson: If it's a drilled well, your department in charge of the testing; but if it's a rural system, and it's not adequately sized, they would have to put in some storage and distribute from a tank, and you would be involved at that distribution?

Glatt: That is correct. The department does review rural water plans to make sure the water is maintained safely and there is no cross-contamination or other quality issues. We don't get into the quantity end of it.

Rep. Nelson: If it's a well, is it just bacteria analysis?

Glatt: There is a pretty extensive sampling regime through the Safe Drinking Water Act, in addition to the bacterial quality.

Chairman Pollert: When there is a well being drilled, and they are going through the water layer, do you have to be there? Or do they send samples in to you?

Glatt: When they are drilling an oil well, that's Oil & Gasses through Mineral Resources. I don't know if they take samples, per se, but they keep a tight log of what goes down in the well and what comes back out. Continued presentation of Attachment 10, minute 42:40.

49:50
Chairman Pollert: Do you have to have federal approval, too, for any of these as well?

Glatt: If there are federal regulations, we have primacy agreements that tell the feds that we have the capability to implement the program at the state level. They periodically oversite us, but not on every case.

Rep. Nelson: Do a lot of states turn that primacy over, or does the federal government take that over? How common is the state primacy that ND has?

Glatt: I would say the majority of states take the primacy, they want to operate programs at the local level, rather than having somebody from Denver do it. There are certain states that choose not to accept certain portions of the law. For the most part, if we can do it cost-effectively at the local level, that's the way we would rather do it.

Rep. Nelson: Are there any cases where Denver or the EPA has come in and said the state is not able to do this, and they take it away from the state?

Glatt: There have been some states that have been on probation. There are some programs that we just don't accept. Continued presentation of Attachment 10 minute 53:50.

56:10
Chairman Pollert: Are these the same people doing the livestock thing?

Glatt: That is a separate group. In ND, we look at discharging in spring and fall, not year-round.

Chairman Pollert: So this is in storage?

Glatt: It can be. In regards to spill response, we've gone from 300-400 spills reported, up to 1500. A lot are kept on site, on the drill pad, and Oil & Gas has jurisdiction there.

Chairman Pollert: If you get a call from anybody, do you have to go out and investigate, even nuisance calls?

Glatt: There are some nuisance calls. They are required to report any spill within 24 hours. I receive five reports a day, so we triage them. It is state law that we be allowed access to the site; where we wouldn't be allowed access is if it is a dangerous situation, and we require all our staff to go through OSHA training to be able to recognize those situations and get out. We have never had an issue with being denied safe access.

Chairman Pollert: Are the man camps increasing or decreasing?

Glatt: We thought they would level off but we've seeing a few extra ones come in. We're also seeing trailer parks come in.

Chairman Pollert: We trying to find a trigger for how we allocate oil impact dollars to departments.

Glatt: We're playing catch up. Then there will be a period of time when it will just be operation and maintenance of these. Then at some point these places will shut down, and I don't know what we'll do with them then.

1:04:05
Rep. Nelson: Has your department been brought into any discussion about this pyramid that would be an inclusive city? You would have to be part of the design, right?

Glatt: I've heard of it and seen some basic drawings, but nothing official. We would be involved in the infrastructure of water/waste water handling.

Chairman Pollert: So you haven't seen any slow-down occurring.

Glatt: The claims are leveling off a little in some things. We want to get pipe in the ground to get trucks off the road; however, pipeline leaks tend to be a bigger issue because it takes longer to catch them and clean up. We'll be involved for quite some time. There are some things I'd like to be doing that we have not done; I'd like to sample surface water, for

ambient quality; I'd like to sample private wells. My gut tells me there is not a problem, but I don't have the data to show that.

Chairman Pollert: Have you not had the time or personnel to do that?

Glatt: Correct. We're looking at within our existing programs to get people out there and collect some of these samples and start developing that baseline. We want to have enough data and information to maintain quality at a sufficient level, so when this oil goes away, we still have something out there. Right now, we're just putting out fires.

Rep. Nelson: We need to have a baseline on our aquifers. It will strengthen our position if we have that baseline on water quality, and it's important to have that documentation.

Glatt: I agree. I don't think there is a widespread problem out there, but if you don't have the data, EPA or other agencies may come in and regulate it. We're in a better stance legally if we have data to show that there isn't a problem and we are adequately taking care of it through the safeguards.

Rep. Nelson: With the addition of this staff, can you begin to document some of that?

Glatt: As far as the aquifers and surface bodies are concerned, we have two programs now that go out and do some monitoring; with additional staff I'd like to collect more samples. We'll absorb the analytical costs as much as we can. I'd like to emphasize more sampling directly pointed at oil field development.

Smith: Presented Attachment 9 beginning minute 1:11:05

1:22:50
Chairman Pollert: What is legal?

Glatt: We have EPA legal fees of $500,000. On top of that, we have legal enforcement cases on everything else. We have an assistant attorney general assigned to the section. We used to do very few enforcement cases; since the oil boom, those have gone up exponentially. There are times we have to go in front of an administrative law judge. Continued going through Professional Services Line Item schedule of Attachment 9.

1:29:05
Rep. Bellew: Miscellaneous professional fees increased a lot.

Glatt: That includes the hazmat training, software we pay for like GIS, outside lab analysis, USGS contracts, and also some college contracts. Continued to the IT Contractual Services schedule in Attachment 9.

1:34:25
Rep. Nelson: Is this all federal funding?

Glatt: The vast majority is federal funding.

1:35:10
Smith: Went over Attachment 9 schedule on Equipment > $5000.

1:37:35
Chairman Pollert: How long do you have to keep air quality files?

Glatt: It depends, typically three years, but we keep them longer. We have some files of data that go back 25 years, and that has proved beneficial. Continued discussing equipment schedule.

Smith and Glatt: Went through grants schedule beginning minute 1:44:10.

1:48:00
Chairman Pollert: Do you grant all the money out or is there some left over?

Glatt: It depends on the program.

Smith: Some of those big projects move slower, too, and some of those have been funded by federal dollars. She and Glatt concluded grants and went over the Extraordinary Repairs schedule in Attachment 9.

1:54:30
Chairman Pollert: Any other questions on this section? We'll stop here today. The committee will be in recess.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2004
March 20, 2013
Job 20212

☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide legislative intent.

Minutes: *Testimony 1-8*

Chairman Pollert called the meeting to order.

Arvy Smith, ND Dept. of Health, testified in support of the hearing (Testimony 1).

Rep. Nelson: In the tobacco prevention and control area, there is a decrease of $618,000. Is that associated with the QuitLine program?

Arvy: A lot of that is in the professional service line item. Some of it was switching vendors. There was a cut in the federal grant and we had less from the settlement.

Karalee Harper, Director of Chronic Disease, ND DOH: We switched vendors. We had one to do the QuitLine program and another to do the on-line cessation. When we switched vendors, they were able to do both. We also made cuts to the media related to NDQuits.

Chairman Pollert: Let's go through the section. (15:06) Why would you have a negative in salaries considering the hay study?

Arvy: We have a lot of federal grants in here that are coming and going. In the middle of the biennium, we transferred our cancer registry program to UND Medical School. We had significant turnover in there and thought it was an opportunity to explore alternatives. UND was very excited to take this on and to have that data available to them. They are now the direct grant applicant.

Chairman Pollert: Did that free up some FTEs?

Arvy: Yes.

Chairman Pollert: Did you have some transfers?

Arvy: Yes, we transferred 3 out of this section; 1 to health resources where food and lodging is, 1 to medical services to immunizations, and 1 to emergency preparedness.

Chairman Pollert: Were you able to draw more federal dollars and less general funds for this section?

Arvy: The cancer registry was mainly federal dollars, but we had to supplement about $100,000 per biennium from general funds. UND holds the grant and receives the federal dollars, but we still need to give them the general fund portion.

Rep. Bellew: Why isn't there a reduction of FTEs here then?

Arvy: We transferred them in the base in the current budget. There are 45.65, but there were 48.65.

Chairman Pollert: Are all the people in this section in fleet cars?

Arvy: Yes. Operating is pretty tight because all of these grants have leveled off.

Chairman Pollert: In professional supplies and materials, you haven't expended much. What does that include? Is this the vaccination area?

Arvy: No that is in medical services. Professional supplies and materials went up because we ordered $50,000 in breast pumps for the WIC program and $27,000 was general inflation.

Chairman Pollert: If you're going to be on track budget-wise, is there going be a $385,000 expenditure coming through this section?

Arvy: We're going to need to look at what is in there. I see what you mean.

Rep. Bellew: Is that federal dollars for the pumps?

Arvy: Yes.

Colleen Pearce, Director of Nutrition and Physical Activity, and Director of the WIC Program: Yes, it is federal dollars. WIC receives federal funding in two pools; food dollars and nutrition services administration. The breast pumps have traditionally been purchased out of the food dollars. But this last year, because of a shortfall of funding at the federal level, we had to use our nutrition services dollars.

Rep. Nelson: Is the IT data processing increase a direct contract with ITD?

Arvy: A big portion of that is the ITD increases.

Rep. Bellew: In operating, what are the other funds in this line item? It's a $400,000 increase.

Arvy: A big piece of that is because we shifted Women's Way from grants to operating.

Chairman Pollert: Is there a huge amount of federal dollars in professional services?

Arvy: Yes. I will try to point out where there are general funds.

Chairman Pollert: Have the federal dollars in the health department increased?

Arvy: In total, our federal funding has decreased.

Rep. Holman: What is the typical duration of a federal grant?

Arvy: A lot are 5 year grants; some are 3 year grants.

Rep. Holman: Is there ever an opportunity to co-mingle grants? Or are they too tightly restricted?

Arvy: There are some block grants that give us some leeway. But a lot of them are very specific about what they include.

Rep. Kreidt: Has been there any correspondence at the federal level in regards to sequester? I think they will look at states that are a little more stable money-wise and taking more cuts to ND than to say MN who doesn't have the dollars we do.

Arvy: I had CDC officials telling me that they didn't believe sequestration would occur. Now we're hearing a 5% cut across the board. But I haven't received an answer on what a line item is. I haven't heard any indication that they would cut ND more. We're relatively small so we're getting less than other states already.

Chairman Pollert: In the professional services line, on the top under legal is that where you talk about Women's Way transfer?

Arvy: Yes. Some components of that were transferred up from the grant line item.

Chairman Pollert: I'm looking at Women's Way-BCBS and Women's Way-LPHU. You show increases on the executive budget but is that due to what you did between the grants line item and the professional services.

Arvy: Yes. The increase in Women's Way-LPHU came from the grants.

Rep. Nelson: Is the Coordinated Chronic Disease area a new grant?

Arvy: Yes.

Rep. Nelson: Can we have a brief overview?

Arvy: This was to coordinate things like cancer, diabetes, and tobacco into one source to work with them better and have more flexibility and efficiency. We were getting a short-term grant to do that. In the meantime, the feds have backed off on the coordination issue, so I don't know what the future of that is.

Rep. Nelson: What is short-term?

Arvy: That was a 3 year grant.

Chairman Pollert: So the 7 items in Coordinated Chronic Disease, that's all one block area?

Arvy: We work on that together in the chronic disease division but we have a lot of input on how to use the funding to coordinate it.

Rep. Nelson: In the last column of WIC-EBT is that technology program? And all federal dollars?

Arvy: Yes to both.

Rep. Nelson: Is it a one-time?

Arvy: We are in the planning stages right now and then there will be an implementation grant.

Rep. Nelson: Are you hearing anything about sequestration?

Arvy: We typically don't get amounts. Some of the programs are hearing estimated numbers, but nothing is final.

Rep. Wieland: Women's Way-Recruitment Campaign. How is that done? What is your main source? Also what does BRFSS stand for?

Arvy: Most of that funding goes to local public health to recruit women for their screenings. We'll check on that exactly. BRFSS is a separate federal grant. Behavior Risk Factor Surveillance Survey. It is the big health data that we get that is done nationally. The feds provide each state with money to do this. In some cases they dictate what the questions are, but there are some areas where we can drive questions towards our own state's needs, but you pay more for that. We have additional funding going towards that.

Rep. Wieland: None of that $670,000 is going towards treatment or anything? It just goes to ask questions?

Arvy: Yes. Every year we do a survey.

Rep. Wieland: Is that all federal funds?

Arvy: Yes.

Rep. Bellew: Could you tell us what are general funds in these?

Arvy: The Stroke Registry is general funds. In the Maternal and Child Health, there is a match of 57/43, so those would have general funds. Suicide Prevention is all general funds. Poison Control Hotline is all general funds also.

Rep. Holman: In regards to the lines dealing with diabetes, do you pick that up somewhere else when you take it out of there? Does that fit into chronic disease?

Arvy: Yes it does.

Rep. Holman: With the school and child safety, do you juggle those around so that you pick up the activity somewhere else or do they stop?

Arvy: The school health is changing significantly. Previously that grant went to DPI and DPI granted a portion to us that paid for 1 FTE so that we'd be working on school health together. Now the feds are changing that and sending the entire grant to us and then we subcontract with DPI. We're still in the application process.

Rep. Bellew: What does the family planning and clinic consultant do?

Kim Mertz, Division of Family Health: The family planning clinical consultant is actually a physician. The federal grant requires that we have a physician on staff to provide consultation to the program. That physician reviews all of our policies, practices, protocols, answers questions, and assists the nurse practioners with any questions.

Rep. Bellew: Does this have anything to do with the abortion part? Does this consultant talk to these young ladies to maybe abort the child or not?

Kim: By federal law, we cannot use any of the funds in the federal family planning program to support, endorse, or encourage abortion. It's not part of our program. The practioner in the program provides pregnancy option counseling; including carrying the child to term, adoption, foster care, and it does include termination of pregnancy if the client asks for that information. The practioner can provide that information and that's where it stops. We do no affirmative action; we don't call, make referrals, or help them with any of that. We are not allowed, by federal statute, to use any of that funding for abortion or to support abortion.

Rep. Bellew: If the client asks for termination and you tell them, is that not advising them?

Kim: It's providing education, the same way we provide information on how to carry a child to term. It's providing information in a very factual and non-judgmental manner and left to the option of the client.

Chairman Pollert: (0:59:19) On the grants line item. I would like some discussion on the colorectal grants. The Senate added $160,000. Is that all general funds? Now is the colorectal screening income-based and now we're going to follow through?

Arvy: All of the colorectal grants are general funds. In the current biennium, we got $477,600. We're using that on two pilot sites; Heart of America and Sanford in Fargo. We contract with them to do colonoscopies and they do the recruitment. The Governor added $125,000 and we were hoping to use that to reach the west. We can't contract it out there because they are so overwhelmed. The Senate added $160,000 for follow-up screenings for those people that are showing positive and seeing issues.

Chairman Pollert: Is this income-based?

Arvy: It's 200%.

Chairman Pollert: Looking at the colorectal grants, is the $477,000 the first time we've done that? Are we expending all of those dollars?

Rep. Nelson: We've done this for 2 or 3 bienniums. Initially it was set up to screen under-served areas. One of the things we found with this program, especially around the reservations, it's difficult to do screenings. The program has to be re-done every biennium.

Rep. Bellew: (1:08:41) How many screenings can you do for $477,000?

Arvy: At Heart of America, the goal is to do 95. Fargo's goal is to do 130. We modeled this after the federal program, which uses the Medicare rates so that's what we're using. Heart of America has higher recruitment costs. The Senate did not want to fund the recruitment admin piece, so that's why they capped it at $1800. Heart of America will do it for that amount, but Sanford isn't excited because it won't cover their direct costs.

Chairman Pollert: Was the entire amount used up in previous bienniums since it doesn't look like it's all being used now?

Arvy: I would have to look at 07-09 and 09-11. In the current biennium, we're having trouble in Heart of America getting them all done because we're having trouble recruiting.

Chairman Pollert: There's the chance that we continue to bump up the dollars but the utilization might not be happening, correct?

Arvy: We looked at having Sanford do more of them but they're apprehensive because of their direct costs not being covered. Because it is a pilot project, we will probably re-formulate.

Rep. Holman: (1:17:51) Do Domestic Violence and Family Violence overlap?

Arvy: The one is state funds and the other is federal funds.

Mary Dasovick, Director of the Division of Injury Prevention and Control, and Manager of the Domestic Violence Grants: The Family Violence Grant is the federal dollars and they address domestic violence specifically. The Domestic Violence has part general funds and part special funds that come from the marriage license fee.

Rep. Bellew: There is also Sexual Violence and STOP Violence. Are they all related?

Mary: The Sexual Violence RPE is for primary prevention and those are federal funds. The Sexual Assault Services funds are given to numerous domestic violence and rape crisis programs and that addresses only sexual assault victims and provides funding to support advocates. The STOP Violence against Women Grant is a federal grant that addresses both domestic and sexual violence as well as dating violence and stalking. Our Grants to Encourage Arrest is more specific to policies and training.

Chairman Pollert: Are Safe Havens the same as safe houses for victims?

Mary: The Safe Havens grant is our visitation and exchange program. If a couple has a child and there is a domestic violence situation, they will exchange the child and the parents won't see each other.

Rep. Holman: Do you work in high schools and college campuses dealing with these issues?

Mary: We have some grants that specifically deal with going to campuses and providing services.

Rep. Holman: How about creating awareness of dangerous situations that might occur on a college campus?

Mary: Yes, we do try to go in when there is freshman orientation to provide information. We try to do the prevention aspect as we can with the grants we have.

Rep. Wieland: Are there any other items under the grant line item that pertain to sexual violence or family violence that we have not brought up?

Mary: The Empowered Grant, which is now gone, was related to primary prevention of sexual violence.

Rep. Nelson: Where will we be in the upcoming biennium for total domestic violence dollars?

Mary: We don't know. We're still waiting for our federal funding to come in.

Rep. Nelson: Are we going to at least be able to maintain the same effort that we do today in the future with the increased population? I think it's more acute in the oil impact regions.

Mary: They are very overwhelmed in those areas. Their shelter stays are longer simply because there is no housing. We're seeing more sexual assault victims and cases are more complicated than they have been in the past. We're also seeing some human trafficking. We also know that sexual assaults are high on the reservations and the cross-jurisdictional issues are another problem.

Rep. Holman: The FAS line. There is a bigger problem with tribal populations. Is there any coordination between your department and working with tribal populations? And is there other money coming from other sources that isn't indicated here?

Arvy: This is a pass-through grant. We send all of the money to UND to Professor Larry Byrd to do screenings and study work.

Kim: That money goes to Dr. Larry Byrd at UND. He is focusing on tribal communities. He's identified there is one key question that a practioner can ask a client to determine if they need to do more counseling or testing for the child. This is the second biennium that general funds have funded that program.

Rep. Bellew: Do we need to keep doing this if this is just research instead of finding women who are abusing their bodies while pregnant?

Kim: Dr. Byrd feels that this is very important. We need to continue to educate our population on the effects of what alcohol does to a fetus. He feels there are on-going needs. The purpose of his program is to work through the practioners to help educate women.

Rep. Bellew: How does he educate them? Does he teach classes?

Kim: He has 2 staff and they go to all the clinics and do education to those practioners.

Rep. Wieland: Do you know if Dr. Byrd is paid through this grant?

Kim: A small amount is paid to his staff.

Rep. Nelson: Aren't there other programs that we didn't fund last time, like the Family Visitation, where we were seeing some results?

Kim: That was the evidence-based maternal infant and early childhood home visiting grant that was removed from our department's budget. They visit the family in the home to educate and give anticipatory guidance. Prevent Child Abuse ND holds that grant now. Those programs are evidence based. There is research behind them that proves that they are effective.

Chairman Pollert: Under Safe Havens, it doesn't look like all of those dollars are being used and was reduced in the executive budget. Was it reduced because of non-utilization?

Arvy: Last session, we were going to lose our federal grant for Safe Haven. The legislation built in the general funds, but didn't pull out the federal authority, which is what we're doing here.

Chairman Pollert: What is MCH block?

Arvy: Maternal Child Health. This is the 57/43 where a third of it has to go to children's special health services. This is the other two-thirds of that block. It's mainly in the family

health division but because it's a block, it helps some with injury prevention. We have to do a 5 year plan to come up with a set of priorities with the communities.

Chairman Pollert: Are there any Senate bills that pertain to stroke registry?

Arvy: I will look that up. In regards to your earlier question about colorectal grants, in 07-09, we didn't spend it all but carried some over. In 09-11, we had the appropriation and carry-over, and we spent all of that. In 11-13, Sanford intends to do all 130 cases they projected. It's moving a little slower in Heart of America. There may be some rollover.

Rep. Wieland: (1:47:54) With the WIC Peer Counseling, I think a lot of that should be volunteer. Why are we paying someone for that? Could someone explain the program?

Colleen: It is a federally funded initiative that is provided to WIC agencies to promote breastfeeding. The Peer Counseling grant provides funds to 4 local agencies to hire a peer counselor who is a mom who has participated in the WIC program and from a similar socioeconomic area. The USDA has done some studies that show there has been success with that program.

Rep. Wieland: Is that 100% fed?

Colleen: Yes.

Rep. Holman: With breast feeding, you also save a lot of money on formula.

Colleen: When a woman is breast feeding, the WIC program is not providing formula for the infant and there is some cost saving on that. However, there is a food package that is provided to breast feeding moms that is a little more expensive than the formula package for infants.

Rep. Nelson: The MCH block grant is a 57/43 split. Is it entirely federal dollars?

Arvy: This is one where we rely on the match. We provide this money and the agencies provide the match, but it doesn't run through our budget. There are no general funds in here matching that.

Rep. Nelson: Is family planning the same situation?

Arvy: Family planning does not have a match. That's 100% federal.

Rep. Kreidt: Could you tell me administrative-wise, how much time is directed towards a grant? Is there one person in charge? How is that divided?

Arvy: I'll refer you to the funding source sheet. The amount of the grants varies significantly. All of the 45 FTE are spread over all of those grants. It varies. I can't tell you how many FTE are in each grant, but we could present that. Or I could have each division talk about how many FTE are in their division.

Rep. Kreidt: That would be helpful. Maybe a schedule for the federally funded ones.

Chairman Pollert: The heart disease stroke prevention. Could you go through those? I also want to go through related legislation that might pertain to this.

Arvy: The heart disease and stroke prevention grant ends June 30; that is a federal funding source going away. Some of that is picked up in Coordinated Chronic Disease. The stroke registry is the general fund portion.

Chairman Pollert: Is that what was passed last biennium?

Karalee: 09

Chairman Pollert: Was it funded with tobacco?

Karalee: Yes. In 2009 it was coming out of the community health trust fund. With the decrease in the requirement for the 80%, it switched to general funds during last session.

Chairman Pollert: Could we have a discussion on what bills are out there?

Arvy: There are not any Senate bills out there that affect this budget. The House bills were the mobile dental care 1135; 1038 was autism but the appropriation was stripped off of it.

Chairman Pollert: I thought there was a House bill that was trying to meld 1 FTE for 2 or 3 categories of service.

Rep. Wieland: That was in 1038 for the registry for autism. I thought that was going into the health department budget.

Arvy: That was going to combine all of these things, but then that did not happen and the appropriation was stripped from it. There is an appropriation in 2193.

Chairman Pollert recessed the committee.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2004
March 20, 2013 AM 2
Job 20239

☐ Conference Committee

Meredith Trauhott

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide legislative intent.

Minutes:

Attachments 1-3

Chairman Pollert reconvened the meeting.

Rep. Nelson: I will be asking for an amendment to change the funding source for the Stroke System of Care (OAR #23) $383,000

Chairman Pollert: For the Health Department and DOCR we will have a meeting to call for amendments, like we did for Human Services in the first half. We had made it through grants for the Community Health Section (Attachment 1). Let's go to tobacco (Attachment 1 page 2); you've got one less FTE there, is that a reallocation?

06:25
Arvy Smith, Deputy State Health Officer, Department of Health (DOH): Yes, we thought it would be better reflected in the chronic disease portion.

Rep. Nelson: Are the decreases in operating expenses attributed to the FTE being transferred?

Smith: Some of it is, and some of it is related to a reduction in federal funding. Continued discussion of Tobacco Special Line Budget.

Karalee Harper, DOH: Presented Professional Services Line Item for Tobacco Special Appropriation Line, beginning minute 12:25.

21:40
Rep. Wieland: Why do you need so many vendors to do these things (NDQuits)?

Harper: We do put it out on RFP; because of the different needs that we have for our programs, we do different RFPs, and it also depends on who are target audience is. Resumed presentation.

25:20
Chairman Pollert: Of the 10% of the (tobacco) settlement, you spend 80%. You're concentrating on cessation, and the tobacco group is concentrating on prevention.

Rep. Bellew: With the smoking cessation group, why don't we give them all of this?

Smith: By federal law, we have to be the recipients of the federal grant. By state law, and according to Measure 3, we are directed in what to do.

Chairman Pollert: Is there anything besides cessation that you concentrate on?

Harper: Yes, we also concentrate on all of the cessation in regards to the state cessation program through ND PERS, and a city-county cessation program. We also work with the reservation areas; our other area is disparities. Last is surveillance. Resumed presentation.

29:00
Chairman Pollert: Of the 10%, of the 80% that has to be spent on tobacco, does it have to be CDC best practices? There is a grey area on whether chronic disease included in that or not. Why couldn't we transfer the QuitLine over to the tobacco group, and then we would do 80% to chronic related disease which deals with tobacco? Is that a possibility, or is that against Measure 3?

Sheila Sandness, Legislative Council: The question would be whether those items would be considered CDC best practices. I can't speak to that. If it's determined that they are, there isn't a problem. If they aren't, you will need the two-thirds vote.

Chairman Pollert: If the anti-tobacco group is following their guidelines, why wouldn't the 80% work that way without the two-thirds vote? Can the health department call the CDC to find out if this would be part of their best practices?

Smith: When we were working on this in the Senate, we contacted the CDC and got the answer yes. One day later, the answer came back no.

Chairman Pollert: Would LC, with their legalese, have an opinion?

Sandness: I think the information provided to the Senate was that if it was not CDC best practices, it would require the two-thirds vote. I don't believe legal counsel provided any information regarding whether it was a CDC best practice.

Rep. Kreidt: Was the information on the CDC e-mails the same person?

Harper: Yes.

Rep. Kreidt: Was there a follow-up?

Harper: I did ask for clarification, but did not receive it. I followed up with the person who sent the e-mail, as well as his supervisor. The supervisor replied that they do not weigh in on legislative issues.

Rep. Nelson: Was the Senate under the understanding that for that amendment to pass they needed a two-thirds vote?

Harper: Yes.

Rep. Nelson: That's our answer from LC. I would then assume that what the Senate voted on, they understood that it was not best practice, because they needed a two-thirds vote.

Chairman Pollert: I'm not just talking about one particular item. I'm talking about anything in a broader sense. But that would be part of it.

Rep. Kreidt: If we want it to become a topic of discussion as far as the CDC is concerned, we'd have to make that movement.

Chairman Pollert: Have any of the states legally, through the court system, asked for a definition? Or is ND the only one this is an issue with?

Harper: I can follow up with CDC and ask that. Continued presentation of professional services schedule on items under CDC, minute 39:10. Continued on to Tobacco Grant Line Item schedule of Attachment 1, minute 42:25. Went over IT Contractual Services schedule, minute 44:45.

46:50
Smith: Presented Attachment 2.

49:05
Susan Mormann, Director for Cancer Prevention and Control, DOH: The $383,000 would mainly assist us with the gaps in the program. One of the challenges we have is that the licensing fee for the registry has gone up, but the dollar amount has stayed the same. To be able to assist those hospitals in covering the cost of the fee, we need additional dollars.

Rep. Nelson: The first two lines (of Attachment 2) are related to the stroke registry?

Mormann: Yes.

Chairman Pollert: Have we done anything else besides the stroke registry that we have approved?

Rep. Nelson: We had the STEMI project last session, but that was a one-time. Can you define aphasia?

Mormann: Sure. As part of our current funding, with the stroke registry dollars, those funds are in several areas: statewide technology; chart entry; onboarding and technical assistance. Right now we are providing a pilot project grant to UND. Aphasia is something that often happens to individuals that might have had a stroke, and it affects speech and language communication. The pilot projects are working to improve recovery from and overcome the aphasia. We want to expand that; right now we can only do that in the northeast part of the state at UND. There are other places in the state we could utilize the same format if we had more monies to do that.

Rep. Nelson: Can this speech program go into other conditions, like TBI for example?

Mormann: It could possibly lend itself to that. We've been focusing on individuals who have had a stroke and have aphasia as a result of that.

Rep. Nelson: Do we show any data to the advances being made with stroke victims?

Mormann: The stroke registry database could possibly get information on that. We have the ability to look at where a patient is being discharged to, home or long term care facility.

56:50
Chairman Pollert: Inquired about stroke system of care system funding noted on green sheet, bottom of page 5 - Tobacco prevention and control trust fund.

Smith: That would be in the operating line item; $70,000 is in the professional services line item, as listed on the schedule in Attachment 1. The other is in travel.

Mormann: There is also money reserved to do the health communication piece.

1:01:30
Smith: Presented Attachment 3 on Medical Services Section.

1:03:00
Rep. Bellew: Temporary salaries had a huge increase.

Smith: We do have a schedule that we will get for you. We get a lot of federal projects that are short term, 1-2 years, and we do a lot of that work through temps. Resumed presentation of Attachment 3.

1:06:10
Rep. Nelson: Is there anything other than the increase in your IT charges from data processing?

Smith: This is not the run of the mill increase. A substantial portion has to do with project management from ITD related to the immunization registry. Blue Cross runs that for us; we pay ITD to oversee that.

Rep. Nelson: Are these charges to be expected in future bienniums?

Smith: This is long-term project. Resumed presentation of Attachment 3.

1:12:40
Rep. Bellew: How much in the DOH budget goes to local public health units?

Smith: $21.8M. That includes state aid and federal pass-through. Resumed presentation and continued to professional services line item schedule, including a discussion about autopsies. **Kirby Kruger, Medical Services Section**, assisted in presentation of line items. Continued on to IT contractual services schedule, minute 1:27:05.

Chairman Pollert called a recess.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2004
March 20, 2013 PM
Job 20266

☐ Conference Committee

Meredith Trautholt

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide legislative intent.

Minutes:

You may make reference to "attached testimony."

Chairman Pollert opened the meeting.

Arvy Smith, Deputy State Health Officer, Department of Health (DOH): I have answers to some earlier questions. Presented Attachment 4 on bonds, beginning minute 02:27. Presented Attachment 5 on autopsies, beginning minute 05:30. Presented Attachment 6 on salaries in Medical Services Section, beginning minute 06:27. Resumed presentation of Attachment 3 on capital assets, minute 08:20. Continued on to vaccines and grants minute 09:40. Discussion included references to green sheet. **Kirby Kruger, Medical Services Section**, assisted. Concluded medical services section minute 24:50.

25:55
Rep. Nelson advised that Attachment 7 was distributed to answer previously asked questions about stroke programs.

26:40
Smith: Presented Attachment 8 on administrative services section budget, beginning with information on local public health units in the grant line item schedule. Presented page 1 beginning minute 41:15. Discussed schedule of funds beginning minute 47:00. **Brenda Weisz, Director of Accounting, DOH**, assisted.

49:45
Rep. Wieland: Why don't we take that law (regarding analysis of proposed projects, related to certificate of public advantage) out? What is the advantage of having that there?

Darleen Bartz, Section Chief, Health Resources Section, DOH: That has been in place for many years. The entire time that law has been in place, we haven't even had one inquiry as far as using that process. We don't have the staffi to implement such a process,

so it is something that would be very difficult for us, should a request come. I'm very doubtful that it would ever be used.

Smith: Resumed presentation of funds schedule of Attachment 8, minute 51:30. Continued to professional services line item schedule, minute 57:30.

1:01:45
Chairman Pollert: Why is Healthy ND on your OAR listing #7?

Smith: Because it keeps getting cut by the President, and put back in by Congress, the person in that position wonders every year if she has a job or not. We requested general funding so that we had a sustainable funding source for that leadership aspect of it.

Chairman Pollert: There was a Senate bill dealing with OAR #21, under admin public health networks. Do you know what's going on with that bill right now?

Smith: That passed the Senate, and it had its hearing in House Human Services. I don't believe they've acted on it yet. The money is in SB 2030, not in here. It's about public health unit collaboration and regional network.

Chairman Pollert: Any other questions on administrative services? We'll break for today.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2004
March 21, 2013
Job 20275

☐ Conference Committee

Jocelyn Gallagher

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide legislative intent.

Minutes:

Testimony 1,2,3

Chairman Pollert called the committee to order.

Chairman Pollert: **(9:54)** How many divisions are in this section?

Arvy Smith, Deputy State Health Officer for the Dept. of Health: (10:03) (Testimony 1) Three; the nursing home survey piece, the life safety code, and the food and lodging division. With food and lodging, there is a small piece for oil impact for a salary for a position we moved because of the high workload in the west.

Chairman Pollert: What is the salary for that position?

Arvy: It's $140,063 for a biennium. It's the number in temporary increase.

Lori Laschkewitsch, OMB: It's an IBAR system with a funding change. It is permanent, it just looks like it's temporary on paper.

Arvy: Because it was handled as a ...... The general funds for that position are in the salaries. This amount in the temp can be pulled but its special fund. We're good the general fund for that position is in the salaries piece.

Rep. Bellew: **(13:59)** Are the other funds throughout this budget the fees you charge when you do your inspections?

Arvy: Yes.

Rep. Bellew: When is the last time the fees were raised? Can we get a schedule?

Arvy: The 2007 legislature raised them and they were effective 2008.

Kennan Bollinger, Division of Food and Lodging: In 2007 the state legislature passed the ...... That increased workload gave us the ability to hire another FTE and the funding came through increasing he license fees.

Chairman Pollert: **(16:56)** Can we go through travel?

Arvy: That looks a little low in the spending compared to what we are requesting. The reason for that is .... We end up with a higher vacancy rate. ......

Chairman Pollert: Are these state fleet vehicles?

Arvy: Yes.

Rep. Nelson: The new position is requiring a lot of travel. Are the increases in professional supplies due to that new position?

Arvy: In the IT equipment, there is a new computer. But the rest is basic inflation. The IT software has a purchase of Microsoft software in there. The IT contractual ..... Our food and lodging informational system is 20 years old and doesn't do what our customers want as far as credit cards and putting things on line.

Chairman Pollert: What is the system for?

Kennan: Our licensing database is used for a number of things. .... This system would allow us to do electronic inspections. We have a lot of paperwork that our inspectors fill out. This would be more efficient.

Rep. Bellew: **(21:21)** Would the department charge them a fee to use their credit card? Or would you absorb that cost?

Brenda Weise, Director of Accounting: **(23:18)** We do receive a fee from the credit card company when they pay us. .....

Chairman Pollert: But you don't worry about the fee that ....

Arvy: Darleen said they do it in the nursing department and there is a card that they don't accept because the fee is too high.

Lori Laschkewitsch, OMB: I need to look into it further. There is something with the Bank of ND.

Rep. Nelson: In the oil impacted areas, there are a lot of food vendors that operate out of a vehicle or temporary location. How big of an industry is that? What kind of impact does that have on inspection?

Kennan: **(25:45)** It has a large impact. ....

Rep. Nelson: Is there any advantage, other than the postage, that would make the electronic system beneficial for this type of business?

Kennan: (28:28) There are lots of advantages to the system other than just credit card payment.

Chairman Pollert: **(31:10)** The operating fees were raised from 2009-11 amount for the 2011-13 budget. What is in the operating fees?

Arvy: (33:12) During that time we started using tablets to record findings from the nursing home surveys. This is the data plan for those tablets.

Chairman Pollert: Is it an iPad?

Darleen: There are tablets that we use for recording and putting in their deficiency statements. We're looking forward to a ....process. That is a mandatory process through the .... We were next on their list to implement this process. We are using the equipment that prepares us for when they implement that.

Chairman Pollert: What is the breakdown between general and federal?

Darleen: For long-term cares, it's 45% to Medicaid, 45% to Medicare and 10% to general fund.

Rep. Bellew: **(36:36)** On the green sheet, it says adjust funding source for oil related.... #19. Can you explain that?

Brenda: That is the operating expenses for the FTE.

Rep. Bellew: Why is there also a reduction in special funds?

Brenda: Correct, when we put funding in for the FTE, we put in the temporary FTE and then the special funds which is authority to hold the position and they did the general funds to support it. That is a funding shift to support the operating costs associated with that FTE.

Rep. Kreidt: Are you able to keep up in a timely fashion with the surveys in long-term care?

Darleen: **(39:00)** The Centers for Medicare and Medicaid services have ...... We have been able to maintain staffing sufficient to accomplish up through tier 3 .....

Chairman Pollert: **(41:57)** Did we talk about Planned Parenthood? Where does it show up in the health system budget?

Arvy: The closest we would get to that is Family Planning in the ....

Arvy (42:55) (Testimony 2) Handed out a summary and the section of law dealing with Certificate of public advantage.

Chairman Pollert: **(45:25)** Do you know when this was put in place?

Arvy: The early 80s.

Chairman Pollert: Is this federal funds?

Arvy: It would end up being special funds. We would have to contract out that work. Right now it is authority holding a spot with no revenue behind it. We think one request would wipe out that $100,000 potentially.

Rep. Kreidt: These things are already happening without this law. I don't think anyone doing this is going through this process.

Chairman Pollert: Would this be something like what happened up in Underwood? It is kind of like a merger.

Rep. Kreidt: Facilities now enter into cooperative agreements. We've done this and I wasn't even aware there was a law.

Rep. Holman: Who does this protect and protect from what?

Darleen: **(48:10)** When Certificate of Need went away there was a request that ...... It went into place in 1993. It allows entities to partner with a cooperative agreement. It gives them the ability to be the corner on the market in that area..... It would be a very costly process.

Rep. Kreidt: The Certificate of Need had dollar amounts connected with that. I think we should have an amendment to remove this from the health department.

Rep. Holman: It appears to be turf protection. But on the other hand it would avoid someone splitting the market..... Any time you limit anything to an area without interference it's about making sure the service is continued to be provided.

Darleen: I would agree.

Rep. Nelson: **(53:03)** The landscape isn't the same as it was in 1993. Do you see that this law can allow the interest of ND to be protected somewhat? Does it allow us more input to what serves the health care interest better?

Darleen: In the world of long-term care and basic care, what prevents a lot of outside ...... We don't have that with hospitals. But even with the moratorium, there is nothing that prevents someone from coming in and buying an existing ......

Rep. Nelson: This only applies to a cooperative agreement.

Darleen: **(55:46)** Yes, if they wanted to combine forces and decrease competition. Right now there is nothing to stop someone from having ..... This doesn't prevent that.

Rep. Nelson: **(57:40)** Do you know who the bill sponsor of this legislature was?

Arvy: A main person behind this was Representative from Grand Forks.

Arvy (59:25) (Testimony 3) Handed out a schedule for federal funds and FTEs in the Community Health Section.

Rep. Kreidt: I don't see heart disease, stroke prevention or stroke registry. Where would those show up?

Arvy: Cardiovascular health.

Chairman Pollert: I didn't realize how much WIC was.

Arvy: $6 million of that is administrative that we send out to ......

Chairman Pollert: This administration is for local pantries back in the communities, right?

Arvy: Yes, this goes out to ....

Brenda: **(1:04:01)** There was a question about Women's Way, if it was gross or net, and it's 200% gross.

Arvy: The reason you asked for Woman's Way is because we said we were using the same method for colorectal grant.

Chairman Pollert: I asked a question regarding the money at Heart of America.....

Arvy: I don't know about this.

Chairman Pollert: I asked the question yesterday because I think in the Senate amendments there is the additional colorectal money and to pay up to an amount and I thought someone said Heart of America would honor the amount but Sanford was having difficulty with that so they said their figure was more than that amount.

Arvy: The direct cost for a colonoscopy?

Chairman Pollert: Yes. On something like that, if we agree to the Senate adoption, we would have to look at that caseload and increase the ..... or it would be done when it's done.

Arvy: We would not be able to honor that $2800 to Sanford and they may refuse to do them. There are a lot of things they charge that Heart of America doesn't. I don't know how we'll implement that then if Sanford says they're not doing them for that amount. The language doesn't allow us to say we'll do less but we'll give them the money to negotiate.

Chairman Pollert: We could just eliminate the amendment.

Rep. Bellew: **(1:09;20)** The Senate added a section to repeal.... Was that at your request?

Arvy: Yes, that was necessary. That language was in last time....

Chairman Pollert: There will be a change in the EMS funding.

Chairman Pollert: Anything else for the department?

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2004
March 27, 2013
Job #20583

☐ Conference Committee

Mary Brucker

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide legislative intent.

Minutes:

Testimony 1, 2

Chairman Pollert called the committee to order.

Arvy Smith, Deputy Officer for the Department of Health went through information previously requested by the committee (Testimony 1).

Chairman Pollert: Why is fetal alcohol staffing top-heavy?

Kim Mertz, Director for the Division of Family Health in the State Health Department: The prenatal screening project coordinators do site visits to all the prenatal care sites in the state. There are about 48 to 50 sites that are either OB/GYN or family practice doctors that see pregnant women. They educate the sites on what question to ask those pregnant women about consuming alcohol during pregnancy and then they provide education to those practitioners on how to intervene with the women if they are positive to that question.

Rep. Bellew: Don't these doctors and practitioners learn that in medical school?

Kim Mertz: While that is part of their education, Dr. Burd has proven in his research that additional education is needed for the whole intervention part of that. There is always a new group of pregnant women and a new group of practitioners coming on. The current rate while it was at 1.5% has dropped to slightly less than 1% so he feels that the efforts of this program are making an impact. About 40% of all pregnant women continue to consume alcohol during pregnancy. He said he got that information from a prenatal case review of over 10,000 records in North Dakota and while that study was done about seven years ago they continue to do quality assurance checks on some selected clinics and tribal areas.

Rep. Wieland: The very few I know that consume alcohol while pregnant are consuming wine. They say they've been told that wine doesn't count and they aren't as concerned about drinking wine compared to drinking hard liquor or beer. I don't believe that's true and I believe they should stop.

Kim Mertz: We don't know what the threshold is for when alcohol affects a fetus. Not consuming any alcohol during pregnancy will not result in a baby with fetal alcohol syndrome.

Rep. Nelson: Wasn't this research where you saw the effects of what this program does is maybe not the pregnancy or maybe you're a little late in the current pregnancy but in subsequent pregnancies you see that effort catch on and the next pregnancy you see less or no alcohol consumed during pregnancy. Is this the correct program?

Kim Mertz: You're exactly right. Dr. Burd will tell you that sometimes if they identify women to consuming alcohol maybe late in a pregnancy the education they provide to that woman will reduce her chance or intake of alcohol in a subsequent pregnancy.

Rep. Nelson: Out of that 1% do you have a breakdown of what ethnicities they are?

Kim Mertz: I don't have those statistics but I can get those for you.

Chairman Pollert: We are now back to the stroke patient and discharge information.

Rep. Nelson: It looks like the numbers have increased and in this area it's obvious that there is an 11% increase in one year of people that were discharged to a home but also the skilled nursing facility had a larger increase. What is the better outcome?

Karalee Harper, Director of Chronic Disease: We only have two years of data, but looking at that, people are able to be discharged to homes sooner as well as less restrictive agencies.

Rep. Nelson: Is there also a component with skilled nursing that get admitted but you lose track of them when they get there because they are there for therapy or something like that. They get discharged from there too so is that why you see that number rise?

Karalee Harper: One thing with this chart, we don't have all of the numbers; we left off the numbers of death. We're not sure where they go after skilled nursing because they're not part of the stroke registry.

Rep. Kreidt: Under the definitions, you could put skilled nursing and inpatient rehab under the same thing. The skilled facility does all of the services that are under the rehabilitation facilities. A lot of facilities now have gone to inpatient rehab and we're getting those patients from the hospitals that are stroke victims for rehab.

Chairman Pollert: We set up a stroke registry last session for $473,200. Where is the care portion?

Karalee Harper: The stroke registry is just one piece of a larger picture. We also have a stroke task force working with EMS in regards to knowing the signs and symptoms of a stroke and what to do. Also working with EMS in the critical access hospital in regards to bypass protocols so they can get to a facility that has the CT scan and a neurologist on staff. There also is the education portion to the general public on what to look for as signs of stroke. We also work with hospitals to determine what steps to take if they have a stroke in-house and make sure they are seen within the same time frame as there would be if someone was coming from the ambulance. Once the stroke has occurred we have a small portion of dollars going to help individuals who have had a stroke with aphasia, where their speech is compromised. The stroke registry is just one piece of the puzzle of the entire stroke system of care.

Chairman Pollert: What will the amount that was added from the tobacco control trust fund be used for?

Karalee Harper: That will be used for increasing costs in regards to the registry from the vendor to assist with supporting our critical access hospitals as well as our tertiary hospitals. We also want to expand the aphasia project because right now it is only at one university and we would like to expand that to at least two more to the western part of the state. Also public awareness if people are able to see the signs and symptoms sooner we are able to get them the assistance they need. Then we need to get technical assistance to the critical access hospitals because sometimes they aren't familiar with how to run the reports so to make sure that quality assurance is in place we would be working with a contractor who goes out to those critical access hospitals to make sure the care they are providing is the best care they can do.

Chairman Pollert: Isn't that what hospitals are supposed to do anyway?

Karalee Harper: In regards to the stroke bypass protocols, it has not been universal in the state. To make sure each EMS and hospital has the same standards and are using the same standards and protocols is new also.

Rep. Nelson: This is just a coordinated effort to bring everyone on the same page. What university is working with the aphasia project and where do you want to expand?

Karalee Harper: We are working with UND and would like to add University of Mary and Minot State because they have speech therapy programs.

Rep. Nelson: Thirty-five of the forty-two are included in the stroke registry and I'm assuming all the PPS hospitals are part of it but who isn't included?

Karalee Harper: The ones that are not are the ones in the western part of the state that are overwhelmed with oil impact so they haven't had the staffing or the time to be on board with the stroke registry.

Rep. Nelson: With the addition of the stroke system of care money, would that allow them some efficiencies to get become part of this program? Is that one of the goals to make it more user friendly?

Karalee Harper: Yes. The majority of the dollars we have are going to the hospitals to pay for the fee for registry and incentive money to use for chart entry if someone comes in to the program. We would be working with a contractor to work with those hospitals that aren't on boarded and see if it is something they would be interested in and to continue with hospitals we are working with for the quality assurance.

Arvy Smith: You had asked what all the money we budgeted for ND Quits was and how many positions were associated with working with ND Quits. In the tobacco area we charge all the staff to the federal grant then we charge the other things to the community health trust fund money which is the Quit Line.

Chairman Pollert: The programs are through CHTF?

Arvy Smith: Yes. Parts of these positions are working on ND Quits.

Rep. Nelson: What is the grant to UND for?

Karalee Harper: We have a grant to the University of North Dakota to work with a physician in regards to getting the electronic medical record and the ask advisory for into the electronic medical record. CDC wanted us to work with diabetes and tobacco so in a collaborative effort we worked with UND with this particular physician because he also worked with diabetes and ND Quits so that grant was also for his dollars to provide training.

Rep. Nelson: That particular physician is funded by more than this grant so where does the diabetes money come from?

Karalee Harper: CDC as well.

Rep. Nelson: That comes from a different source than this grant?

Karalee Harper: The $5,000 is for both programs; diabetes and tobacco to pay for his time and that is the total.

Chairman Pollert: What is the total amount of money to the community health trust fund?

Karalee Harper: $3.2 million.

Arvy Smith: In regards to the Affordable Care Act Funding Executive Budget, we were not awarded the Small Community Transformation Grant. At the time we put the budget together we did not have an answer back on it but have since found out.

Rep. Nelson: Can you quickly tell us what division each of these is for?

Arvy Smith: Went over the Affordable Care Act Funding (page 6 of testimony 1).

Rep. Nelson: Is there a staff coordinator assigned to this grant?

Arvy Smith: We have some positions assigned to this grant but on a temporary basis because we knew this was a short term thing. We will shift them back to our other federal grants when they are completed here.

Rep. Nelson: When I think of short term I think of three years. What do you say is short term?

Arvy Smith: About three years. We won't put on a permanent FTE for two or three years but if its five years then we try too.

Rep. Nelson: Isn't this what we're looking at with autism disorders and TBI?

Arvy Smith: This originated because currently we get the cancer, diabetes, heart and stroke, cardiovascular grants and different grants that cause these diseases like tobacco and such. There was an effort by CDC to make sure all those work together.

Chairman Pollert: What is the federal loan repayment grant?

Arvy Smith: That is the one in special populations with the loan repayment programs.

Rep. Nelson: Can you tell me which loans repayments would fit in this?

Arvy Smith: It could fit in to both dental and medical but this one is different because there is a match requirement so it's more appealing in the medical area because they already have to do a local match. Arvy Smith continued reviewing the attached handout on the Affordable Care Act Funding ending testimony at 47:08.

Arvy Smith: In our optional package, the governor included in our budget and the Senate concurred $84,000 general fund for WSI payment for the volunteers. WSI said we don't owe them that money so we don't need to make that payment.

Dave Glatt, Chief of Environmental Health Section for the North Dakota Department of Health went over the extraordinary repairs to the state lab building and the categories for samples (Testimony 2).

Chairman Pollert: Can you tell me the similarities and differences between SB 2307 and 2308?

Dave Glatt gave an overview of the two bills.

Rep. Bellew: I think the reason this died on the floor was because you were over-regulating the small time pumpers. The concern with the house was that we think the big ones in the oil patch should be regulated more tightly. Do you have any comment to that?

Dave Glatt: It has to do with an amendment to 2308. It says the department will consider the size of the operation, the quantity they generate, where they handle it, and when we're developing the rules. Our intent is that the small generators will continue with what they are doing now. Some of those small ones have been called to task by EPA because there

are also EPA oversights to the sludge rules. There is a two tiered system; the small ones and the big guys. It also states there is no requirement to get pre-approval for a single family resident who wants to pump out their tank and put it on their land. As long as they meet public health standards they can do that and they don't have to notify us.

Chairman Pollert: On the other one you would be regulating the ones over twenty-five?

Dave Glatt: SB 2307 sets up the level playing field. We would establish rules that would be consistent across the state. It would also require training of licensed installers. It requires review of the larger systems for approval of 25 and greater. And we would be providing technical assistance to the local health units if they have any issues. We are just taking over 17 counties that don't have anything and providing that level playing field.

Chairman Pollert: If we want to get into the regulation of septic tanks, they will still go through the local public health units?

Dave Glatt: Yes. We would still look to the local health units to do that work.

Chairman Pollert: The two FTEs and money you're talking about deals with greater than twenty-five.

Dave Glatt: And the training and licensing.

Chairman Pollert: Would you be regulating the single houses?

Dave Glatt: The locals would do that still. The person who installs it would have to be licensed and certified by the state and properly trained.

Rep. Nelson: What would the penalty be for not being licensed and certified?

Dave Glatt: We don't have that yet. However as an individual, under our rules, you can dig and install your own tank. If you want to go across the street and help your neighbor then you're in the business of doing this and you would have to be licensed. There would be a monetary penalty for doing this.

Rep. Nelson: Is disposing of the septic waste more restrictive?

Dave Glatt: Under 2307, it doesn't deal with it. In 2308, the concern is that large generators are over-applying raw sewage on land.

Rep. Wieland: Minnesota requires that when you sell a property with a septic system it must be inspected in order to sell it. Do we have that in North Dakota?

Dave Glatt: No. We were told not to do the same as Minnesota. I think we can do something with common sense in order to move forward.

Rep. Holman: How do you differentiate between sewage and agriculture waste?

Dave Glatt: On the agriculture side, we require them to have nutrient management plans where they know what the nutrient content of their waste is and then they put it to a beneficial use for crop uptake or fertilizer. As we move forward with rules we would look at something similar to that.

Chairman Pollert: Truly, for those below 25 that system would stay in place as it is right now.

Dave Glatt: That's true. We've found that in the oil patch we are getting systems that serve 25 or more people. That goes beyond the technical expertise of the locals to do that and they've asked the state to do that. Below 25 nothing would change.

Kennan Bollinger, Food and Lodging Division: We deal a lot with crew camps, mobile home parks, and RV parks that are in the oil patch. Most of the smaller western counties, 25 and under, are covered by local health units.

Chairman Pollert: Who was asking for bill 2307?

Dave Glatt: Various local health units, Senator Luick, and Senator Lyson. I do want to state that we are neutral on this. However, we cannot do this without the appropriation. I would like to see this bill killed because it would be an unfunded mandate for the health department to take that up without the staff.

Chairman Pollert: The FTEs and waste management you're requesting is for the oil impacted areas?

Dave Glatt: The one FTE is for water quality and that's to oversight the septic tank pumpers' licenses.

The committee and Dave Glatt discussed SB 2307 and SB 2308.

Chairman Pollert recessed the committee.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2004
April 4, 2013
Job 20872

☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide legislative intent.

Minutes:

Chairman Pollert called to committee to order.

Chairman Pollert proposed amendments for the salary adjustments for the hay study, the accrued leave, to pull the oil impact money, to pull $250,000 of operating expenses department-wide.

Rep. Bellew proposed amendments to remove #3 on the list, #9 on the green sheet, the medical examiners services at UND; #4 on the OAR list, the WSI insurance payments; #13 on the OAR list, #47 on the green sheet, 1 FTE to implement a paramedic community health care worker pilot project; #26 on OAR, change general funds to special funds, I would like to see the department use the food and lodging fees; remove the funds from #18 and #19 on the green sheet, oil related temporary FTE positions and funding for FTE positions; environmental health section, #36 on the green sheet, remove 4 FTEs: 1 lab services position, 2 in municipal services, and 1 in water quality; the EMT Grants, remove the entire amount of general funds; #57 on the green sheet, remove the emergency medical services grant manager.

Rep. Nelson: I'd like to ask for an amendment to change the funding source for the stroke care that was added in the Senate to the Tobacco Control trust fund to general funds.

Rep. Bellew: I would like to just remove that.

Rep. Nelson: I'd ask for an amendment for the Family Violence Prevention and Services grant, there is uncertainty as to what sequestration will do to those funds. The amendment would provide $80,000 to the Family Violence Prevention and Services grant if sequestration reduces federal funding.

Sheila, LC: Do you want the funding contingent if it is below a certain number? Or do you just want to add the $80,000?

Rep. Nelson: A contingent appropriation.

Sheila, LC: At what point what that kick in? What will trigger this contingency amount?

Rep. Nelson: It's an estimation of a 5% reduction with sequestration, I don't know if we need to have 5% in there. How about just a reduction of federal funds due to sequestration?

Chairman Pollert: With a maximum of $80,000?

Rep. Nelson: Yes.

Rep. Wieland: ND code 2317.502, certificate of public advantage, I understand is not being used. There's $100,000 for it.

Rep. Kreidt: I had that down also. I talked to Becky and indicated that we wanted to remove that.

Chairman Pollert: You want to repeal the century code in there and remove the special funds for the certificate of public advantage?

Rep. Wieland: Yes.

Rep. Kreidt: Yes.

Rep. Kreidt: I have one other. I would like to bring a study forward. It's a Legislative Management study to combine the state Dept. of Health and DHS.

Chairman Pollert recessed the committee.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2004
April 8, 2013
JOB 20958

☐ Conference Committee

Carmen Hickle

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide legislative intent.

Minutes:

Attachment 1

Chairman Pollert called the committee to order.

The committee voted on each part of the proposed changes to SB 2004 (Attachment 1) without a motion.

1. **Chairman Pollert**: (0:03:42) Adjusts the state employee compensation and benefits package. No discussion.

   Roll Call Vote 1: Yes: 5, No: 1, Absent: 0. Motion passed.

2. **Chairman Pollert**: (0:05:08) Accrued leave payments. No discussion.

   Roll Call Vote 2: Yes: 5, No: 1, Absent: 0. Motion passed.

3. **Chairman Pollert**: (0:06:28) Removes funding for workforce safety insurance for volunteers included in the executive recommendation. The additional payment was determined to be unnecessary by WSI. No discussion.

   Roll Call Vote 3: Yes: 5, No: 1, Absent: 0. Motion passed.

4. **Chairman Pollert**: (0:07:28) Oil impact funding for grants to local public health units in oil-impacted areas of the state included in the executive recommendation and approved by the Senate is removed. It is my intention to be in contact with Chairman Delzer on this, as far as all of the pooling because the DOCR has money, DHS has money, DOT has money. This one is a little different.

Rep. Bellew: I was contacted by an official from the local Public Health units, they are telling me the $750 we left in there is not for the oil counties. I don't know how that will work in the end. It does say it increases funding for local public health units in non-oil-producing counties for the $750.

Chairman Pollert: There is nothing forthcoming from you and I don't know your Conference committees are going to go that if you redistribute the $750,000. Those are all discussions you will have in your committee. Or the discussions are going to be on this $1.184M that it will go into a pooling agreement, maybe in the OMB budget. This is different because this is not state FTEs.

Rep. Nelson: I would like to state that as well, we are in charge of state employees from the Legislative stand point. The local public health units basically serve in their local areas, much like a nursing home has to consider salary situations in oil-producing areas as opposed to somebody from the eastern part of the state. I think we are talking apples to oranges when we are trying to spread a state-wide policy through Public Health units. I think we have gone too far in this. There are three public health units that we are talking about that need that the flexibility to get staff. I don't think I can support this one.

Rep. Bellew: In response to that, most of that is for new FTEs for local public health. It's not for their operation; it's so they can hire new FTEs. Some of it is to give raises but most is for new FTEs.

Rep. Nelson: The need has been shown throughout this the testimony that we heard. Especially in the area of food and lodging and environmental health; they are being swamped throughout that area. If we don't want regulation, this is a good way not to get it is not to fund the positions. This is the first time in our history where there is actual growth and the growth is astronomical out there. I don't think they have asked for the world in addressing some of the needs out there. If we grant the FTEs, I don't think the problem goes away.

Roll Call Vote 4: Yes: 4, No: 2, Absent: 0. Motion passed.

5. **Chairman Pollert**: (0:12:16) Operating expenses are reduced department wide, $250,000, $50,000 general and $200,000 federal.

   Rep. Nelson: Is that the way we wanted that split?

   Rep. Pollert: The Department of Health is so heavily related on federal money that I can see why it is written that way.

   Shelia, LC: When the amendment was proposed, it was said the Department should let me know the breakdown and I contacted Brenda Weiss at the Department and she gave me the breakdown of their funding in their operating line. She assured me she could justify the percentage.

   Roll Call Vote 5: Yes: 5, No: 1, Absent: 0. Motion passed.

6. **Chairman Pollert**: (0:15:05) Professional services to contract with the UND School of Medicine and Health Sciences to perform autopsies in the eastern part of the state, included in the executive recommendation and approved by the Senate, are removed. Reduction of $640,000.

   Rep. Nelson: It was stated in the committee that the lab in Bismarck can't adequately handle the number of autopsies that are in front of them. If we don't do this, is there room in Bismarck to contract or how would we contract?

   Rep. Bellew: I proposed this amendment because when we built the new lab in Bismarck, we built it big enough for two MEs and currently they only have one. Two or three bienniums ago, UND came forward and wanted a new medical lab there for this type of thing. I believe there is room down here for the department to do it. They may have to hire another medical examiner, but we built it big enough that all the autopsies should be handled here. I also think the department should come up with rules or the Legislature should come up with rules that some of these autopsies need to be paid for, because I don't know if they are all necessary.

   Rep. Nelson: If that was the case, then I think we could. It would make sense. But there's no funding for another ME here in this proposal. If we take this out, how do they attract or get another professional in there to handle the backload? Are you suggesting that we provide some money for salaries then?

   Rep. Bellew: They were doing this the last biennium without this extra money.

   Chairman Pollert: Rep. Bellew, you will be on the Conference committee and this will be a point of discussion.

   Roll Call Vote 6: Yes: 4, No: 2, Absent: 0. Motion passed.

7. **Chairman Pollert**: (0:18:47) Funding for 1 FTE position ($135,000) to implement a community paramedic/community health care worker pilot project and for educational startup costs ($141,600) is removed. One FTE and negative $267,600. That is #47 on the green sheet and OAR #13.

   Roll Call Vote 7: Yes: 5, No: 1, Absent: 0. Motion passed.

8. **Chairman Pollert:** (0:19:55) The funding source of one-time funding for a food and lodging licensing management system included in the executive recommendation and approved by the Senate is changed from the general fund to other funds. $110,000.

   Rep. Bellew: This is okay but I thought food and lodging fee should pay for it instead of general funds because that is what it is specifically for.

   Chairman Pollert: What we're saying by this amendment and what you're bringing forward is that you are asking food and lodging to set up a fee schedule to pick up the cost?

Rep. Bellew: To pick up the cost yes. Not to raise the fees, I think we would need a separate amendment for that, but within the food and lodging fees, to pick up this cost.

Chairman Pollert: You mean within the section of food and lodging to find $110,000 in there to pay for it?
Rep. Bellew: They collect fees for this and every time they do this, they charge a fee to inspect a café or whatever. I don't think the general fund should pay for it; I think if should come out of the fee income.

Chairman Pollert: I'm not questioning that, but in order to pay for it, they might raise fees.

Rep. Bellew: If they have the authority to do it, that's fine.

Rep. Holman: Where else do we do this in other reviews? Is this a practice that if we do it with food and lodging, do we do it in other areas where we have inspectors?

Chairman Pollert: We actually had this discussion when Chairman Delzer was then Chairman of this section. There was talk of these fees and at that time there was talk of raising the fees and that didn't survive. So now it is being brought forward to do it this way. At that time, they discussed if food and lodging fees should be paid from the general fund as a safety concern or be paid by the facilities.

Rep. Holman: How about the licensing fee; what happens with that? That is another fee that is a part of this. You're talking an inspection fee; how does that tie in with the licensing fee?

Rep. Bellew: A fee is a fee. A certain percentage of their budget is fees; ten or twelve percent of their budget comes from fee money. I'm sure some of that goes to pay salaries.

Chairman Pollert: What you would be asking the Department of Health is they would raising the fees for food and lodging?

Rep. Bellew: If need be.

Rep. Nelson: It is a food and lodging licensing management system; what exactly is the management system, is it a program?

Rep. Bellew: Yes, it is a program.

Rep. Nelson: You're saying this program should be purchased by the users of the program rather than the department? State infrastructure should be purchased by businesses? Is that right?

Rep. Bellew: I just want the fees to pay for it instead of the state taxpayers. That is my proposed amendment.

Roll Call Vote 8: Yes: 4, No: 2, Absent: 1. Motion passed.

9 & 10. Chairman Pollert: (0:25:37) Funding for oil-related temporary FTE positions included in the executive recommendation and approved by the Senate is removed. Funding for oil-related temporary FTE positions is removed. The executive recommendation changed the funding source of these positions from special funds to the general fund. They are separate on the green sheet but I think one exists with the other.
Rep. Nelson: When we talked about those oil-related FTEs, agency wide, when we were looking for a statewide policy, that's my recollection, that it is fulltime FTEs. We haven't done this with temporaries before have we? Do you see this folding in seamlessly from temps to fulltime with this statewide policy?

Chairman Pollert: We have always played with temporary salaries. If I'm correct, this currently exists.

Rep. Nelson: This one though is a food and lodging position that's been approved by the emergency commission, is it not?

Chairman Pollert: I don't think this one was approved by the emergency commission.

Lori Laschkewitsch, OMB: The funding for this position was approved in the deficiency bill. It is an existing position.

Rep. Nelson: What we are saying if we pass this is that we have too many food and lodging positions out in western North Dakota?

Chairman Pollert: So we are opposing Chairman Delzer and his deficiency appropriation?

Rep. Bellew: This will be brought up in Conference committee. I would have no problem supporting this if food and lodging fees paid for it, but that's not the proposal of this amendment.

Rep. Wieland: I would like to know how it is funded now. Is it strictly one-time funding because of the deficiency situation or is it continued funding?

Lori: It is not funded as one-time. It was implemented as a need in the western part of the state. Because of that, they did not have enough funding to continue to pay for it, thus it was included in that deficiency so it is for an on-going permanent position in the western part of the state.

Chairman Pollert: That is not a part of the 3 FTEs that are approved by the emergency commission, is that correct? That is part of the 9; the emergency commission approved 3 and there are 6 in the budget of which we are asking later to remove 4?

Lori: That is correct. It is somewhat confusing the way the green sheet reflects it being temporary and it's just because of the Ibar system. It is an actual FTE they found within their department to utilize out in the western part of the state but did not have the funding to go along with it. So the funding was provided for actual permanent FTE.

Rep. Wieland: Are we voting on the 2 together, 9 and 10, or are we taking them separate?

Chairman Pollert: My intention is voting on 9 and 10 together.

Rep.Holman: It seems like we are sending a message that this money being generated in the west doesn't deserve support to the people that are working with the problems that are being caused by generating this money.

Rep. Wieland: I am probably going to vote no on this particular issue but I have to disagree. The problem that we have in the state of North Dakota is just exactly the problem we have in the federal government. That is it is continuous FTE, FTE, FTE. We are adding some 150 FTEs in this budget in this session. There just doesn't seem to be any limit to the number of people that can work for government. The message should be try and figure out a way to hold down the number of FTEs, try to get the work generated, combine people to do two things instead of one. I think that is more what we are about than saying we are opposed to what they are doing out in the western part of the state.

Rep. Holman: Many of these issues deal with the safety and protection of our fellow citizens. I think if our population is increasing and if the work force is increasing in using these services it seems as a government entity that is there to protect and serve some of these issues. There are going to be increases because we are growing. Growing government goes along with growing population if the services aren't necessary and that is our point of difference.

Rep. Wieland: In the year 1950 we had 740 or 750,000 people and everybody worked in this building, with the exception of the Department of Corrections and the Highway Department.

Roll Call Vote 9: Yes: 3, No: 3, Absent: 0. Motion failed.

11, 12, 13. Chairman Pollert: (0:35:01) My intention is to vote for 11, 12 and 13 together.

Roll Call Vote 10: Yes: 5, No: 1, Absent: 0. Motion passed.

14. Chairman Pollert: (0:36:40) Funding for rural emergency medical services grants is reduced.

Rep. Bellew: I asked for this because there was a $6.2M appropriation in 1358 that we passed out of the House and until all of that gets resolved I thought this was an appropriate removal.

Chairman Pollert: I think that $6M has already been pulled out. We passed it out so there will be discussions how it will be funded. I expect the FTE that we discussed earlier will be included in those discussions as well.

Roll Call Vote 11: Yes: 5, No: 1, Absent: 0. Motion passed.

15. Chairman Pollert: (0:38:51) Funding increases provided in the executive recommendation in the salaries and wages line item and the operating expenses line item for EMS grants manager are removed.

Rep. Bellew: That is another one that I asked for; if we pulled the funding I figured they wouldn't need a grants manager.

Roll Call Vote12: Yes: 5, No: 1, Absent: 0. Motion passed.

16a. Chairman Pollert: (0:39:52) Deals with the statewide integrated stroke system of care. When the Senate had it, they had two-thirds vote to pull it out of the tobacco funding. It changes it from the tobacco funding and puts it over as a general fund. That would also take up the "other proposed changes", Sheila would that number 4 be with 16a?

Sheila: Correct, if that is no longer funded out of the tobacco prevention and control trust fund we would eliminate that section.

Rep. Nelson: That was my request. Just to stay consistent with some of the things we are doing to provide a discussion in the Conference committee. I would like to see this in the budget and see it as a general fund revenue source or expenditure and the Conferees would have the ability to work their magic.

Rep. Wieland: This would have been #23 on the OAR list, was not funded by the Governor. I have no problem with removing it from the tobacco prevention and control trust fund. I am not sure I am going to support it in general funds.

Chairman Pollert: The clerk will call roll for 16a and part of that is also #4, on the "other proposed changes" on the back page.

Roll Call Vote 13: Yes: 5, No: 1, Absent: 0. Motion passed.

16b. Chairman Pollert: (0:43:25) This is eliminating $383,000 completely from the general funds.

Rep. Bellew: That was my proposal. My thought was that it was #23 on the OAR list and it wasn't funded in the Governor's budget so why should the state taxpayers pick it up?

Chairman Pollert: This will be a Conference committee if it passes.

Roll Call Vote 14: Yes: 4, No: 2, Absent: 0. Motion passed.

17. Chairman Pollert: (0:44:54) Contingent funding is added for family violence services and prevention grants. The funding is contingent on a reduction in federal funds resulting from sequestration of $80,000. Number 2 would be part of that as well.

Sheila: Number 2 on the last page would be the language that we would put into the bill to explain the contingency.

Chairman Pollert: Rep. Nelson, are you satisfied with the language on the back page?

Rep. Nelson: I think we looked at how you would determine that the funding was cut back. My understanding is that this grant request has been or will soon be submitted to the

federal government and upon approval of the grant that would indicate the sequestration effect of the award. Does that specify that?

Sheila: We leave it up to up to the State Department of Health to determine that and then to certify to the Office of Management and Budget. When that grant document is received by the Dept. of Health they would be able to determine whether or not it's been limited due to sequestration. Then certify that to OMB which then would release the funding.

Rep. Nelson: This is an area where the state is picking up a portion of what the federal government has been funding. This grant provides funding for a number of programs and shelters and safe haven for abused women across the state. It is a growing concern in western North Dakota and it is my understanding that all of these facilities are full. There was some effort made to provide tax credits for building some new facilities in the state earlier that would not have caused direct state appropriations but we defeated that. This is just to stay even with that growing problem.

Rep. Wieland: It's a shame we are being blackmailed into picking up federal funds for programs like this when the waste that is going on in the federal government that's not even up for sequestration.

Roll Call Vote 15: Yes: 6, No: 0, Absent: 0. Motion passed.

18. **Chairman Pollert:** (0:49:49) Operating expenses are reduced due to the repeal of Chapter 23, health care provider cooperative agreements. I refer to this as the Certificate of Public Advantage. That also is related to number 3 on the last page.

Sheila: That is correct.

Rep. Wieland: I asked for this because it is not being used.

Chairman Pollert: I think it was put in place in 1991 or 1993.

Rep. Kreidt: In a sense this is even happening without the amendment. It has for the time period been in existence and this particular statue has never been used.

Roll Call Vote 16: Yes: 6, No: 0, Absent: 0. Motion passed.

#1, page 3: Chairman Pollert: (0:51:40) The last one is a Legislative Management study that is combining the State Department of Health and the Department of Human Services. The study is to be done during the interim.

Rep. Kreidt: As you will note if it is moved by the management committee, it would be looked at during the interim. There is no money to be spent general fund-wise. It would be placed in a committee and they would gather the information and see what happens.

Rep. Holman: What vision do you have if it were a study and what do you see as a need for this study?

Rep. Kreidt: At one time they were one department and if you look across the country it is pretty much one department; Department of Health and Human Services.

Roll Call Vote 17: Yes: 3, No: 3, Absent: 0. Motion failed.

Chairman Pollert recessed the committee (1:00:44).

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2004
April 9, 2013
Job 21003

☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide legislative intent.

Minutes:

Rep. Bellew called the committee to order.

Rep. Kreidt moved amendment 02009.

Rep. Wieland seconded.

Roll Call Vote: Yes: 5, No: 0, Absent: 1. Motion carried.

Rep. Kreidt moved a Do Pass as Amended.

Rep. Wieland seconded.

Rep. Nelson: I will support the bill, but the one area that I'm a little disappointed in is the stroke care piece. We approved moving the money from the Center of Tobacco Control to the general fund and then removed it completely in a subsequent motion.

Roll Call Vote: Yes: 5, No: 0, Absent: 1. Motion carried.

Rep. Bellew carried the bill.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

SB 2004
4/10/13
Job 21087

☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide legislative intent.

Minutes:

Chairman Delzer: We are distributing amendment .02009.

Rep. Bellew: (0:01:50-0:08:36) Went over the amendment. Moved the amendment, seconded by Rep. Pollert.

Rep. Hawken: I am not knowledgeable about autopsies, but I have received quite a bit of correspondence from the eastern part of the state saying that the number of autopsies has increased. I don't know if there's space here. What was the rationale for removing it if it would only be contracted when needed?

Rep. Bellew: My thought was we have the facilities here to do the autopsies, and we're not using the facility to its fullest.

Rep. Hawken: Do we have the staff to do them here?

Rep. Bellew: It was costing more per autopsy to do it there than here. There is not staff available for this right now. We may have to contract. However, they are doing it now without the extra funding.

Rep. Williams: On #12 on amendment .02009, did you say you eliminated all of the funds for the stroke system of care?

Rep. Bellew: We eliminated the 383; the part that the Senate funded from the tobacco prevention and control trust fund.

Rep. Monson: On #13, the funding is contingent on a reduction in federal funds resulting from sequestration. What if there are federal fund reductions for other reason?

Rep. Bellew: That was the general feeling of the committee; if the federal funds go away for any reason, they'll be able to access the $80,000 in general funds for this program.

Rep. Nelson: It is a specific grant that was specified for domestic violence, for shelters and safe havens; when that grant is awarded, we'll know whether the sequestration reduction has taken place or not. It is not all federal programs, it is one specific grant.

Chairman Delzer: When is the award date?

Rep. Nelson: It is sometime this calendar year.

Chairman Delzer: If they don't receive the grant at all, will these funds become available and be used? Or would they simply be contingent only if they receive the grant?

Rep. Nelson: My understanding is they are contingent upon the award. The award has been made to the state over the years, and they expect to receive it. We defeated a bill earlier in the session that would have provided a tax credit for building domestic violence shelters. That was what the group was counting on for meeting the demand, especially in western ND where all of the shelters and safe havens are full.

Rep. Glassheim: What is the oil impact grant money supposed to be used for?

Rep. Bellew: That $1.184M was going to three local public health units out west. Most was going to be used for new employees; up to 8 new employees. One of the local public health units was going to use part of it for pay raises.

Chairman Delzer: Do you have the number that remained in there for support for public health units?

Rep. Bellew: The total support in this budget is $21.8M for local public health units.

Chairman Delzer: The direct support for them? There's a direct support line, is there not?

Rep. Bellew: Right now there is $3M in there. In this budget, we left $750,000 additional, so there is $3.75M of general fund dollars.

Rep. Glassheim: Was there any justification of the need for these people?

Rep. Bellew: Everything out west is growing. It has been our position to remove all oil-impact funding.

Chairman Delzer: This is one we'll look at in conference. They are supported by tax dollars as well, and we need to get some numbers on how much their local tax revenues went up.

Rep. Glassheim: So some of that is the same as other agencies, just paying for competitive wages going up?

Chairman Delzer: But I think a lot of this was for new FTEs.

Rep. Glassheim: I imagine the new FTEs are for the increase in workload.

Rep. Bellew: It's what we've been doing throughout all the budgets.

Rep. Glassheim: We've been funding an increase in employees where there is a showing of an increase in need. We have taken out housing allowances, and perhaps some increase in pay, but where there is an increased need, we've been funding employees.

Rep. Bellew: It will definitely be discussed in conference committee.

Chairman Delzer: These are not state employees, either; these are additional support for the local public health districts.

Rep. Nelson: If this money isn't available for them, and they do not have the help to do it, they would request the state do it for them. We haven't provided that assistance to the environmental health section. We do have a conundrum before us. Our fallback is the conference committee. This is an issue that has some ramifications to it.

Rep. Hawken: (0:20:44) I understand why the stroke money would not fit into the smoking money. But environmental health and public health, which is a place where money has gone, might be a match.

Rep. Nelson: Speaking of the stroke funding, it was unanimous that the funding source, the comprehensive tobacco committee money, was not an appropriate use of funds. We think it is an important program to continue. The first motion was to replace that funding with the general fund. The next motion was to eliminate the general funding. That was an issue that raised some questions in our subsection.

Rep. Glassheim: The four health department positions that are cut out, what were those for and was there a demonstrated need?

Rep. Bellew: The health department, like every other state agency, always shows a need or a want. It is our duty to filter through what is best for the state. This is was what our subsection thought. They are getting 5 new FTEs in the environmental health section.

Rep. Sanford: (0:24:06) The plan on the autopsies concerns me. This is not an area you want to have a 'maybe we'll do this'. I'd like to be assured that you have something more specific before I could support that. Right now you have something that's functioning; we better have something in place before we start changing those things around.

Chairman Delzer: This was new funding on top of the current level?

Rep. Bellew: This is all new funding. They are doing it now; they just want us to give them more for something they are already doing.

Rep. Sanford: So you would say, it is in the budget and they would develop a plan to do it?

Rep. Bellew: That is basically what they are doing now. I also brought up the question of why the department is not charging for all of these autopsies. There are some that the state is responsible for, but there are some that the counties have done and the state doesn't charge for. That's something that could be discussed also; that would help defray some of the expense.

Rep. Sanford: I'm trusting that the committee knows what they're doing in terms of the funding. Let's not disrupt the service without a plan in place.

Rep. Bellew: I don't think the service will be disrupted.

Rep. Glassheim: I think there ought to be at least $300,000 in here to hire another person to do the autopsies. You may have a facility where they could be done, but you need somebody to do them. I don't know how much an autopsy doctor costs; maybe it's more. You will also need money for shipping bodies from the east to the west, and do something for the police waiting an extra five days for the bodies while they are in transit.

Rep. Skarphol: On #9 on the green sheet, I'm confused by increases fees and then we give them the money.

Sheila Sandness, Legislative Council: Fees Professional Services is the name of the line item that's being increased.

Rep. Skarphol: Is this in addition to what's in their budget now?

Sandness: Yes, they currently have an ME.

Chairman Delzer: This is what UND charges the health department to provide the service and they're increasing their charge?

Rep. Nelson: That's not correct. There are an increased number of autopsies being requested. As I understand it, the backlog is what we're talking about. It's more autopsies, not more fees.

Chairman Delzer: Are they being requested by county law enforcement or state highway patrol?

Rep. Nelson: I believe it's both. There is an aspect of public safety. We did not talk about if there is a cost if it's an inmate.

Rep. Skarphol: (0:30:19) There's been enough discussion here that I'm sure it will be discussed in conference committee.

Sandness: When the department presented their budget, they presented two options. One was to contract with the university for the autopsies. The second was to add a second pathologist. The budget for that was $653,884; the salary was $369,984. They felt the second examiner might be too much at this point.

Chairman Delzer: The contract is basically the same money?

Sandness: The budget was very close.

Chairman Delzer: Did we not contract with UND in the past to do some of this?

Sandness: According to their change package summary, it appears UND does provide the autopsies for an area in the eastern part of the state. I don't know if the state has ever contracted.

Chairman Delzer: They have and we've paid for that in the past.

Sandness: I'm not finding that.

Chairman Delzer: Further discussion on motion to amend?

Voice vote carries.

Rep. Kreidt: (0:32:51) moved to further amend under item #9 on page 2, to add back the 1 FTE for the water quality position.

Rep. Nelson: Second.

Voice vote carries.

Rep. Glassheim: I move to further amend and remove the removal of the autopsy contract services.

Chairman Delzer: Do you want to reinstate the whole $640,000?

Rep. Glassheim: Yes.

Rep. Guggisberg: Second.

Rep. Pollert: During our deliberations, the reason they didn't put in a medical examiner out at the morgue is that they figured they only had enough for about half. When you look at the $653,000 that was brought up for the person and looked at the contract for $640,000, the numbers don't add up. That's why we pulled the amendment.

Rep. Glassheim: That's not how I understood our discussion just now. I understood that to do the 320 autopsies, even if you added a $650,000 person out there you could only do 225. This is paying for stuff that had to be done, and would cost you at least as much to do it here. Until there is a plan in place, this money is about the same or less to do it here, which you haven't provided for.

Chairman Delzer: The reason I'm not going to support the amendment, there may well need to be some adjustment, I'm not sure the $640,000 is the right number.

Rep. Glassheim: We can discuss in conference committee and reduce it if there's evidence that it needs to be reduced.

Chairman Delzer: But if we pass it at $640,000, there will not be a difference to bring up at conference.

Rep. Pollert: I have something off of IBARS. UND school of medicine currently performs Grand Forks County autopsies through an arrangement with Grand Forks County. UNDSM has informed the Dept. of Health that if the state pays for autopsies, Grand Forks would expect the state to pay for those cases as well.

Rep. Hawken: It is my understanding there are autopsies being done in my part of the state. Concerns were raised by the police department in my district because they are concerned about not having that availability.

Chairman Delzer: That would be the question, is who is currently paying for it? And we would be shifting the cost from the county to the state? Further discussion on motion to amend?

Rep. Nelson: It was reported to us in committee that the state health department is paying for all autopsies in the state. I believe law enforcement in Fargo is using the state lab, not UND, but they're having to wait for those autopsies because of the workload.

Rep. Glassheim: In order to get it as an item for discussion in conference committee, I'd like to change my amendment to half, to $320,000.

Rep. Guggisberg: Second.

Voice vote uncertain.

Roll Call Vote: Yes: 10, No: 12, Absent: 0. Motion failed.

Rep. Bellew moved a Do Pass as Amended.

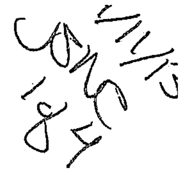
Chairman Pollert seconded.

Roll Call Vote: Yes: 19, No: 3, Absent: 0. Motion passed.

Rep. Bellew carried the bill.

13.8154.02011
Title.03000
Fiscal No. 3

Prepared by the Legislative Council staff for
House Appropriations
April 10, 2013



PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

Page 1, line 2, after "repeal" insert "chapter 23-17.5 and"

Page 1, line 2, after the second "to" insert "health care provider cooperative agreements and"

Page 1, replace lines 13 through 16 with:

"Salaries and wages	$49,351,659	$3,523,961	$52,875,620
Accrued leave payments	0	2,223,289	2,223,289
Operating expenses	50,272,030	(13,755,947)	36,516,083
Capital assets	1,998,073	2,215	2,000,288
Grants	57,928,038	(6,705,309)	51,222,729"

Page 1, replace lines 20 through 23 with:

"Total all funds	$189,870,305	($14,673,184)	$175,197,121
Less estimated income	156,956,525	(18,028,735)	138,927,790
Total general fund	$32,913,780	$3,355,551	$36,269,331
Full-time equivalent positions	344.00	6.00	350.00"

Page 2, replace lines 11 and 12 with:

"Less estimated income	3,992,228	265,000
Total general fund	$1,100,000	$500,000"

Page 2, after line 16, insert:

"**SECTION 3. FAMILY VIOLENCE GRANTS - CONTINGENT FUNDING.** The grants line item in section 1 of this Act includes $80,000 from the general fund for family violence services and prevention grants. This funding is contingent on the state department of health certifying to the director of the office of management and budget that federal funds available to the department for family violence grants have been reduced due to federal sequestration. The department may spend these funds to the extent that federal funds are reduced."

Page 2, remove lines 23 through 25

Page 3, line 3, replace "Section" with "Chapter 23-17.5 and section"

Page 3, line 3, replace "is" with "are"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - House Action

	Executive Budget	Senate Version	House Changes	House Version
Salaries and wages	$58,149,478	$58,191,244	($5,315,624)	$52,875,620
Operating expenses	38,152,557	38,527,557	(2,011,474)	36,516,083
Capital assets	2,224,288	2,224,288	(224,000)	2,000,288
Grants	57,316,529	57,484,729	(6,262,000)	51,222,729
Tobacco prevention	5,544,251	5,544,251		5,544,251
WIC food payments	24,659,861	24,659,861		24,659,861

Federal stimulus funds	155,000	155,000		155,000
Accrued leave payments			2,223,289	2,223,289
Total all funds	$186,201,964	$186,786,930	($11,589,809)	$175,197,121
Less estimated income	140,216,701	140,618,913	(1,691,123)	138,927,790
General fund	$45,985,263	$46,168,017	($9,898,686)	$36,269,331
FTE	354.00	354.00	(4.00)	350.00

Department No. 301 - State Department of Health - Detail of House Changes

	Adjusts State Employee Compensation and Benefits Package[1]	Provides Separate Line Item for Accrued Leave Payments[2]	Removes Workforce Safety Insurance for Volunteers[3]	Removes Funding for Oil Impact Grants[4]	Decreases Funding for Operating Expenses[5]	Removes Funding for School of Medicine Autopsy Services[6]
Salaries and wages	($2,429,853)	($2,223,289)				
Operating expenses			(84,000)		(250,000)	(640,000)
Capital assets						
Grants				(1,184,000)		
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments		2,223,289				
Total all funds	($2,429,853)	$0	($84,000)	($1,184,000)	($250,000)	($640,000)
Less estimated income	(1,118,123)	0	0	0	(200,000)	0
General fund	($1,311,730)	$0	($84,000)	($1,184,000)	($50,000)	($640,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Community Paramedic[7]	Adjusts Funding Source of Food and Lodging Licensing System[8]	Removes Funding for Environmental Health FTE Positions[9]	Decreases Funding for Emergency Medical Services Grants[10]	Removes Funding for Emergency Medical Services Manager[11]	Decreases Funding for Statewide Stroke System of Care[12]
Salaries and wages	($135,000)		($388,386)		($139,096)	
Operating expenses	(141,600)		(359,970)		(60,904)	(375,000)
Capital assets			(224,000)			
Grants				(5,150,000)		(8,000)
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments						
Total all funds	($276,600)	$0	($972,356)	($5,150,000)	($200,000)	($383,000)
Less estimated income	0	110,000	0	0	0	(383,000)
General fund	($276,600)	($110,000)	($972,356)	($5,150,000)	($200,000)	$0
FTE	(1.00)	0.00	(3.00)	0.00	0.00	0.00

	Adds Contingent Funding for Family Violence Services and Prevention Grants[13]	Removes Funding Related to Health Care Provider Cooperative Agreements[14]	Total House Changes
Salaries and wages			($5,315,624)
Operating expenses		(100,000)	(2,011,474)
Capital assets			(224,000)
Grants	80,000		(6,262,000)
Tobacco prevention			
WIC food payments			
Federal stimulus funds			
Accrued leave payments			2,223,289
	$80,000	($100,000)	($11,589,809)

Total all funds Less estimated income	0	(100,000)	(1,691,123)
General fund	$80,000	$0	($9,898,686)
FTE	0.00	0.00	(4.00)

[1] This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 2 to 4 percent per year.
- Reduces the market component from 2 to 4 percent per year for employees below the midpoint of their salary range to up to 2 percent for employees in the first quartile of their salary range for the first year of the biennium only.
- Removes funding for additional retirement contribution increases.

[2] A portion of salaries and wages funding from the general fund ($707,673) and from other funds ($1,515,616) for permanent employees' compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

[3] Removes funding for workforce safety insurance for volunteers included in the executive recommendation. The additional payment was determined to be unnecessary by Workforce Safety and Insurance.

[4] Oil impact funding for grants to local public health units in oil-impacted areas of the state included in the executive recommendation and approved by the Senate is removed.

[5] Operating expenses are reduced departmentwide.

[6] Professional services to contract with the University of North Dakota School of Medicine and Health Sciences to perform autopsies in the eastern part of the state, included in the executive recommendation and approved by the Senate are removed.

[7] Funding for 1 FTE position to implement a community paramedic/community health care worker pilot project and for educational startup costs is removed.

[8] The funding source of one-time funding for a food and lodging licensing management system included in the executive recommendation and approved by the Senate is changed from the general fund to special funds from food and lodging fees.

[9] Funding for 3 environmental health FTE positions, included in the executive recommendation and approved by the Senate is removed as follows:

- 1 FTE laboratory services position ($101,638) and related operating expenses ($335,543) and capital assets ($224,000), and
- 2 FTE municipal facilities positions ($286,748) and related operating expenses ($24,427).

[10] Funding for rural emergency medical services grants is reduced to provide a total of $2.19 million, of which $940,000 is from the general fund and $1.25 million is from the insurance tax distribution fund. The executive recommendation included $7.34 million, of which $6.09 million is from the general fund and $1.25 million is from the insurance tax distribution fund, $2.35 million more than the 2011-13 biennium.

[11] Funding increases provided in the executive recommendation in the salaries and wages line item and the operating expenses line item for an emergency medical services grants manager are removed.

[12] Funding added by the Senate from the tobacco prevention and control trust fund to provide an increase in funding for the continued implementation of the statewide integrated stroke system of care is removed. The executive recommendation included $473,324 from the general fund for the statewide integrated stroke system of care. Funding was added by the Senate to provide a total of $856,324 for the statewide integrated stroke system of care, of which $473,324 is from the general fund.

[13] Contingent funding is added for family violence services and prevention grants. The funding is contingent on a reduction in federal funds resulting from sequestration.

[14] Operating expenses are reduced due to the repeal of Chapter 23-17.5 related to health care provider cooperative agreements.

In addition, this amendment:

- Adds a section to provide the additional funding in the grants line item for family violence services and prevention grants of $80,000 from the general fund is contingent on the State Department of Health certifying to the Director of the Office of Management and Budget that federal funds available to the department for family violence grants has been reduced due to federal sequestration. The department may spend these funds to the extent that federal funds are reduced.
- Adds a section to repeal Chapter 23-17.5 related to health care provider cooperative agreements.
- Removes a section added by the Senate to provide $383,000 from the tobacco prevention and control trust fund for the continued implementation of the statewide integrated stroke system of care.

Date: 04.08.13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ______

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ______ Seconded By ______

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 1

Absent —

Floor Assignment ______

If the vote is on an amendment, briefly indicate intent:

testimony page #1 - #1

Date: 04-08-13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ______

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ______ Seconded By ______

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 1

Absent —

Floor Assignment ______

If the vote is on an amendment, briefly indicate intent:

testomony page #1 – #2

Date: 04.08.13
Roll Call Vote #: 3

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ______

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ______ Seconded By ______

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 1

Absent —

Floor Assignment ______

If the vote is on an amendment, briefly indicate intent:

testomony page 1- #3

Date: 04.08.13
Roll Call Vote #: 4

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ____________

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ____________ Seconded By ____________

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson		X			
Representative Wieland	X				

Total (Yes) 4 No 2

Absent —

Floor Assignment ____________

If the vote is on an amendment, briefly indicate intent:

'est many page 1 - #4

Date: 04.08.13
Roll Call Vote #: 5

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ______

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ______ Seconded By ______

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 1

Absent —

Floor Assignment ______

If the vote is on an amendment, briefly indicate intent:

testimony page 1 - #5

Date: 04·08·13
Roll Call Vote #: 6

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ______

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ______ Seconded By ______

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson		X			
Representative Wieland	X				

Total (Yes) 4 No 2

Absent —

Floor Assignment ______

If the vote is on an amendment, briefly indicate intent:

testimony page 1 - #6

Date: 04-08-13
Roll Call Vote #: 7

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ____________

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ____________ Seconded By ____________

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 1

Absent —

Floor Assignment ____________

If the vote is on an amendment, briefly indicate intent:

testimony page 1-# 7

Date: 04.08.13
Roll Call Vote #: 8

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ______

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ______ Seconded By ______

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson		X			
Representative Wieland	X				

Total (Yes) 4 No 2

Absent —

Floor Assignment ______

If the vote is on an amendment, briefly indicate intent:

testimony page 1 - #8

Date: 04.08.13
Roll Call Vote #: 9

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ____________

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ____________ Seconded By ____________

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson		X			
Representative Wieland		X			

Total (Yes) 3 No 3

Absent —

Floor Assignment ____________

If the vote is on an amendment, briefly indicate intent:

testimony page #9 & #10

Date: 04.08.13
Roll Call Vote #: 10

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ______________________

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ______________ Seconded By ______________

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 1

Absent —

Floor Assignment ______________________

If the vote is on an amendment, briefly indicate intent:

testimony page 2 - #11, #12, #13

Date: 04.08.13
Roll Call Vote #: 11

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ______

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ______ Seconded By ______

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 1

Absent —

Floor Assignment ______

If the vote is on an amendment, briefly indicate intent:

testimony page 2 - # 14

Date: 04.08.13
Roll Call Vote #: 12

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ____________

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ____________ Seconded By ____________

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 1

Absent —

Floor Assignment ____________

If the vote is on an amendment, briefly indicate intent:

testimony page 2 - #15

Date: 04.08.13
Roll Call Vote #: 13

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ____________

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ____________ Seconded By ____________

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman	X	
Representative Bellew		X			
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 1

Absent —

Floor Assignment ____________

If the vote is on an amendment, briefly indicate intent:

testimony page 2 - #16a & #4 on page 3

Date: 04.08.13
Roll Call Vote #: 14

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ______

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ______ Seconded By ______

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson		X			
Representative Wieland	X				

Total (Yes) 4 No 2

Absent —

Floor Assignment ______

If the vote is on an amendment, briefly indicate intent:

testimony page 2
- #16 b

Date: 04.08.13
Roll Call Vote #: 15

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ______

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ______ Seconded By ______

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman	X	
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 6 No —

Absent —

Floor Assignment ______

If the vote is on an amendment, briefly indicate intent:

testimony page 2 #17 & #2 on page 3

Date: 04.08.13
Roll Call Vote #: 16

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ______

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ______ Seconded By ______

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman	X	
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 6 No 0

Absent —

Floor Assignment ______

If the vote is on an amendment, briefly indicate intent:

testimony page 2 - # 18 & #3 on page 3

Date: 04.08.13
Roll Call Vote #: 17

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ____________

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By ____________ Seconded By ____________

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert		X	Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson		X			
Representative Wieland	X				

Total (Yes) 3 No 3

Absent —

Floor Assignment ____________

If the vote is on an amendment, briefly indicate intent:

testimony page 3
- #1 on page 3

Date: 04·09·13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 02009

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Kreidt Seconded By Wieland

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert			Representative Holman	X	
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 0

Absent 1

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Date: 04.09.13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2004

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ________

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Kreidt Seconded By Wieland

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert			Representative Holman	X	
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 0

Absent 1

Floor Assignment Bellew

If the vote is on an amendment, briefly indicate intent:

Date: 4/10/13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2004

House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number .02009

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Bellew Seconded By Rep. Pollert

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer			Rep. Streyle		
Vice Chairman Kempenich			Rep. Thoreson		
Rep. Bellew			Rep. Wieland		
Rep. Brandenburg					
Rep. Dosch					
Rep. Grande			Rep. Boe		
Rep. Hawken			Rep. Glassheim		
Rep. Kreidt			Rep. Guggisberg		
Rep. Martinson			Rep. Holman		
Rep. Monson			Rep. Williams		
Rep. Nelson					
Rep. Pollert					
Rep. Sanford					
Rep. Skarphol					

Total Yes ______ No ______

Absent ______

Floor Assignment ______

If the vote is on an amendment, briefly indicate intent:

voice vote carries

Date: 4/10/13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2004

House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Kreidt Seconded By Rep. Nelson

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer			Rep. Streyle		
Vice Chairman Kempenich			Rep. Thoreson		
Rep. Bellew			Rep. Wieland		
Rep. Brandenburg					
Rep. Dosch					
Rep. Grande			Rep. Boe		
Rep. Hawken			Rep. Glassheim		
Rep. Kreidt			Rep. Guggisberg		
Rep. Martinson			Rep. Holman		
Rep. Monson			Rep. Williams		
Rep. Nelson					
Rep. Pollert					
Rep. Sanford					
Rep. Skarphol					

Total Yes ______ No ______

Absent

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

add back water quality position → 1 FTE + related expenses
green sheet #9

voice vote carries

Date: 4/10/13
Roll Call Vote #: 3

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2004

House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ____________

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Glassheim Seconded By Rep. Guggisberg

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer		X	Rep. Streyle		X
Vice Chairman Kempenich	X		Rep. Thoreson	X	
Rep. Bellew		X	Rep. Wieland		X
Rep. Brandenburg		X			
Rep. Dosch		X			
Rep. Grande		X	Rep. Boe	X	
Rep. Hawken	X		Rep. Glassheim	X	
Rep. Kreidt		X	Rep. Guggisberg	X	
Rep. Martinson		X	Rep. Holman	X	
Rep. Monson		X	Rep. Williams	X	
Rep. Nelson	X				
Rep. Pollert		X			
Rep. Sanford	X				
Rep. Skarphol		X			

Total Yes 10 No 12

Absent 0

Floor Assignment ____________

If the vote is on an amendment, briefly indicate intent:

reinstate autopsy services contract ~~$640,000~~
$320,000

voice vote uncertain

motion fails

Date: 4/10/13
Roll Call Vote #: 4

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2004

House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 02011

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Bellew Seconded By Rep. Pollert

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer	X		Rep. Streyle	X	
Vice Chairman Kempenich	X		Rep. Thoreson	X	
Rep. Bellew	X		Rep. Wieland	X	
Rep. Brandenburg	X				
Rep. Dosch		X			
Rep. Grande	X		Rep. Boe	X	
Rep. Hawken	X		Rep. Glassheim		X
Rep. Kreidt	X		Rep. Guggisberg		X
Rep. Martinson	X		Rep. Holman	X	
Rep. Monson	X		Rep. Williams	X	
Rep. Nelson	X				
Rep. Pollert	X				
Rep. Sanford	X				
Rep. Skarphol	X				

Total Yes 19 No 3

Absent 0

Floor Assignment Rep. Bellew

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2004, as engrossed: Appropriations Committee (Rep. Delzer, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (19 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2004 was placed on the Sixth order on the calendar.

Page 1, line 2, after "repeal" insert "chapter 23-17.5 and"

Page 1, line 2, after the second "to" insert "health care provider cooperative agreements and"

Page 1, replace lines 13 through 16 with:

"Salaries and wages	$49,351,659	$3,523,961	$52,875,620
Accrued leave payments	0	2,223,289	2,223,289
Operating expenses	50,272,030	(13,755,947)	36,516,083
Capital assets	1,998,073	2,215	2,000,288
Grants	57,928,038	(6,705,309)	51,222,729"

Page 1, replace lines 20 through 23 with:

"Total all funds	$189,870,305	($14,673,184)	$175,197,121
Less estimated income	156,956,525	(18,028,735)	138,927,790
Total general fund	$32,913,780	$3,355,551	$36,269,331
Full-time equivalent positions	344.00	6.00	350.00"

Page 2, replace lines 11 and 12 with:

"Less estimated income	3,992,228	265,000
Total general fund	$1,100,000	$500,000"

Page 2, after line 16, insert:

"**SECTION 3. FAMILY VIOLENCE GRANTS - CONTINGENT FUNDING.** The grants line item in section 1 of this Act includes $80,000 from the general fund for family violence services and prevention grants. This funding is contingent on the state department of health certifying to the director of the office of management and budget that federal funds available to the department for family violence grants have been reduced due to federal sequestration. The department may spend these funds to the extent that federal funds are reduced."

Page 2, remove lines 23 through 25

Page 3, line 3, replace "Section" with "Chapter 23-17.5 and section"

Page 3, line 3, replace "is" with "are"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - House Action

	Executive Budget	Senate Version	House Changes	House Version
Salaries and wages	$58,149,478	$58,191,244	($5,315,624)	$52,875,620
Operating expenses	38,152,557	38,527,557	(2,011,474)	36,516,083
Capital assets	2,224,288	2,224,288	(224,000)	2,000,288
Grants	57,316,529	57,484,729	(6,262,000)	51,222,729
Tobacco prevention	5,544,251	5,544,251		5,544,251
WIC food payments	24,659,861	24,659,861		24,659,861
Federal stimulus funds	155,000	155,000		155,000
Accrued leave payments			2,223,289	2,223,289

Total all funds	$186,201,964	$186,786,930	($11,589,809)	$175,197,121
Less estimated income	140,216,701	140,618,913	(1,691,123)	138,927,790
General fund	$45,985,263	$46,168,017	($9,898,686)	$36,269,331
FTE	354.00	354.00	(4.00)	350.00

Department No. 301 - State Department of Health - Detail of House Changes

	Adjusts State Employee Compensation and Benefits Package[1]	Provides Separate Line Item for Accrued Leave Payments[2]	Removes Workforce Safety Insurance for Volunteers[3]	Removes Funding for Oil Impact Grants[4]	Decreases Funding for Operating Expenses[5]	Removes Funding for School of Medicine Autopsy Services[6]
Salaries and wages	($2,429,853)	($2,223,289)				
Operating expenses			(84,000)		(250,000)	(640,000)
Capital assets						
Grants				(1,184,000)		
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments		2,223,289				
Total all funds	($2,429,853)	$0	($84,000)	($1,184,000)	($250,000)	($640,000)
Less estimated income	(1,118,123)	0	0	0	(200,000)	0
General fund	($1,311,730)	$0	($84,000)	($1,184,000)	($50,000)	($640,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Community Paramedic[7]	Adjusts Funding Source of Food and Lodging Licensing System[8]	Removes Funding for Environmental Health FTE Positions[9]	Decreases Funding for Emergency Medical Services Grants[10]	Removes Funding for Emergency Medical Services Manager[11]	Decreases Funding for Statewide Stroke System of Care[12]
Salaries and wages	($135,000)		($388,386)		($139,096)	
Operating expenses	(141,600)		(359,970)		(60,904)	(375,000)
Capital assets			(224,000)			
Grants				(5,150,000)		(8,000)
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments						
Total all funds	($276,600)	$0	($972,356)	($5,150,000)	($200,000)	($383,000)
Less estimated income	0	110,000	0	0	0	(383,000)
General fund	($276,600)	($110,000)	($972,356)	($5,150,000)	($200,000)	$0
FTE	(1.00)	0.00	(3.00)	0.00	0.00	0.00

	Adds Contingent Funding for Family Violence Services and Prevention Grants[13]	Removes Funding Related to Health Care Provider Cooperative Agreements[14]	Total House Changes
Salaries and wages			($5,315,624)
Operating expenses		(100,000)	(2,011,474)
Capital assets			(224,000)
Grants	80,000		(6,262,000)
Tobacco prevention			
WIC food payments			
Federal stimulus funds			
Accrued leave payments			2,223,289
Total all funds	$80,000	($100,000)	($11,589,809)
Less estimated income	0	(100,000)	(1,691,123)
General fund	$80,000	$0	($9,898,686)
FTE	0.00	0.00	(4.00)

[1] This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 2 to 4 percent per year.
- Reduces the market component from 2 to 4 percent per year for employees below the midpoint of their salary range to up to 2 percent for employees in the first quartile of their salary range for the first year of the biennium only.
- Removes funding for additional retirement contribution increases.

[2] A portion of salaries and wages funding from the general fund ($707,673) and from other funds ($1,515,616) for permanent employees' compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

[3] Removes funding for workforce safety insurance for volunteers included in the executive recommendation. The additional payment was determined to be unnecessary by Workforce Safety and Insurance.

[4] Oil impact funding for grants to local public health units in oil-impacted areas of the state included in the executive recommendation and approved by the Senate is removed.

[5] Operating expenses are reduced departmentwide.

[6] Professional services to contract with the University of North Dakota School of Medicine and Health Sciences to perform autopsies in the eastern part of the state, included in the executive recommendation and approved by the Senate are removed.

[7] Funding for 1 FTE position to implement a community paramedic/community health care worker pilot project and for educational startup costs is removed.

[8] The funding source of one-time funding for a food and lodging licensing management system included in the executive recommendation and approved by the Senate is changed from the general fund to special funds from food and lodging fees.

[9] Funding for 3 environmental health FTE positions, included in the executive recommendation and approved by the Senate is removed as follows:

- 1 FTE laboratory services position ($101,638) and related operating expenses ($335,543) and capital assets ($224,000), and
- 2 FTE municipal facilities positions ($286,748) and related operating expenses ($24,427).

[10] Funding for rural emergency medical services grants is reduced to provide a total of $2.19 million, of which $940,000 is from the general fund and $1.25 million is from the insurance tax distribution fund. The executive recommendation included $7.34 million, of which $6.09 million is from the general fund and $1.25 million is from the insurance tax distribution fund, $2.35 million more than the 2011-13 biennium.

[11] Funding increases provided in the executive recommendation in the salaries and wages line item and the operating expenses line item for an emergency medical services grants manager are removed.

[12] Funding added by the Senate from the tobacco prevention and control trust fund to provide an increase in funding for the continued implementation of the statewide integrated stroke system of care is removed. The executive recommendation included $473,324 from the general fund for the statewide integrated stroke system of care. Funding was added by the Senate to provide a total of $856,324 for the statewide integrated stroke system of care, of which $473,324 is from the general fund.

[13] Contingent funding is added for family violence services and prevention grants. The funding is contingent on a reduction in federal funds resulting from sequestration.

[14] Operating expenses are reduced due to the repeal of Chapter 23-17.5 related to health care provider cooperative agreements.

In addition, this amendment:

- Adds a section to provide the additional funding in the grants line item for family violence services and prevention grants of $80,000 from the general fund is contingent on the State Department of Health certifying to the Director of the Office of Management and Budget that federal funds available to the department for family violence grants has been reduced due to federal sequestration. The department may spend these funds to the extent that federal funds are reduced.
- Adds a section to repeal Chapter 23-17.5 related to health care provider cooperative agreements.
- Removes a section added by the Senate to provide $383,000 from the tobacco prevention and control trust fund for the continued implementation of the statewide integrated stroke system of care.

2013 CONFERENCE COMMITTEE

SB 2004

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004 conference committee
April 18, 2013
Job # 21277

☒ Conference Committee

Committee Clerk Signature	Rose Laning

Explanation or reason for introduction of bill/resolution:

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

Minutes:

Statement of Purpose - attached.

Legislative Council - Sheila M. Sandness
OMB - Lori Laschkewitsch

Senator Kilzer opened the conference committee hearing on SB 2004. Senators Grindberg and Mathern were present as well as Representatives Bellew, Kreidt and Holman. He then asked the House to go over their changes to the bill.

Representative Bellew said they adjusted the compensation package as was done in all budget bills. He read over the changes on page four of the Statement of Purpose - attached.

Senator Kilzer Any other items from the House members? We want to give you an opportunity to present everything that is here.

Senator Kilzer Item #3 removes WSI for volunteers? What do they do for insurance now?

Rep. Bellew We removed that at the request of the department. WSI came to them and said this was not a necessary expenditure.

Senator Kilzer Then what happens if a volunteer gets hurt? Rep. Bellow I don't know the procedures, I don't know how that works.

Lori Laschkewitsch, OMB: They would still be covered under the WSI. They made an adjustment for what they were charging for that. The $84,000 is fine to remove. WSI had informed them that there was an increase in that charge, but they have since been informed that they would remain at the same rate, so, they will continue to have the coverage for the volunteers.

Senator Kilzer This is just a premium increase that was taken back and not needed? Yes.

Senator Kilzer Operating expenses-not needed. What procedures have you used in determining the operating budgets? Are you looking at the budgets and saying that you don't need these items?

Representative Bellew: We go by the spend down items from OMB, roughly 75% of the biennium. If they're not spending up to that point, we assume and will take travel, for an example. They have $100,000 (gave an example) we added 25% increase of cost to travel. We write that down as $25,000 deduction in operating expenses. We let the department determine where they want the deductions to come from. We do look at each individual line item in their budgets and come up with those figures.

Senator Kilzer They're not spending it early on in the biennium. **Representative Bellow** I think they are pretty good.

Senator Kilzer Removes funding for school or medicine autopsy services for $640,000, does that totally remove it? Representative Bellow That removal came from the governor's recommendation of $640,000.

Representative Bellew: Its new money; without the increase in funding and I think county should be paying for some of the autopsies. We knew it would be a point of discussion in this conference committee.

Senator Kilzer Nothing is free these days. Does this totally remove the services at the School of Medicine in Grand Forks?

Rep. Bellew: It removes the $640,000 that was on the green sheet which was an increase in funding for this specific item.

Senator Kilzer What is the base budget for this part of it. That's pretty significant.

Senator Grindberg: The reduction of $5.3M of salaries and wages in detail. What accounts for that significant number?

Representative Bellew: The House policy reduced the market component from 2 to 4 percent for employees below the midpoint of their salary range to up to 2 percent for employees in the first quartile. So the 2-4 % was totally taken out and then we just said up to 2%. We also removed an additional retirement contribution funding for the employees. I believe that was at 2%, 1 % a year of the biennium. We've done it in every budget.

Senator Grindberg That doesn't add up to $5.3M. I understand the salary adjustments with the decision that they made and what the final package is, but I see in footnote 9, you removed some FTE's. So this is a combination of salary.

Representative Bellew: It has to be some of those removals too Senator Grindberg.

Sheila M. Sandness, Legislative Council - If you look at 3rd page, the compensation package amounts to $2.4M, the separate line item for the accrued leave payments

accounts to $2.2 M, that's moved down to a different line. In the middle row salaries and wages are lowered for the removal for the FTE's community paramedic, FTE's environmental health section. They also reduced for that emergency medical services manager, and if you added those up it would be $5M

Senator Grindberg So would the accrued leave payment reduction of $2.2 M, is that proportionate to what you have seen in other budget?

Sheila M. Sandness Yes, that was based on a formula that was applied to all the agencies.

Representative Kreidt This is the deductions that we've made in all the bills, but the House and Senate chambers are in negotiations. That will be plugged into all the budgets and we can move forward then.

Senator Mathern I note the elimination of funding for the Stroke system of care. We had some disagreement about where that money should come from, but we thought it important. But the Tobacco Prevention Control Trust fund - and the conversation in SB 2024 conference committee. So, I'm wondering what the House is thinking now? There was interest in getting money from the Community Health Trust Fund and move tobacco cessation funding over to the tobacco committee. Was that a thought here or do you not like the stroke program or were you looking for another way to fund that?

Representative Bellew I don't know what you're talking about now. That wasn't one funded by the governor's budget. We didn't think it was right to take the money from the smoking cessation group to fund the tobacco, so we just removed it. At this point it's not in the budget. I think it's important, but at this point it is not in the budget.

Senator Mathern Are you thinking of moving some of the smoking cessation parts to the DOH programming?

Representative Bellew I am not, no. Not on this committee anyway. We're happy with what DOH is doing with our smoking dollars. I want to remind everyone if we left the 383 in there, I don't know if that would've passed the House. We aren't 100% sure that would've happened. We played it safe and just removed it.

Senator Kilzer I'd like to pursue the autopsy services in GF. Are there monies available to continue the program or shut down everything except in Bismarck?

Representative Bellew Where has the money been coming from before? If the department was paying for it before why do they need more money? I think the counties need to pay for part of the autopsies.

Senator Kilzer The State Forensic Office was instituted about 10-15 years ago here in Bismarck. Dr. Mizel was the forensic pathologist, who worked for a number of years, and the number of autopsies at the present time here is more than 200 a year and there are limits on what should be done. Dr. Zins in Grand Forks is also a forensics pathologist and she is Chairman of the Pathology Department at School of Medicine. The numbers of

autopsies has been increasing. There are many benefits from those services. I was surprised to see it was reduced severely. It is very inconvenient to transport deceased people to Bismarck from the Eastern part of the state. Dr. Zins tells about the interesting public health benefits that come from this, most of us think primarily about crime solving. There are very few homicides in ND that go unsolved. It's largely the work of good law enforcement and good forensic pathologist. Out of all the autopsies done, 11 % done, that there are previously unknown cancers found in this population. Some say they are not needed, but it serves a purpose in medicine. We didn't know if there was enough business for a forensic pathologist. Time has proven the need for more than one fulltime person here.

Senator Mathern I want to second your concern. The value of our medical education for our students having that service available at Grand Forks, assists law enforcement in the east. The point that I wanted to raise are items 9 and 10. The Senate has discussed the items that we wanted to fund with the growing needs in the west. The environmental health positions, the rural emergency medical service grants. We had those bills in the Senate and took them out because we would be funding those areas in the DOH budget. What is the consequence for the DOH if they didn't have these environmental health physicians and for rural emergency services if they didn't have this money? I need to get some feedback. Note to House conferees, in the Senate we were assured that this would be in the Health Department bill.

Representative Bellew We removed EMS funding because when 1358 left the House their was $13.5M for EMS and that is why this funding was removed. We've heard rumors that it has all been removed.

Senator Mathern: That's a possibility for putting it back in. What about the 3 FTE's in the Environmental Health?

Representative Bellew We funded 6 out of 9 for what they wanted. They have the ability to move staff around and put it where they need them.

Senator Mathern We discussed an emergency clause but didn't because they said they needed time to get the hires. There was no question that they needed them right away. They couldn't hire the staff right away. There were some health risks not being addressed.

Representative Bellew: They were granted three FTEs. And that's part of the 9 that they wanted and they're on staff now.

Senator Kilzer Any requests of committee members before we close for today,any department of Health or agency.

Senator Mathern Would like DOH to outline in a memo or conversation as to the impact of the House changes to their budget.

Senator Kilzer asked Arvy Smith if that could be done. (She said yes.) **Senator Kilzer** closed the meeting.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004
04-19-2013 am
Job # 21302

☒ Conference Committee

Committee Clerk Signature	Alice Delzer

Explanation or reason for introduction of bill/resolution:

A Conference Committee Hearing for the Department of Health

Minutes:

You may make reference to "attached testimony."

Senator Kilzer called the Conference Committee to order on Friday, April 19, 2013 at 9:30 am in the Sakakewa room in regards to SB 2004. Let the record show that all conferees are present.

SENATE: Senators: Ralph Kilzer (Chair); Tony Grindberg, Tim Mathern
HOUSE: Representatives: Larry Bellew, Gary Kreidt, Rick Holman

Sheila M. Sandness - Legislative Council
Lori Laschkewitsch - OMB

Senator Kilzer I would like to ask Arvy Smith, Director of Department of Health,(DOH).

Representative Bellew I want to go on record I object on this. All state departments bring forward information as to how this is going to affect our budget, and I want that on record.

Senator Kilzer This is a request by a committee member so we will proceed.

Arvy Smith, Director, DOH, Testimony attached # 1. I followed along with the House amendments, and provided a response to each of those adjustments. Starting with #1, relates to employees' salaries, with the loss of this funding the Department of Health employees 47% will continue to be more than 10% below average salaries. For like classifications, in other ND state agencies and 13% will continue to be 20% below average salaries for like classifications in other ND state agencies. 65% of employees with remain in the first or lowest quartile with only 6% in the 3-4th quartile, and we'll even be less likely to be getting salaries in the private life.

Representative Bellew We have heard this all in testimony, the department presented all this stuff to our side in rather extensive testimony.

Representative Bellow This is basically another hearing.

Senator Kilzer Has the testifier had the opportunity to testify to the amendments that were added by the House? **Arvy Smith** replied no. **Senator Kilzer** We will proceed then.

Arvy continued, (4.09) #3 WSI. We were told we had to pay that cost, and then during our deliberation in the House we were informed that was incorrect and we would not have pay that, so there is no consequence to the department on that adjustment.
#4, Oil impact funding for grants to local public health units.
#5 Operating expenses, we are seeing our federal funds reduced.
#6 UND contract to perform autopsies- there are a number of things to be clarified, see testimony page 2, #6.

Vice Chairman Grindberg : Comment on that rise, what is causing that?

Arvy Smith Two sessions ago, we updated the laws doing the coroners and the examinations locally, and what the State Medical Examiner does, and that caused some of the increase, we are now getting more appropriate autopsies that we otherwise wouldn't have gotten. National statistics indicate that we should be doing about 600; we are around 450 per year. We're not over what national statistics show us, and some of it is oil impact, but not all of it.

Vice Chairman Grindberg Infectious diseases at all.

Arvy said no. She continued. We are currently over budget in this area. UND currently does 60 of the autopsies from the City of Grand Forks.

Senator Kilzer May I take a moment. I want to start on the finances; the reduction in the House was $640,000. Can you tell me what the base contract is, or is that the whole program or what is the situation there?

Arvy Smith The $640,000 we contracted to UND, and all of 22 counties in the Eastern side of the state, and also for the Grand Forks ones that previously GF was paying for; we estimated that would be $160,000 a year. We used a figure that was agreeable that was both us based on analysis of $2000 for autopsy. But, the plan wasn't to pay them $2000 per autopsy we were giving them the $640,000 and they conduct all of the autopsies in that area, where it ends up being 170, 140, 160.

Senator Kilzer So if this amendment that the House would become law; it would close the doors of the autopsy room in GF?

Arvy Smith Grand Forks would continue to use their relationship with UND and have their 60 autopsies go to UND. We certainly wouldn't have the funding to add GF, we would have much slower results, when we do have an excess number we do pay UND, that isn't in our budget, we have to do these by law we would have to find general funding in other areas of our budget to cover those costs.

Senator Kilzer Is there cross-coverage of the Forensic Pathologist between here and Grand Forks? Does Dr. Senns come to Bismarck and do autopsies here?

Arvy Smith She has sometimes. Sometimes we will divert a body up there rather than having it transported here because that is a big expense. But sometimes she has come here to conduct autopsies under certain circumstances, if the forensic examiner is gone.

Senator Kilzer In the matter of the counties, the state bills the counties. Do they receive the $2000, a case in a large percentage of the cases or not, or how is that?

Arvy Smith We don't bill the counties we are not allowed to bill the county. **Senator Kilzer** so it's free to the counties then?

Arvy Smith The county coroner is the first one on the scene, here is various rules, with the state forensic examiner to see if a full autopsy is needed or not, then the county pays the cost to get the body to Bismarck, but we with our FTE in operating expenses and such, we conduct all those autopsies within our base, in our budget with the with the one forensic examiner that we have.

Senator Kilzer The transportation and transfer costs do go to the county? **Arvy Smith** replied yes.

Arvy Smith # 7 Regarding community paramedic/community health care worker pilot project and for educational startup costs is removed. (14.29)
#8, One time funding for a food and lodging licensing management system,
#9 Funding for 3 environmental health FTE positions, included in the executive recommendation was removed.
10 Rural emergency medical services grants is reduced. The House had this funding in 1358, it is not in any bill now.
#11 Funding increases - emergency medical services grants manager. The state grants are $4-6 M.
#12 The stroke system of care, and it was not in the Governor's budget.
#13 Contingent funding is added for a family violence services and prevention grants.
#14 Operating expenses are reduced due to the repeal chapter 23.17.5, related to health care provider cooperative agreements. There wouldn't be a consequence to the industry or population.

Representative Bellow There is a lot of regulations with the EMS grants? I would like a copy of that out of the Century Code. What they have to go through to get those grants. Can you get that for us Sheila?

Senator Kilzer It points out the differences, by orphan bills that are floating around. The EMS could certainly suffer as a result if we point fingers back and forth among the various bills.

Senator Mathern Thanks for the list. Would it be accurate to say that items #3 and #13 are workable for you?

Arvy Smith #3 and #13, yes.

Senator Mathern Those were House items. **Arvy** and #14 as well.

Senator Kilzer #3, #13 and #14 are acceptable. One comment that I have is that since the conference committee on 2004 and 2024 are different. I would prefer that we would keep to the differences of the House and the Senate versions when we're discussing each one of these conference committees, rather than overlapping (21.59). It was suggested that all the tobacco efforts should be in the Tobacco Prevention and Control Committee and not in the Health Department. I would not object to a study, actually stay with what conference committees are for to iron out the differences between the House and the Senate versions. Any other questions that we need more information on? We will close this meeting.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004 conference committee
April 22, 2013
Job # 21416

☒ Conference Committee

Committee Clerk Signature	Rose Laning

Explanation or reason for introduction of bill/resolution:
A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Minutes:

Testimony attached # 1

Legislative Council - **Sheila M. Sandness**
OMB - **Lori Laschkewitsch**

Senator Kilzer opened the conference committee hearing on SB 2004. **Senators Grindberg** and **Mathern** were present as well as **Representatives Bellew, Kreidt** and **Holman.**

Senator Kilzer request of our leader on the Senate to accept amendment 13.8154.02010 (see attached # 1), it lines up with the previous bills and laws regarding the right to life laws that have been passed. If it's acceptable, I would entertain a motion to put this on the bill.

Senator Mathern questioned the need of this bill in terms of SB2368

Senator Kilzer: It is because parts of the present law were inadvertently removed.

Senator Mathern: explain the House amendments as they refer to the stroke funding. I'm getting contacts in terms of FTE and the funding to make this program workable state wide. What was the rationale for taking that out?

Rep. Bellew: The $383,000 removed, rationale was the funding source - the tobacco prevention control trust fund. It takes a 2/3 vote to take anything out of there.

Senator Mathern: fund thru general funds?

Rep Bellew: we wouldn't commit. We wanted it for more than $382,000.

Senator Kilzer: I have a hard time following that line of reasoning.

Rep. Holman: there was an attempt to add a general fund amendment, it came out of subcommittee but defeated by full appropriation committee.

Senator Mathern: both aspects are needed in terms of staffing and the contract hours. We could move the program forward even if we don't have the staffing function - wondered if the House might be open to doing the grant dollars if not the staff FTE? In the range of $700,000.

Senator Kilzer: what would be the House's thoughts on that?

June Herman, Regional VP of Advocacy for the American Heart Association
The stroke funding is $383,000 for the biennium. The FTE was the one the governor had within his budget proposal for the community health care worker; it also had some statewide stewardship responsibility to continue the heart system of care initiative. They are two separate projects. The FTE is the support, two other elements not even related to the stroke stewardship budget proposal.

Senator Mathern: stroke stewardship is the $383,000. Answer: correct.

Senator Kilzer: tobacco trust fund is being underutilized it has $39M in it. We on the Senate thought it was excellent way to spend down the tobacco money not spent at the level it should be, at the CDC level. We will have further discussion on that.
EMS funding, House removed the manager from that division for $200,000. What is in the bill for EMS and why is that position removed?

Rep. Bellew: Because we removed the EMS grant funding, because HB1358 passed - since we removed that, we didn't think that position was needed because there are no grants right now. There is $1.25M that comes out of the insurance tax distribution fund The 5.125 we removed because there was money in HB1358. Should it be put back? I want to know what happens in 1358 before I commit to here.

Senator Kilzer: we will have to dovetail those two bills on EMS.

Senator Mathern point of clarification - 1358 passed with no dollars for this area, so this would be a place to put it back. The critical access dollars didn't pass either.

Rep. Bellew: It will have to be reconciled somehow, 1358 is going to conference committee.

Senator Mathern: another area needing to be reconciled is the statewide medical trauma system and registry. There are some amendments that committee is considering that would dovetail into this bill, I serve on that committee and can bring copies to conferees.

Meeting adjourned.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004
04-23-2013
Job # 21463

☒ Conference Committee

Committee Clerk Signature	Alice Delzer

Explanation or reason for introduction of bill/resolution:

A Conference Committee Hearing on Department of Health

Minutes:

Attachments

Chairman Kilzer called the Conference Committee hearing to order on Tuesday, April 23, 2013 at 5:30 pm in the Harvest Room. Let the record show that all conferees are present.

SENATE: Senators: Ralph Kilzer (Chair); Tony Grindberg, Tim Mathern
HOUSE: Representatives: Larry Bellew, Gary Kreidt and Rick Holman

Sheila M. Sandness - Legislative Council
Lori Laschkewitsch - OMB

Chairman Kilzer: What I would like to do this evening is to take up proposed amendment .02010. He proposed the amendment from Senator Wardner and to accept it onto 2004. There was material that was inadvertently removed on a previous bill and the underlined materiel is material we need to have in, as the antiabortion bills are defended by the attorney general. Testimony attached # 1.

Senator Grindberg: This language is consistent with what is expected with court challenges?

Chairman Kilzer: That is what he was led to understand.

Representative Holman: How does this change what we have already moved forward, was that 1368?

Senator Kilzer: It is my understanding that nothing has changed but it is needed.

Senator Mathern: The way I understand it by some drafting error in some other bills, certain portions of the century code as it is today were removed by mistake. This language is just returning it to the century code. (3:07-4:24)

Senator Grindberg: The language here under purpose, "to protect human life", is that language that was in the bill as the bill was filed?

Chairman Kilzer: Said he didn't know if that was true or not and it was decided to hold that amendment until it could be verified. They went onto the changes with the House amendments. Testimony attached # 2. The first three items are explained without significant difficulty. Number four is a stumbling block.

Representative Bellew: Could you have someone give us what the new wage package numbers will be?

Sheila M. Sandness: Said in regard to the reduction for the health department, what they have been doing with the budgets is they would amend it back, the entire reduction taken by the House and further amend to reduce it based on the new pay package. (7:15-8:05)

Chairman Kilzer: Number four needs to be addressed. I am told that it isn't in HB 1358, so we will put that back.

Representative Bellew: Said it needs to be discussed.

Senator Mathern: Said that some people thought this would have been added back to the OMB bill. (9:55-10:31)

Sheila M. Sandness: That is correct that is the amount that was removed from oil impact grants.

Chairman Kilzer: Number five, reduction of money for operating expenses.

Representative Bellew: We did that through all of our budgets. We felt their operating expenses were overstated. (11:15-11:52)

Chairman Kilzer: If they don't get the $50,000, they don't get the $200,000.

Representative Bellew: What we asked for was $250,000.

Chairman Kilzer: Next is the autopsy service.

Representative Bellew: My thoughts remain the same, I understand somewhat the need. I do not understand why the county should not absorb more of the costs. Now it is a state function and I don't' know if that the road I want to go down.

Chairman Kilzer: Any other thoughts to make up the money that was cut?

Representative Holman: We are going to do a lot of autopsies, either in Bismarck or Grand Forks, what is the cost differential?

Lori Laschkewitsch, **OMB**: Said they had the option to put in the contract money for them to do the autopsies in Grand Forks or they would need to hire another forensic examiner to do the additional autopsies in Bismarck. It would have been the same amount of money.

Representative Holman: So if we do everything in Bismarck, it will still cost six hundred and forty thousand dollars?

Lori Laschkewitsch: That's correct. (14:20-14:49)

Chairman Kilzer: If we were to have two forensic pathologists in Bismarck, would the number be less because the Minnesota autopsies are done in Grand Forks.

Arvy Smith, Deputy State Health Officer at the North Department of Health: Minnesota is not in our numbers.

Chairman Kilzer: Would the facility in Bismarck be able to do that many?

Lori Laschkewitsch: The morgue was built to be able to handle two forensic examiners and we would need to hire another and purchase the equipment for the second examination room.

Chairman Kilzer: I think it is preferable to leave it the way it is, keep it in the back of our mind. Number seven.

Representative Bellew: If we funded this, could the STEMI funding be reduced?

Chairman Kilzer: I think they are two different projects. The STEMI has to do with the heart, and the other has to do with strokes.

Senator Mathern: This would be an important item to consider in tandem with the EMS system that was not included in the oil and tax bill. (17:35-18:20)

Chairman Kilzer: I think that this is good thought. Number eight. (18:23-18:58)

Representative Bellew: Said they didn't take it out but removed the general funds. They thought it should be paid with the food and lodging fees.

Arvy Smith: Said they had budget it at $110,000 general fund and they switched it to fees. In the base budget they had already used all of the fee revenue that they estimated to get. If they make the change the fees would need to be increased.

Discussion on fee increases and what that would include (20:11 -22:10)

Chairman Kilzer: Maybe we can get a good start on number nine, FTE, environmental health positions.

Representative Bellew: Said he was willing to return the two municipal ones along with the capital asset item of the laboratory services but the laboratory services position and expenses he still wanted out.

Chairman Kilzer: As I remember in the executive budget, there were nine positions.

Representative Bellew: That would give them eight and the position they would not receive would be the laboratory services position and the related operating expenses.

Chairman Kilzer: Is that separated out in one of these paragraphs in nine?

Representative Bellew: Read what the amendment said. (23:30-23:58)

Chairman Kilzer: We will adjourn for this evening. Thank you for coming

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004 conference committee
April 24, 2013
Job # 21476

☒ Conference Committee

Committee Clerk Signature	Rose Laning

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

Minutes:

Worksheet from 4-19-13 -- attachment # 1

Legislative Council - Sheila M. Sandness
OMB - Lori Laschkewitsch

Senator Kilzer opened the conference committee hearing on SB 2004. **Senators Grindberg** and **Mathern** were present as well as **Representatives Bellew, Kreidt** and **Holman**.

Senator Mathern: States he would like to ask counsel to prepare amendments for the public health units of $1.4M. We thought it would be in OMB and never got done. And to add EMS which got lost in the tax bill.

Senator Kilzer: Asks if he is talking about what was removed from 1358.

Senator Mathern: Said he thinks it was a misunderstanding. At one time it was in this budget, and then it got removed because it was thought it would go into 1358.

Sheila M. Sandness, Legislative Council: Replies that the $1.184M is not in another budget right now. They removed all energy impact money on House side and indicated it would be in a pool but does not think it is in OMB.

Senator Kilzer: Looking at Item #10 and #9 Rep. Bellew asked to have one FTE removed.

Rep. Bellew - Responds the 1 FTE with operating expenses.

Senator Kilzer - EMS services - executive recommendation was $7.34M and most of that was in 1358, which has been removed. Our leadership said we'd like to be at a total of $7.5M in this biennium. The choice is to have it in this bill. I hope our committee would include EMS and all bills for EMS add up to be roughly $7.5M.

Rep. Bellew: States you want to go back to the Governors level plus $160,000.

Rep. Kreidt: Says on the EMS, until I know or see what's going to be happening in 1358, I don't want to see it double it up. There are a lot of other items in there and need to be realigned. I'm hesitant to make a decision.

Senator Kilzer: Replies these are not final. There are orphan bills out there. EMS has money in several different places.

Rep. Bellew: Asks if he wants to have the amendments drafted and not act on them until later, he is fine with that.

Senator Kilzer: Moves on to #11 - removal of emergency services grant manager for about $200,000.

Rep. Bellew -This is my amendment. I removed it inadvertently, so I'd like it if it could go back.

Senator Kilzer: #12 - Additional money to stroke fund - House removed $383,000. He asks what the House is thinking on this.

Rep. Kreidt: Replies at this time, the item is on the table - we'll come back, our conference committee will decide.

Rep. Bellew: Says somehow we have to balance our budget. The budget is $1.2B upside down; $383,000 is not a great deal in that scenario.

Senator Kilzer: #13 - family violence services.

Rep. Bellew: Responds; that's money we added to the budget in case, they can use the funds if the federal funds don't' materialize.

Senator Kilzer: #14 operating expense for health care provider agreements.

Rep. Bellew: This initial law has never been used. Since it's never been used, why have it on the books. They were all federal dollars.

Senator Mathern: It appears there are no general funds here. In 1012 there's a major health care systems study. We should leave this section of the code there. It's like telling that committee to not cooperate with the health care systems because we are repealing this. It's useful for the state and needed for the Affordable Care Act. This might be needed for the health care implementation.

Rep. Kreidt: This has been a statute that has been there for 20 years. Most providers aren't aware the provision is there. The cooperative agreements are there and we don't feel it's necessary to have this provision. No one came forward and said this is what we need.

Senator Kilzer: I also agree with House people. Cooperatives are getting to be a thing of the past.

Senator Mathern: The statute relates to cooperative agreements and does not speak to this being a cooperative itself as a legal entity. The health care costs and providers should work together so they don't duplicate costs. This would be a vehicle for that. In 1012, we'll spend $350,000 of our health care system and keep these options off the table. Taking the tools away for that system is not in our interest.

Senator Kilzer: Responds the $350,000 study that's in the other budget is more of a larger inclusive study, this just relates to cooperatives.

Sheila M. Sandness: Item #4 - local public health units. The pool in OMB is only for State agencies, regional public health units are not state agencies so they would not be able to apply.

Senator Kilzer: States we will be wanting to put together amendments of things we talked about and differences of House and Senate versions. I'm not interested in taking new things but to focus on the differences.

Senator Mathern: Says as long as we're asking for amendments, we all agree on #3. The issue of WSI insurance.

Senator Kilzer: We don't have to take action - it's been done before.

Rep. Bellew: Asks why local public health units can't apply for the oil impact grant funds. I think they should be able to apply for them.

Senator Kilzer: Replies it probably has to do with grants and requests are better coming from agencies rather than orphan bill, but we have to be watchful.

Senator Mathern: We could do what you're saying only this money never got into that pool. If we changed the wording, we could let the agencies got to the pool.

Rep. Bellew: It was supposed to be for subsidized pay. Grants are a different pool of money. It's a grants line item in 1358 and public health entities should be able to apply to that pool.

Senator Mathern: Says it could be done but now it's not structured that way.

Rep. Holman: Asks if there is an amendment coming forward on #6 - the autopsy.

Senator Kilzer: The House has removed that $640,000. I'm sure there will be amendments to address that.

Senator Kilzer recessed the hearing.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004 conference committee
April 25, 2013
Job # 21501

☒ Conference Committee

Committee Clerk Signature	Rose Laning

Explanation or reason for introduction of bill/resolution:

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

Minutes:

Worksheet from 4-19-13 -- attachment # 1

Legislative Council - Sheila M. Sandness
OMB - Lori Laschkewitsch

Senator Kilzer opened the conference committee hearing on SB 2004. **Senators Grindberg** and **Mathern** were present as well as **Representatives Bellew, Kreidt** and **Holman**.

Senator Kilzer hoped this afternoon they can finish up.

Senator Mathern Suggest we go thru the sheet on April 19, 2013. He thought they agreed on numbers 1,2,& 3.

On # 4 Agree on this amount but it is unclear as to.

Representative Bellew No the House doesn't agree to the amount.

Senator Mathern Do you want that item in though? Do you want to do something with Public Health?

Representative Bellew We need to discuss this yes.

Senator Mathern continued:
#5 - Will be a compromise there. House open to restoring ½ of that.
#6 - The autopsies - the money has to be spent whether at UND or somewhere else.
#7- Fits with the EMS amendment that we're looking at in terms of the item 10.
#10 - Dollar amount we aren't sure about. House and Senate want to do EMS
#8 We want these places licensed. The House doesn't want to put the general fund in, so we need a fee as the House and Senate agree we want to protected
#9 House is open to 2 FTES, municipal facilities positions, operating expense and the

capital assets of $224,000.
#10 It relates to entire Emergency Management package there that goes to number
#11
#12 Agree with House that we're not taking it out of Tobacco Fund, use general fund and have an amendment this says it comes from the general fund and then the House has to decide to fund it or not. So we'll keep it in that way. We agree with the House to fund it a a different way.
#13 We agree that the House put that in, Senate agrees on that
#14 I don't see any rationale for doing that, so take that one out and we agree with the House

Those are the amendments that I think we can consider.

Representative Bellew said he thought they agreed on:
1,2,3, we do agree with right now
#4 Discuss more
#5 Right where the House wants to be there
6 & 7 discuss some more
#9 My proposal was 2 FTEs and capital assets not the operating expenses. My proposal is still the same.
#10 In 1358 they're sticking money in for EMS. I'd like to fund for $5M in this budget and $7M in 1358 for $12M

Senator Kilzer Is there a distinction made between the training grants and the service grants or what is the $7M and what is the $5M?

Representative Bellew The $5 M would still be the same type of grants that they've always received from the Health Department. We still have the training grants still stay in here, that is the $940,000, never been removed. The $1.25 M from the Insurance Tax Distribution Fund that is still in here. Then add the $5 M General Funds for EMS, and plus the $7 M that is in 1358, and that would give them a total of $12, 13 or $14M. I am just throwing that out for discussion now.

Senator Kilzer we'll have to check and see what present biennium is.

Representative Bellew continued:
#11 - Grants manager should go back in.
#12 - I have question yet.
There are maybe four or five differences to iron out. That's from my point of view, I have not talked with my colleagues at all.

Representative Kreidt The position from the House is where Bellew has stated and the rest have to be fined tuned yet.

Senator Kilzer asked Representative Holman and Senator Grindberg for their ideas.

Representative Holman said he'd reserve comments until later.
Senator Grindberg said he was fine.

Senator Kilzer Reminded the committee of the request from Senator Wardner and Christopher Dotson regarding that paragraph that needs to be re-inserted to restore SB 2368.

Representative Bellew Said Rep. Weisz wants us to draft an amendment in this budget to reduce suicide grant line items to $540,000, of general funds, it is currently sitting at $700,000, he has another bill with suicide funding. We can vote on it later.

Senator Kilzer We'd also need the baseline budgets for both those subjects if we're going to consider it.

Senator Grindberg I'd like to see the overall funding of 211 so someone could describe the ecosystem we are trying to create.

Senator Kilzer We need to know more about the suicide and 211 connection which are interconnected of course.

Senator Mathern We passed a bill already in the Senate on that, I presume it's still alive in the House, we want to make sure we are changing any policy in that regard.

Senator Grindberg Can Sheila M. Sandness give us the bills connected with 211 and suicide and what Senator Mathern referenced?

Senator Kilzer While you have the whole book open Sheila, could you give us an update on EMS funding and also in relationship to the present biennium, all of EMS funding, including training and service grants.

Senator Kilzer Spoke from a sheet shown to him by Lori Laschkewitsch, OMB (see attachment) The present grants are $4.25M. You were talking about $12M?

Representative Bellew That includes what is going into 1358. I was told this morning they were going to insert $7 M for EMS grants in 1358, plus I recommend that we put back into DHS for EMS it would come closer to $14M.

Senator Kilzer We need to talk closer and our leader's figure was granting a total of $7.5 M, for everything. Your figure almost doubles that. We need to talk about that some more about that on our side.

Senator Kilzer closed the conference committee.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004 conference committee
April 26, 2013
Job # 21545

☒ Conference Committee

Committee Clerk Signature

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

Minutes:

Testimony attached # 1 - 2

Legislative Council - Sheila M. Sandness
OMB - Lori Laschkewitsch

Senator Kilzer opened the conference committee hearing on SB 2004. **Senators Grindberg** and **Mathern** were present as well as **Representatives Bellew, Kreidt** and **Holman**.

Senator Kilzer handed out two amendments 13.8154.02014 - attached #1 and 13.8154.02015 - attached #2.

Sheila M. Sandness, Legislative Council explained the amendments.

Senator Kilzer: States that HB 1358 is still out there and that it provides a hinge for some of these items. There's nothing here about 211. There's still large EMS factor.

Rep. Bellew: Questions Section 5 and says it is his understanding was that we would provide a total of $4M from general fund to all local public health units State wide. He wants the $750,000 that was in the Governor's budget plus $250,000 to go to all the public health units statewide.

Senator Kilzer: Asks if he would write some of the items he wants down and reference the House changes.

Senator Grindberg: Asks for clarification of the restoration of the $383 for the preventive stroke system.

Sheila M. Sandness: Replies that it still comes from the Tobacco Prevention Control Trust fund but can make the change to the general fund.

Senator Kilzer: Asks if the House made change to general fund.

Rep. Bellew: Replies he thought it was from general fund.

Senator Grindberg: States that regarding Rep. Bellew's thought of reducing the budget on 211. He thinks that should be left alone. If they leave it in 1012, 211 it will be funded.

Senator Mathern: Asks how the funding operates for the autopsies and if the interpretation of item 3, section 7, that if an autopsy is done at state lab, it's free to county, but if it's at UND, then the county pays ½ the cost.

Sheila M. Sandness: Responds that is correct.

Senator Mathern: Says he can see the rationale for the money, but that it seems like it is basically an incentive to send all the bodies to Bismarck. He wonders if that should be equalized.

Senator Kilzer: Responds that the situation is kind of has grown that we are faced with the $640,000 request from UND. As it started out, we didn't used to have a state forensics officer. He says there are still many homicides that have still not been solved. The situation is that a single pathologist does about 225 to 250 cases a year. In Bismarck they are maxed out. With the factor of convenience, there is a forensic pathologist. He further explains the county had 160 at Grand Forks in addition to those 250 done in Bismarck. He says the House cut the $654,000 item and this was a compromise point to have the counties that requested the autopsies of UND to be responsible for half of the cost staring next year. He explains there is opportunity to change that.

Senator Mathern: Replies he thinks it's important that to have autopsies available on both sides of the state, but take the formula and apply it equally in both centers. He goes on to say that in the long run, we'll probably come back and make it a state responsibility because of the property tax consequence. He says if that's what keeps both places open, then the fees should be apportioned around the State.

Senator Kilzer: Asks if he is proposing to do an amendment.

Senator Mathern: Replies he would like to look at the amendments and discuss with Association of Counties. He goes on to say that there is general agreement, we are talking about two places and this amendment gives us the vehicle to discuss with it with those parties.

Senator Kilzer: States there was a question whether to locate the forensics at Grand Forks but Bismarck was chosen. The medical school has set up their own which is no problem but it shows a need. He says we are getting into situation that we have before us of additional money requested has been taken out of the budget by the House. He says he would be willing to talk to the counties also.

Senator Kilzer recesses the conference committee

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2014 Conference Committee
April 27, 2013
Job # 21576

☒ Conference Committee

Rose Laning

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state industrial commission and the agencies under its management

Minutes:

Testimony attached # 1 - 2

Legislative Council - Becky J. Keller
OMB - Sheila Peterson & Laney Herauf

Senator Carlisle called the conference committee meeting to order on SB 2014. **Senators Erbele and Heckaman** were present as well as **Representatives Thoreson, Hawken** and **Glassheim.**

Senator Carlisle said they have an hour scheduled and if they need to take a few minutes sidebar, they will pause and keep going.

On SB 2018, the commerce bill, he understands they reached an agreement. They transferred the childcare facility grants and the housing incentive fund into 2014.

Karlene Fine, State Industrial Commission handed out SB 2014 - Amendments to facilitate the ability of the Dept. of Commerce to administer the energy conservation program (attached # 1). She explained the amendment. (03:20 to 04:20)

The Senate and the House agreed with the overtime for the mill.

Rep. Glassheim said he's not ok with overtime for the mill.

(Copies of the proposed amendments to Engrossed SB 2018 were handed to the committee. See attached # 2)

Becky J. Keller explained the increase. There was discussion about this and what percentage of the profits would go to the general fund. (06: 10 to 09:45)

Rep. Thoreson: What amount are we looking at?

Senator Erbele: We need to be careful because by the action on SB 2018, they removed it. They didn't transfer it to SB 2014. We are going to have to take whatever they removed, plus the additional that we are requesting. So if they're sending 15M over and we want another $13M, we would have to say $28M.

Senator Carlisle: Anything that was in commerce relative to housing incentive fund and the grants are going into SB 2014. That would be part of the deal, the money plus the disparity. The idea was that the money would be in one place rather than in 2 or 3 budgets.

Rep. Hawken said if they would put the childcare back in this bill, it would become a loan and not a grant which was the original intention. That is not worth writing it down on paper. The chance of using even low interest loans is most likely not going to happen.

Rep. Hawken This bill is a long way from where we started and not in the right direction. I'd like to go back to the Housing Incentive money. You talked about the fifty million and credits - incentives. Now we're at 15 credits and 15 general fund. Or did it go back? We were thinking the homeless and the childcare would be out of that 30.

Becky J. Keller: I think you're correct.

Senator Carlisle: The idea is that it goes into SB 2014. All the commerce money goes into SB 2014 and there is still a disparity on general fund dollars.

Rep. Hawken: What would you like to see it look like?

Senator Carlisle: If we left the language alone on "up to," the money from SB 2018 goes into SB 2014, but at least another 10M general fund dollars.

Rep. Hawken: 10M hard dollars.

Rep. Thoreson: The funds taken out of 2018 into 2014 plus $10M more general fund dollars, plus $2M for homeless.

Senator Carlisle: That's a $5-6M deal. That's a good size concession from the Senate to the House. In turn you get us back up to $10M in general fund dollars.

Rep. Thoreson: What is the bottom line dollar figure?

Karlene Fine: Coming over from 2018 to 2014 there would be 15M general fund dollars and 15M of tax credits.

Rep. Hawken: Does HB 1029 have any tax credits?

Karlene Fine: HB 1029 has authority for up to $20M of tax credits. Out of the $30M that is coming over from SB 2018, there was $2.6M for childcare but that's included within the 15

and 15. I heard that the $400,000 was not coming over. That is staying in SB 2018 and that is to be funded with general fund dollars.

Rep. Glassheim: It shows it coming out of Housing Incentive Fund to the general fund.

Becky J. Keller: They were taking it out of Housing Incentive Fund but changed it to taking it from the general fund.

There was discussion about where the $2.6M was to be taken from. They discussed where the money for the homeless would come from. (22:00 to 25:00)

Rep. Glassheim: $4.6M of the Housing Incentive Plan is not available for housing.

Becky J. Keller: That is correct.

Senator Carlisle: We still have a disparity.

Rep. Glassheim: If we get to 40 it's really 36; if we get to $45 it's really 40.

Rep. Thoreson: We'll need to get an exact listing of bullet points to go back with.

Senator Carlisle: If we get to zero - we'd like the mill. We want that payback plus. The mill "up to" is $6.8M additional revenue to the general fund, so if we give that on the Senate side we would certainly like a strong between 0 and 10, ideally 10, general fund.

Senator Carlisle What is in 2018 goes into 2014. 2029 is separate. We have the 400,000 that stayed in 2018. That is off our worry list, but the mill "up to" is $6.8M. If the Senate is looking at rolling some of that we certainly want more general fund dollars back in the housing.

Rep. Thoreson: What are the additional dollars to be used for?

Senator Carlisle: I understand that it is for the Housing Incentive Fund. We have a huge group of seniors that need housing and the group of 25 to 44 year olds that work in the truck stops that are going to need housing. It's mainly out west.

Mike Anderson with ND Housing: If those funds are going to be put into the Housing Incentive Fund, the targeted customers under that would be low- and moderate-income households and seniors. If Senator Cook is successful in getting essential service workers language into 1029, they would be used to subsidize or to provide housing for essential service workers - city, county, law enforcement, teachers, etc.

Senator Carlisle: The reason I called him up, I couldn't remember the term. The term is "essential service workers".

Senator Erbele: If we want to give direction to an amendment and to the House, we would say we are going to bring the $15M from 2018 for the general fund dollars and the tax credits. We would want to add $10M hard dollars so $15M becomes $25M general fund.

You can go up and ask if we can come to that point. By doing that, we back off from the "up to" language.

Rep. Thoreson: So it would be an additional $10M then.

Senator Carlisle: It's something to talk about.

(The committee recessed to confer with leadership.)

Senator Carlisle called us back into conference.

Rep. Hawken: We have something for you to consider.

Rep. Glassheim: Instead of the "up to the ½" or the ½ that we guarantee the general fund 35% of the profits up to $6M. If they make more profit they can keep 10, 11, or 12. But the general fund gets the first $6M on the mill.

Becky J. Keller: You're guaranteed 35% with a cap of $6M.

Rep. Glassheim: I wouldn't be unhappy if we said that the first $6M goes to the general fund and then over that they are expecting 17. Now, if they don't make it, they don't make it. If they only make $6M profit then if we do the up to 35% thing then we... *inaudible...* $2M.

There was discussion about whether the $6M would be a minimum or a maximum.

Rep. Hawken: and that would be one biennium and then we would revert back to the 50%.

Rep. Thoreson: and then the next session can look at a sunset on the 50%.

Rep. Hawken: In addition to that, add in $5M general fund dollars.

Senator Carlisle: Not the $10M?

Rep. Hawken: Not the $10M.

Senator Carlisle if we're going to give up $6.8M, there's only $3.2 on the table and we thought $10M was reasonable. Be at ease.

We're staying with the 10 so we are basically $5M apart right now. So we'll buy off on the $6M.

Senator Erbele: If we're going to $25M we have to remember that we're rolling back the $2M for the homeless and then pull another $2.6M down for the childcare facility grant. So it really starts narrowing down the fund for the essential workers that we're trying to help. We have already backed away from the 30 considerably.

Rep. Hawken: One of the concerns is that this program has gone statewide and so there's concern that the dollars wouldn't get to the appropriate spots. There is nothing to preclude this money will get to the essential service workers.

Senator Carlisle: The intent is for out west.

Rep. Thoreson: Is there legislation to expand this beyond the western part of the state?

Mike Anderson, Commerce Dept.: Geographic targeting has never been in the statutes. That has been established by policy in the Industrial Commission. The first program, 90% was targeted. Best efforts was targeting to western ND. We have discussed a more balanced distribution of those funds but we haven't settled on that. When we were talking with Mr. Cook about the essential service workers, his interest is in western ND only. I don't know if that will be in his language, but that is his intent.

Rep. Thoreson: That is the concern that unless there is language addressing that then...

Senator Carlisle: We could put language in.

Rep. Hawken: There's some conversation that you don't need more housing in the west.

Mike Anderson: We've been hearing that also, housing is being built and we have heard the numbers. We go to the developers and say," if we provide you with some equity, will you income target your essential service workers?" We don't want to build in addition to what is going on out there.

Senator Erbele So you go to a developer and say "We'll help you if you save one, two, or three units of your 16-plex for essential service workers. The rest can go at full market rate."

Mike Anderson Yes, the way we structured the program before is we would provide up to 30% of the total project cost not to exceed a ceiling. If we are putting in 30% of the cost of the project, then we would expect 30% of the units would be income- and rent-restricted. We could see that happening here also.

Senator Carlisle: We're basically $5M apart.

Senator Erbele: Are you ok if we develop language? Would that change your position? The seventeen oil producing counties and the contiguous counties because there is that spill over. Something to that effect?

Rep. Hawken: We can check on that.

Senator Carlisle recessed the meeting.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004 conference committee
April 29, 2013
Job # 21590

☒ Conference Committee

Committee Clerk Signature	Rose Laning

Explanation or reason for introduction of bill/resolution:

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

Minutes:

Amendment 13.8154.02016

Legislative Council - Sheila M. Sandness
OMB - Lori Laschkewitsch

Senator Kilzer opened the conference committee hearing on SB 2004. **Senators Grindberg** and **Mathern** were present as well as **Representatives Bellew, Kreidt** and **Holman**.

Sheila M. Sandness, Legislative Council: Went through the amendment 13.8154.02016. Amendment Attached (1). (1:35-8:13)

Senator Mathern: I have two concerns. The $1.15M for the oil impacted public health units does not appear to be here. We do have some money for all of the units except those, should it be addressed in here or the tax bill? The amount for the emergency medical grants is that right?

Senator Kilzer: What footnote numbers were those?

Senator Mathern: Ten and the other is number four. A memo we got from Keith Johnson indicated that it was 1.15. Is that impact money in the other bill or is it totally gone if we don't put it in here?

Sheila M. Sandness: I think they're still working on that bill. In its current form it includes impact grants that are available to political subdivisions. As a political subdivision the local public health units in that area would be able to apply for those grants. There is some concern that would have to be addressed in that bill regarding the budgets of the local public health units being limited to 5 mills. There is one local public health unit running up against that limit and that would have to be a consideration.

Senator Mathern: That would be my concern. The counties wouldn't be able or wouldn't decide to put it into public health. I am afraid if we don't fund it in this bill it won't get funded.

Senator Kilzer: There is also another issue about EMS and it also relates to HB 1358. My leader is requesting that we have more than $5M that we put back at the suggestion of Representative Bellew last time. It's an ongoing discussion whether or not that could be raised up to $5.5 million. That is an unsettled issue yet.

Representative Bellew: Did he say why $5.5 instead of $5.15? If we go back to the $5.15 that is at the Governor's recommendation level of funding. If the Senate is willing to do that I think the House is willing to go back to the Governor's level of funding.

Senator Kilzer: Not specifically, no. We should have a continuing discussion on the autopsy situation because it was rather new last time and not all parties have been heard. In this bill it would make the counties responsible for ¼ of the autopsy bill, which would be about ¼ of about two thousand dollars per case.

Senator Mathern: I think it's a reasonable compromise. It would keep autopsies going in both centers.

Senator Kilzer: The House requested the six hundred and forty thousand dollars be removed from the practice at UND.

Representative Bellew: The way the amendments are right now the House would be okay with the autopsy portion.

Representative Kreidt: As long as the counties share in the cost of the autopsies, I'd agree.

Representative Holman: I agree.

Representative Bellew: If the Senate agrees to the $150 and goes back to the Governor's recommendation we can settle this right now.

Senator Kilzer: We'll do that.

Senator Mathern: What does the House want to do about the oil impact money for the public health units?

Representative Bellew: The local public health units can apply for the grants that are in 1358. They have to go through their county to apply for it but that is where they get their funding, from the counties.

Senator Kilzer: On Arvy's testimony, it was on the pass-through grants from the federal government, it is a total figure of 76 million dollars and 21.8 million of that is for local public heath units. We'll have to have one last meeting on the EMS grants.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2004 conference committee
April 30, 2013
Job # 21622

☒ Conference Committee

Committee Clerk Signature	

Explanation or reason for introduction of bill/resolution:

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

Minutes:

Legislative Council - Sheila M. Sandness
OMB - Lori Laschkewitsch

Senator Kilzer opened the conference committee hearing on SB 2004. **Senators Grindberg** and **Mathern** were present as well as **Representatives Bellew, Kreidt** and **Holman**.

Amendment 13.8154.02017 was handed out and Sheila M. Sandness explained them.

Senator Kilzer thanked Sheila and said there were two changes from yesterday. The first was in regard to the autopsies. Previous to yesterday, we talked about charging the counties 25% of the roughly $2000/autopsy - and that would be statewide. There were two serious objections raised by the Health Dept. and the counties. First of all, the Health Dept. is not set up for billing and they do not wish to get involved with billing. The counties had two objections. The first was, that this would be an incentive NOT to do autopsies and there would be some cases of criminal activity that would be missed by not bringing the body in for a forensic examination. The other thing was the 25% fee that would be charged. The Health Dept. has said that with a little shifting of the boundary line between east and west so that more cases would come to Bismarck and a smaller number would go to Grand Forks that the Health Dept. could make it on $480,000 rather than the $640,000 that you will see in the budget. That was the one change that you will see in these amendments.

The 2nd change is the $5.15M that was put back in place of the $5M regarding the EMS situation. That restores it back to what the executive level was.

Senator Mathern: On page 3, fourth item - the issue of funding for oil impact grants. I believe that this will not pass the Senate if we do not address this issue of the oil impact grants for public health units. I think there is enough support in the Senate that our

conference committee report would not be accepted if we didn't move forward with these grants in some way. I don't know if you have talked with the Majority Leader about it, but I know that the intent of the Senate is to fund this and it has not made it in the other bills. I'm afraid that this will get switched or not get funded. The best place to do this is in the Dept. of Health and not in a tax bill or an oil impact bill.

Rep. Bellew: These are oil impact. The money is for a grant that was in the proposed governor's budget. These local district health units out west can apply to the oil impact grant funding mechanism and they would have an equal opportunity to get money as any other agency out west, including the EMS, fire dept. etc. The only thing they have to do is apply through their associated county and get one county commissioner to sign off on it and their application will be put in the pile of applications. If they can prove their need, then they will get funded. If HB 1358 passes in its current form, $1.2B will be out there. There should be money for the local public health units in that amount of money. In addition, we added $250,000 to the $750,000 that the governor put in here to be dispersed statewide.

Senator Mathern: Your comments had the words that described the concern. You said the grant request would be in "a pile". The roads are costing a million bucks a mile, a county road is costing a million bucks a mile. This is a million dollars. There will be all kinds of roads in that pile and I think the concern is that this piece, in amongst so many needs, will never get the attention that is required. Yes, they can apply like anyone else, but it's just a matter of the pile being so high and the need so great, that if we don't address it here, it won't get funded.

Rep. Bellew: The oil impact funding grants does not go for roads. It goes to local taxing entities for necessary upkeep of their infrastructure caused by the oil impact. We've already sent, earlier this session, $1.5B to the west for roads. The oil impact grants goes to EMS, fire dept. and probably local public health units. The ladies prison in New England applied and they got money through Dunn County this last biennium. If they prove their need, they will be funded.

Rep. Kreidt said he was surprised with the changes in the bill on the autopsy. He thought they had agreed going forward with the counties sharing 25% of the cost. The Dept. probably can't bill the counties, but with proper change in the bill, we could allow them to bill the counties.

Rep. Bellew said he felt the counties should have some skin in the game with autopsies. The amendment reads that there will be a study with onetime funding and that means the Health Dept. will have to come back next biennium to request this funding again. He's amenable to what this says.

Sheila M. Sandness: On page 1 of the amendment, we added a line item to the onetime funding that says funding to contract for autopsies $480,000, so it's on their one time schedule which would mean it would be automatically be taken out of their budget for next time and have to be re-requested.

Senator Grindberg moved Do Pass on amendment .02017
Rep. Bellew seconded the motion.

Rep. Holman: I consistently not supported things as in section 8 which deals with the fix on a previously passed bill on the House. My initial reaction when I saw that was why is this here. That was well explained and I just want to point out that I haven't supported any type of that legislation, but I will support the bill. I was disappointed that the initial bill made that mistake and that we had to put it in the Health bill to fix it.

Senator Kilzer: You're not the only one that doesn't like this procedure.

Senator Mathern: I have a concern about that issue of the oil impact grants. I'm going to vote against this motion in hopes that we'll have another opportunity to fix that.

A roll call vote was taken. Yea: 5 Nay: 1 (Mathern) Absent: 0

Senator Kilzer thanked everyone for coming.

The House recedes from the House amendments and further amends.

13.8154.02017
Title.04000
Fiscal No. 3

Prepared by the Legislative Council staff for
Conference Committee
April 29, 2013

4-30-13
1 of 6

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

That the House recede from its amendments as printed on pages 1383-1387 of the Senate Journal and pages 1463-1466 of the House Journal and that Engrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, after the semicolon insert "to amend and reenact section 14-02.1-01 of the North Dakota Century Code as amended in section 1 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, and the new section to chapter 14-02.1 of the North Dakota Century Code as created by section 3 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, relating to the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain;"

Page 1, line 2, after "repeal" insert "chapter 23-17.5 and"

Page 1, line 2, after the second "to" insert "health care provider cooperative agreements and"

Page 1, line 3, remove "and"

Page 1, line 3, after "intent" insert "; and to provide for a legislative management study"

Page 1, replace lines 13 through 16 with:

"Salaries and wages	$49,351,659	$5,260,119	$54,611,778
Accrued leave payments	0	2,223,289	2,223,289
Operating expenses	50,272,030	(12,299,016)	37,973,014
Capital assets	1,998,073	226,215	2,224,288
Grants	57,928,038	(1,297,309)	56,630,729"

Page 1, replace lines 20 through 23 with:

"Total all funds	$189,870,305	($5,848,095)	$184,022,210
Less estimated income	156,956,525	(17,388,091)	139,568,434
Total general fund	$32,913,780	$11,539,996	$44,453,776
Full-time equivalent positions	344.00	9.00	353.00"

Page 2, after line 7, insert:

"Funding to contract for autopsies	0	480,000"

Page 2, replace lines 10,11, and 12 with:

"Total all funds	$5,092,228	$1,245,000
Less estimated income	3,992,228	265,000
Total general fund	$1,100,000	$980,000"

Page 2, after line 16, insert:

"**SECTION 3. FAMILY VIOLENCE GRANTS - CONTINGENT FUNDING.** The grants line item in section 1 of this Act includes $80,000 from the general fund for family violence services and prevention grants. This funding is contingent on the state department of health certifying to the director of the office of management and budget

that federal funds available to the department for family violence grants have been reduced due to federal sequestration. The department may spend these funds to the extent that federal funds are reduced."

Page 2, remove lines 23 through 25

Page 3, after line 2, insert:

"**SECTION 7. AMENDMENT.** Section 14-02.1-01 of the North Dakota Century Code as amended in section 1 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, is amended and reenacted as follows:

14-02.1-01. Purpose.

~~The purpose of this section is to protect the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain.~~ The purpose of this chapter is to protect unborn human life and maternal health within present constitutional limits. It reaffirms the tradition of the state of North Dakota to protect every human life whether unborn or aged, healthy or sick.

SECTION 8. AMENDMENT. The new section to chapter 14-02.1 of the North Dakota Century Code as created by section 3 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, is amended and reenacted as follows:

Determination of postfertilization age - Abortion of unborn child of twenty or more weeks postfertilization age prohibited.

1. The purpose of this section is to protect the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain.

2. Except in the case of a medical emergency, an abortion may not be performed or induced or be attempted to be performed or induced unless the physician performing or inducing the abortion has first made a determination of the probable postfertilization age of the unborn child or relied upon such a determination made by another physician. In making the determination, the physician shall make those inquiries of the woman and perform or cause to be performed the medical examinations and tests as a reasonably prudent physician, knowledgeable about the case and the medical conditions involved, would consider necessary to perform in making an accurate diagnosis with respect to postfertilization age.

~~2.~~ 3. Except in the case of a medical emergency, a person may not perform or induce or attempt to perform or induce an abortion upon a woman when it has been determined, by the physician performing or inducing or attempting to perform or induce the abortion or by another physician upon whose determination that physician relies, that the probable postfertilization age of the woman's unborn child is twenty or more weeks.

SECTION 9. LEGISLATIVE MANAGEMENT STUDY. The legislative management shall consider studying, during the 2013-14 interim, funding provided by the state for autopsies and state and county responsibility for the cost of autopsies, including the feasibility and desirability of counties sharing in the cost of autopsies performed by the state department of health and the university of North Dakota school of medicine and health sciences. The legislative management shall report its findings

and recommendations, together with any legislation required to implement the recommendations, to the sixty-fourth legislative assembly."

Page 3, line 3, replace "Section" with "Chapter 23-17.5 and section"

Page 3, line 3, replace "is" with "are"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$58,149,478	$58,191,244	($3,579,466)	$54,611,778	$52,875,620	$1,736,158
Operating expenses	38,152,557	38,527,557	(554,543)	37,973,014	36,516,083	1,456,931
Capital assets	2,224,288	2,224,288		2,224,288	2,000,288	224,000
Grants	57,316,529	57,484,729	(854,000)	56,630,729	51,222,729	5,408,000
Tobacco prevention	5,544,251	5,544,251		5,544,251	5,544,251	
WIC food payments	24,659,861	24,659,861		24,659,861	24,659,861	
Federal stimulus funds	155,000	155,000		155,000	155,000	
Accrued leave payments			2,223,289	2,223,289	2,223,289	
Total all funds	$186,201,964	$186,786,930	($2,764,720)	$184,022,210	$175,197,121	$8,825,089
Less estimated income	140,216,701	140,618,913	(1,050,479)	139,568,434	138,927,790	640,644
General fund	$45,985,263	$46,168,017	($1,714,241)	$44,453,776	$36,269,331	$8,184,445
FTE	354.00	354.00	(1.00)	353.00	350.00	3.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Adjusts State Employee Compensation and Benefits Package[1]	Provides Separate Line Item for Accrued Leave Payments[2]	Removes Workforce Safety and Insurance for Volunteers[3]	Removes Funding for Oil Impact Grants[4]	Increases Funding for Grants to Local Public Health Units[5]	Decreases Funding for Operating Expenses[6]
Salaries and wages	($1,254,539)	($2,223,289)				
Operating expenses			(84,000)			(125,000)
Capital assets						
Grants				(1,184,000)	250,000	
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments		2,223,289				
Total all funds	($1,254,539)	$0	($84,000)	($1,184,000)	$250,000	($125,000)
Less estimated income	(577,479)	0	0	0	0	(100,000)
General fund	($677,060)	$0	($84,000)	($1,184,000)	$250,000	($25,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Decreases Funding for School of Medicine Autopsy Services[7]	Adjusts Funding Source of Food and Lodging Licensing System[8]	Removes Funding for One Environmental Health FTE Position[9]	Adds Contingent Funding for Family Violence Services and Prevention Grants[10]	Removes Funding Related to Health Care Provider Cooperative Agreements[11]	Adjusts Funding Source for Statewide Stroke System of Care[12]
Salaries and wages			($101,638)			
Operating expenses	(160,000)		(85,543)		(100,000)	
Capital assets						
Grants				80,000		
Tobacco prevention						
WIC food payments						
Federal stimulus funds						

Accrued leave payments						
Total all funds	($160,000)	$0	($187,181)	$80,000	($100,000)	$0
Less estimated income	0	110,000	0	0	(100,000)	(383,000)
General fund	($160,000)	($110,000)	($187,181)	$80,000	$0	$383,000
FTE	0.00	0.00	(1.00)	0.00	0.00	0.00

	Total Conference Committee Changes
Salaries and wages	($3,579,466)
Operating expenses	(554,543)
Capital assets	
Grants	(854,000)
Tobacco prevention	
WIC food payments	
Federal stimulus funds	
Accrued leave payments	2,223,289
Total all funds	($2,764,720)
Less estimated income	(1,050,479)
General fund	($1,714,241)
FTE	(1.00)

[1] This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 3 to 5 percent for the first year of the biennium and 2 to 4 percent for the second year of the biennium.
- Reduces the market component from 2 to 4 percent per year to 1 to 2 percent per year for employees below the midpoint of their salary range.
- Reduces funding for retirement contribution increases to provide for a 1 percent state and 1 percent employee increase beginning in January 2014 and no increase in January 2015.

[2] A portion of salaries and wages funding from the general fund ($707,673) and from other funds ($1,515,616) for permanent employees' compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

[3] Removes funding for Workforce Safety and Insurance for volunteers included in the executive recommendation, the same as the House. The additional payment was determined to be unnecessary by Workforce Safety and Insurance.

[4] Oil impact funding for grants to local public health units in oil-impacted areas of the state included in the executive recommendation and approved by the Senate is removed, the same as the House.

[5] Funding for local public health units is increased to provide a total of $4 million from the general fund to be distributed statewide, $1 million more than the 2011-13 biennium. The House and Senate did not change the executive recommendation to provide $3,750,000 from the general fund for local public health units, of which $750,000 is to be distributed to public health units in non-oil-producing counties.

[6] Operating expenses are reduced departmentwide. The House reduced operating expenses $250,000, and the Senate made no reductions.

[7] Professional services to contract with the University of North Dakota School of Medicine and Health Sciences to perform autopsies in the eastern part of the state, included in the executive recommendation and approved by the Senate are reduced to provide a total of $480,000 of one-time funding from the general fund. The House removed this funding.

[8] The funding source of one-time funding for a food and lodging licensing management system included in the executive recommendation and approved by the Senate is changed from the general fund to

5 of 6

special funds from food and lodging fees, the same as the House version.

[9] Funding for 1 FTE laboratory services position ($101,638) and related operating expenses ($85,543) included in the executive recommendation and approved by the Senate is removed, the same as the House version.

The conference committee restored funding for 2 FTE municipal facilities positions ($286,748) and related operating expenses ($24,427), laboratory operating expenses ($250,000), and capital assets ($224,000) included in the executive recommendation and approved by the Senate. The House removed these FTE positions and related funding.

[10] Contingent funding is added for family violence services and prevention grants. The funding is contingent on a reduction in federal funds resulting from sequestration, the same as the House version.

[11] Operating expenses are reduced due to the repeal of Chapter 23-17.5 related to health care provider cooperative agreements, the same as the House version.

[12] The source of funding added by the Senate to increase funding for the continued implementation of the statewide integrated stroke system of care is changed from the tobacco prevention and control trust fund to the general fund to provide a total of $856,324 from the general fund. The House removed this funding increase. The executive recommendation included $473,324 from the general fund for the statewide integrated stroke system of care. Funding from the tobacco prevention and control trust fund was added by the Senate to provide a total of $856,324 for the statewide integrated stroke system of care, of which $473,324 is from the general fund.

The Conference Committee restored:

- Funding for 1 FTE position to implement a community paramedic/community health care worker pilot project and for educational startup costs (salaries and wages - $135,000 and operating expenses - $141,600) removed by the House.
- Funding for rural emergency medical services grants to provide a total of $7.34 million, of which $6.09 million is from the general fund and $1.25 million is from the insurance tax distribution fund, the same as the executive recommendation and $2.15 million more than the 2011-13 biennium. The House reduced emergency medical services grants by $5.15 million, and the Senate did not change the executive recommendation.
- Funding increases provided in the executive recommendation in the salaries and wages line item ($139,096) and the operating expenses line item ($60,904) for an emergency medical services grants manager position removed by the House.

In addition, this amendment:

- Adds a section to provide the additional funding in the grants line item for family violence services and prevention grants of $80,000 from the general fund is contingent on the State Department of Health certifying to the Director of the Office of Management and Budget that federal funds available to the department for family violence grants has been reduced due to federal sequestration, the same as the House. The department may spend these funds to the extent that federal funds are reduced.
- Adds a section to repeal Chapter 23-17.5 related to health care provider cooperative agreements, the same as the House.
- Removes a section added by the Senate to provide $383,000 from the tobacco prevention and control trust fund for the continued implementation of the statewide integrated stroke system of care, the same as the House. The conference committee changed the funding source of this increase to the general fund.
- Adds two sections to amend North Dakota Century Code sections amended by Senate Bill No. 2368. These amendments were not included in the executive recommendation nor the Senate or House versions.
- Adds a section to provide for a Legislative Management study of funding provided by the state for autopsies and state and county responsibility for the cost of autopsies, including the feasibility

and desirability of counties sharing in the cost of autopsies performed by the State Department of Health and the University of North Dakota School of Medicine and Health Sciences.

Date 4-30-13

Roll Call Vote # 1

2013 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2004 as (re) engrossed

Senate Appropriations Committee

Action Taken

- [ ] SENATE accede to House Amendments
- [ ] SENATE accede to House Amendments and further amends
- [ ] HOUSE recede from House amendments
- [x] HOUSE recede from House amendments and amends as follows
- [ ] **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

.02017

Motion Made by: Grindberg Seconded by: Bellew

Senators	4/26	4/29	4/30	Yes	No	Representatives	4/26	4/29	4/30	Yes	No
Senator Kilzer	✓	✓	✓	✓		Rep. Bellew	✓	✓	✓	✓	
Grindberg	✓	✓	✓	✓		Kreidt	✓	✓	✓	✓	
Mathern	✓	✓	✓		✓	Holman	✓	✓	✓	✓	
Total Senate Vote				2	1	Total Rep. Vote				3	0

Vote Count Yes: 5 No: 1 Absent: 0

Senate Carrier Kilzer House Carrier Bellew

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

REPORT OF CONFERENCE COMMITTEE

SB 2004, as engrossed: Your conference committee (Sens. Kilzer, Grindberg, Mathern and Reps. Bellew, Kreidt, Holman) recommends that the **HOUSE RECEDE** from the House amendments as printed on SJ pages 1383-1387, adopt amendments as follows, and place SB 2004 on the Seventh order:

That the House recede from its amendments as printed on pages 1383-1387 of the Senate Journal and pages 1463-1466 of the House Journal and that Engrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, after the semicolon insert "to amend and reenact section 14-02.1-01 of the North Dakota Century Code as amended in section 1 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, and the new section to chapter 14-02.1 of the North Dakota Century Code as created by section 3 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, relating to the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain;"

Page 1, line 2, after "repeal" insert "chapter 23-17.5 and"

Page 1, line 2, after the second "to" insert "health care provider cooperative agreements and"

Page 1, line 3, remove "and"

Page 1, line 3, after "intent" insert "; and to provide for a legislative management study"

Page 1, replace lines 13 through 16 with:

"Salaries and wages	$49,351,659	$5,260,119	$54,611,778
Accrued leave payments	0	2,223,289	2,223,289
Operating expenses	50,272,030	(12,299,016)	37,973,014
Capital assets	1,998,073	226,215	2,224,288
Grants	57,928,038	(1,297,309)	56,630,729"

Page 1, replace lines 20 through 23 with:

"Total all funds	$189,870,305	($5,848,095)	$184,022,210
Less estimated income	156,956,525	(17,388,091)	139,568,434
Total general fund	$32,913,780	$11,539,996	$44,453,776
Full-time equivalent positions	344.00	9.00	353.00"

Page 2, after line 7, insert:

"Funding to contract for autopsies	0	480,000"

Page 2, replace lines 10,11, and 12 with:

"Total all funds	$5,092,228	$1,245,000
Less estimated income	3,992,228	265,000
Total general fund	$1,100,000	$980,000"

Page 2, after line 16, insert:

"**SECTION 3. FAMILY VIOLENCE GRANTS - CONTINGENT FUNDING.** The grants line item in section 1 of this Act includes $80,000 from the general fund for family violence services and prevention grants. This funding is contingent on the state department of health certifying to the director of the office of management and budget that federal funds available to the department for family violence grants have been reduced due to federal sequestration. The department may spend these funds to the extent that federal funds are reduced."

Page 2, remove lines 23 through 25

Page 3, after line 2, insert:

"**SECTION 7. AMENDMENT.** Section 14-02.1-01 of the North Dakota Century Code as amended in section 1 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, is amended and reenacted as follows:

14-02.1-01. Purpose.

~~The purpose of this section is to protect the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain.~~ The purpose of this chapter is to protect unborn human life and maternal health within present constitutional limits. It reaffirms the tradition of the state of North Dakota to protect every human life whether unborn or aged, healthy or sick.

SECTION 8. AMENDMENT. The new section to chapter 14-02.1 of the North Dakota Century Code as created by section 3 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, is amended and reenacted as follows:

Determination of postfertilization age - Abortion of unborn child of twenty or more weeks postfertilization age prohibited.

1. The purpose of this section is to protect the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain.

2. Except in the case of a medical emergency, an abortion may not be performed or induced or be attempted to be performed or induced unless the physician performing or inducing the abortion has first made a determination of the probable postfertilization age of the unborn child or relied upon such a determination made by another physician. In making the determination, the physician shall make those inquiries of the woman and perform or cause to be performed the medical examinations and tests as a reasonably prudent physician, knowledgeable about the case and the medical conditions involved, would consider necessary to perform in making an accurate diagnosis with respect to postfertilization age.

~~2.~~ 3. Except in the case of a medical emergency, a person may not perform or induce or attempt to perform or induce an abortion upon a woman when it has been determined, by the physician performing or inducing or attempting to perform or induce the abortion or by another physician upon whose determination that physician relies, that the probable postfertilization age of the woman's unborn child is twenty or more weeks.

SECTION 9. LEGISLATIVE MANAGEMENT STUDY. The legislative management shall consider studying, during the 2013-14 interim, funding provided by the state for autopsies and state and county responsibility for the cost of autopsies, including the feasibility and desirability of counties sharing in the cost of autopsies performed by the state department of health and the university of North Dakota school of medicine and health sciences. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fourth legislative assembly."

Page 3, line 3, replace "Section" with "Chapter 23-17.5 and section"

Page 3, line 3, replace "is" with "are"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$58,149,478	$58,191,244	($3,579,466)	$54,611,778	$52,875,620	$1,736,158
Operating expenses	38,152,557	38,527,557	(554,543)	37,973,014	36,516,083	1,456,931
Capital assets	2,224,288	2,224,288		2,224,288	2,000,288	224,000
Grants	57,316,529	57,484,729	(854,000)	56,630,729	51,222,729	5,408,000
Tobacco prevention	5,544,251	5,544,251		5,544,251	5,544,251	
WIC food payments	24,659,861	24,659,861		24,659,861	24,659,861	
Federal stimulus funds	155,000	155,000		155,000	155,000	
Accrued leave payments			2,223,289	2,223,289	2,223,289	
Total all funds	$186,201,964	$186,786,930	($2,764,720)	$184,022,210	$175,197,121	$8,825,089
Less estimated income	140,216,701	140,618,913	(1,050,479)	139,568,434	138,927,790	640,644
General fund	$45,985,263	$46,168,017	($1,714,241)	$44,453,776	$36,269,331	$8,184,445
FTE	354.00	354.00	(1.00)	353.00	350.00	3.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Adjusts State Employee Compensation and Benefits Package[1]	Provides Separate Line Item for Accrued Leave Payments[2]	Removes Workforce Safety and Insurance for Volunteers[3]	Removes Funding for Oil Impact Grants[4]	Increases Funding for Grants to Local Public Health Units[5]	Decreases Funding for Operating Expenses[6]
Salaries and wages	($1,254,539)	($2,223,289)				
Operating expenses			(84,000)			(125,000)
Capital assets						
Grants				(1,184,000)	250,000	
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments		2,223,289				
Total all funds	($1,254,539)	$0	($84,000)	($1,184,000)	$250,000	($125,000)
Less estimated income	(577,479)	0	0	0	0	(100,000)
General fund	($677,060)	$0	($84,000)	($1,184,000)	$250,000	($25,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Decreases Funding for School of Medicine Autopsy Services[7]	Adjusts Funding Source of Food and Lodging Licensing System[8]	Removes Funding for One Environmental Health FTE Position[9]	Adds Contingent Funding for Family Violence Services and Prevention Grants[10]	Removes Funding Related to Health Care Provider Cooperative Agreements[11]	Adjusts Funding Source for Statewide Stroke System of Care[12]
Salaries and wages			($101,638)			
Operating expenses	(160,000)		(85,543)		(100,000)	
Capital assets						
Grants				80,000		
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments						
Total all funds	($160,000)	$0	($187,181)	$80,000	($100,000)	$0
Less estimated income	0	110,000	0	0	(100,000)	(383,000)
General fund	($160,000)	($110,000)	($187,181)	$80,000	$0	$383,000
FTE	0.00	0.00	(1.00)	0.00	0.00	0.00

	Total Conference Committee Changes
Salaries and wages	($3,579,466)
Operating expenses	(554,543)
Capital assets	

Grants	(854,000)
Tobacco prevention	
WIC food payments	
Federal stimulus funds	
Accrued leave payments	2,223,289
Total all funds	($2,764,720)
Less estimated income	(1,050,479)
General fund	($1,714,241)
FTE	(1.00)

[1] This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 3 to 5 percent for the first year of the biennium and 2 to 4 percent for the second year of the biennium.
- Reduces the market component from 2 to 4 percent per year to 1 to 2 percent per year for employees below the midpoint of their salary range.
- Reduces funding for retirement contribution increases to provide for a 1 percent state and 1 percent employee increase beginning in January 2014 and no increase in January 2015.

[2] A portion of salaries and wages funding from the general fund ($707,673) and from other funds ($1,515,616) for permanent employees' compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

[3] Removes funding for Workforce Safety and Insurance for volunteers included in the executive recommendation, the same as the House. The additional payment was determined to be unnecessary by Workforce Safety and Insurance.

[4] Oil impact funding for grants to local public health units in oil-impacted areas of the state included in the executive recommendation and approved by the Senate is removed, the same as the House.

[5] Funding for local public health units is increased to provide a total of $4 million from the general fund to be distributed statewide, $1 million more than the 2011-13 biennium. The House and Senate did not change the executive recommendation to provide $3,750,000 from the general fund for local public health units, of which $750,000 is to be distributed to public health units in non-oil-producing counties.

[6] Operating expenses are reduced departmentwide. The House reduced operating expenses $250,000, and the Senate made no reductions.

[7] Professional services to contract with the University of North Dakota School of Medicine and Health Sciences to perform autopsies in the eastern part of the state, included in the executive recommendation and approved by the Senate are reduced to provide a total of $480,000 of one-time funding from the general fund. The House removed this funding.

[8] The funding source of one-time funding for a food and lodging licensing management system included in the executive recommendation and approved by the Senate is changed from the general fund to special funds from food and lodging fees, the same as the House version.

[9] Funding for 1 FTE laboratory services position ($101,638) and related operating expenses ($85,543) included in the executive recommendation and approved by the Senate is removed, the same as the House version.

The conference committee restored funding for 2 FTE municipal facilities positions ($286,748) and related operating expenses ($24,427), laboratory operating expenses ($250,000), and capital assets ($224,000) included in the executive recommendation and approved by the Senate. The House removed these FTE positions and related funding.

[10] Contingent funding is added for family violence services and prevention grants. The funding is contingent on a reduction in federal funds resulting from sequestration, the same as the House version.

[11] Operating expenses are reduced due to the repeal of Chapter 23-17.5 related to health care provider cooperative agreements, the same as the House version.

[12] The source of funding added by the Senate to increase funding for the continued implementation of the statewide integrated stroke system of care is changed from the tobacco prevention and control trust fund to the general fund to provide a total of $856,324 from the general fund. The House removed this funding increase. The executive recommendation included $473,324 from the general fund for the statewide integrated stroke system of care. Funding from the tobacco prevention and control trust fund was added by the Senate to provide a total of $856,324 for the statewide integrated stroke system of care, of which $473,324 is from the general fund.

The Conference Committee restored:

- Funding for 1 FTE position to implement a community paramedic/community health care worker pilot project and for educational startup costs (salaries and wages - $135,000 and operating expenses - $141,600) removed by the House.
- Funding for rural emergency medical services grants to provide a total of $7.34 million, of which $6.09 million is from the general fund and $1.25 million is from the insurance tax distribution fund, the same as the executive recommendation and $2.15 million more than the 2011-13 biennium. The House reduced emergency medical services grants by $5.15 million, and the Senate did not change the executive recommendation.
- Funding increases provided in the executive recommendation in the salaries and wages line item ($139,096) and the operating expenses line item ($60,904) for an emergency medical services grants manager position removed by the House.

In addition, this amendment:

- Adds a section to provide the additional funding in the grants line item for family violence services and prevention grants of $80,000 from the general fund is contingent on the State Department of Health certifying to the Director of the Office of Management and Budget that federal funds available to the department for family violence grants has been reduced due to federal sequestration, the same as the House. The department may spend these funds to the extent that federal funds are reduced.
- Adds a section to repeal Chapter 23-17.5 related to health care provider cooperative agreements, the same as the House.
- Removes a section added by the Senate to provide $383,000 from the tobacco prevention and control trust fund for the continued implementation of the statewide integrated stroke system of care, the same as the House. The conference committee changed the funding source of this increase to the general fund.
- Adds two sections to amend North Dakota Century Code sections amended by Senate Bill No. 2368. These amendments were not included in the executive recommendation nor the Senate or House versions.
- Adds a section to provide for a Legislative Management study of funding provided by the state for autopsies and state and county responsibility for the cost of autopsies, including the feasibility and desirability of counties sharing in the cost of autopsies

performed by the State Department of Health and the University of North Dakota School of Medicine and Health Sciences.

Engrossed SB 2004 was placed on the Seventh order of business on the calendar.

2013 TESTIMONY

SB 2004

Terry Dwelle
SB 2004 #1
1-22-13
+ Arvy Smith
page 10

Testimony
Senate Bill 2004
Senate Appropriations Committee
Tuesday, January 22, 2013
North Dakota Department of Health

Good afternoon, Chairman Holmberg and members of the Senate Appropriations Committee. My name is Dr. Terry Dwelle, and I am the State Health Officer of the North Dakota Department of Health. I am here today to testify in support of Senate Bill 2004. Before we go into our budget details, we feel it is important to give you a brief overview of the department and status of health in North Dakota.

Mission

The mission of the North Dakota Department of Health is to protect and enhance the health and safety of all North Dakotans and the environment in which we live.

Department Overview

While most people know public health is important, they aren't always sure what it is or how it affects their lives. In fact, the efforts of public health touch every North Dakotan every day:

- The Department of Health's environmental scientists monitor the quality of North Dakota's air and water, ensuring that we breathe clean air, drink clean water and enjoy our beautiful environment.
- Tobacco use, unhealthy diets and poor exercise habits all contribute to chronic diseases and early death. Department of Health personnel work with local public health units and other partners across the state to promote healthy lifestyles and timely medical screenings.
- From H1N1 influenza to norovirus to tuberculosis, disease detectives from the department work hard to identify and contain disease outbreaks. Their efforts to educate the public and track down sources of illness help to protect us all.
- Department of Health personnel work to educate the public and enhance the ability of the state's public health and medical personnel to respond to emergencies such as a new influenza virus, tornadoes, fires or floods.
- Department of Health personnel travel across the state conducting inspections of nursing homes, hospitals and hospice programs in an effort

to ensure that the people of North Dakota receive quality care when they are most vulnerable.

- Access to health care has become a challenge for many rural residents in North Dakota. To address this issue, the department works with communities to help them sustain and support local health-care services and attract health-care providers.

The funding and staff included in the Department of Health's budget provide the resources we need to carry out our strategic plan. As you can see, the department's strategic plan is guided by our overall mission. In order to accomplish our overall mission, we focus on the following major goals:

- Improve the health status of the people of North Dakota
- Improve access to and delivery of quality health care and wellness services
- Preserve and improve the quality of the environment
- Promote a state of emergency readiness and response

We have also incorporated cross-cutting goals, meaning they are goals that impact the department as a whole. Those deal with enhancing our capability to manage emerging activities, such as oil impact and flooding; achieving strategic outcomes using all available resources; and strengthening and sustaining stakeholder engagement and collaboration through the Healthy North Dakota Program.

Each of our goals is supported by a list of objectives and outcome performance measures to assess our progress toward our goals. In our submitted budget document, we report how we are performing on each objective. Following on the next page is the department's strategic plan detailing our goals and objectives.

JUNE 22, 2012

Protect and Enhance the Health & Safety of All North Dakotans & the Environment in Which We Live

Improve the Health Status of the People of North Dakota

- Decrease Vaccine-Preventable Disease
- Achieve Healthy Weights Throughout the Lifespan
- Prevent & Reduce Chronic Diseases & Their Complications
- Prevent and Reduce Intentional & Unintentional Injury
- Prevent & Reduce Tobacco Use & Support Other Substance Abuse Prevention
- Reduce Infectious & Toxic Disease Rates

Improve Access to & Delivery of Quality Health Care & Wellness Services

- Promote & Maintain Statewide Emergency Medical Services
- Enhance the Quality of Health-Care
- Improve Access to & Utilization of Health & Wellness Services
- Improve Health Equity

Preserve and Improve the Quality of the Environment

- Preserve & Improve Air Quality
- Ensure Safe Public Drinking Water
- Preserve & Improve Surface & Ground Water Quality
- Manage Solid Waste
- Ensure Safe Food & Lodging Services

Promote a State of Emergency Readiness & Response

- Prepare Public Health & Medical Emergency Response Systems
- Maintain Hazard Identification Systems
- Maintain Emergency Communication & Alerting Systems
- Coordinate Public Health & Medical Emergency Response

Enhance Capabilities to Manage Challenges, Such as Oil Impact, Flooding & Other Emerging Activities

Achieve Strategic Outcomes Using All Available Resources

Healthy North Dakota
Strengthen & Sustain Stakeholder Engagement & Collaboration

As state health officer, I'm proud of North Dakota's public health professionals at both the state and local levels who work hard every day to safeguard the health of all North Dakotans.

The role the Department of Health and our partners take in safeguarding the health and safety of North Dakotans ties directly back to the goals indicated in our strategic plan. Let me share several examples and major accomplishments from the past couple of years. You may recognize the following examples from media coverage they received.

- In 2012, several cases of active tuberculosis were identified in the Grand Forks area. Department of Health epidemiologists, working with Grand Forks Public Health and local health-care providers, soon found through their investigations that these cases were linked to earlier cases in the area. Extensive investigations followed, which included finding close contacts of the cases and testing those contacts. To date, 16 active cases have been identified since October of last year. Three of those cases were in school-age children. Public education and consistent messages among state and local public health, private providers, and school officials ensured that parents and community members had access to important information they needed. Early identification of this outbreak and a thorough response helped to contain any further spread of the disease, and ensured proper treatment for those already infected.
- The increase in energy development in the western part of the state has impacted many different parts of the Department of Health. Our Food and Lodging Division has seen a dramatic increase in licensing for food and housing establishments, including mobile food vendors. Our Environmental Health Section has responded to an increase in many different areas, including waste disposal, sewer-related issues, air and water quality, and emergency response to spills and other environmental incidents. Department of Health environmental inspectors are at those spills that you hear about on the news, ensuring that companies properly clean-up and restore the environment.
- Emergency Medical Services have been struggling with a shortage of volunteers and finding a way to sustain services since before the growth in population in our state. The Department of Health has played a vital role in coordination of the EMS system across the state, including providing grants and training to help sustain services at the local level. A new initiative in 2012 was a coordinated effort with the University of North Dakota that resulted in the award of a $4.98 million grant from the Helmsley Charitable Trust. The grant will be used to launch the SIM-ND

program, which will bring mobile simulators to the state that can travel to all areas in North Dakota and provide valuable training for EMS and emergency room workers.

- The floods of 2011 were devastating for many communities across North Dakota. Planning for a public health response started early in the year with the major concern being the Red River Valley, but as we all know, the focus later became Bismarck/Mandan and then Minot. The Department of Health worked in partnership with local public health units across the state to plan for the evacuation of medical facilities if needed. Throughout the flood response, the department played a key role in coordinating the transfer and placements of evacuees from flood-affected areas. This included helping place patients from Valley City, and the entire evacuation of Trinity Nursing Home in Minot and dialysis patients from Trinity Hospital in Minot. The Department of Health activated its Department Operations Center in March and it was still activated late into the summer. The department also assisted communities with environmental issues such as water and sewer contamination, mold, and waste disposal. Important public health information messages were disseminated through the state's joint information system focusing on topics such as proper clean-up after the flood, immunizations and safe drinking water.

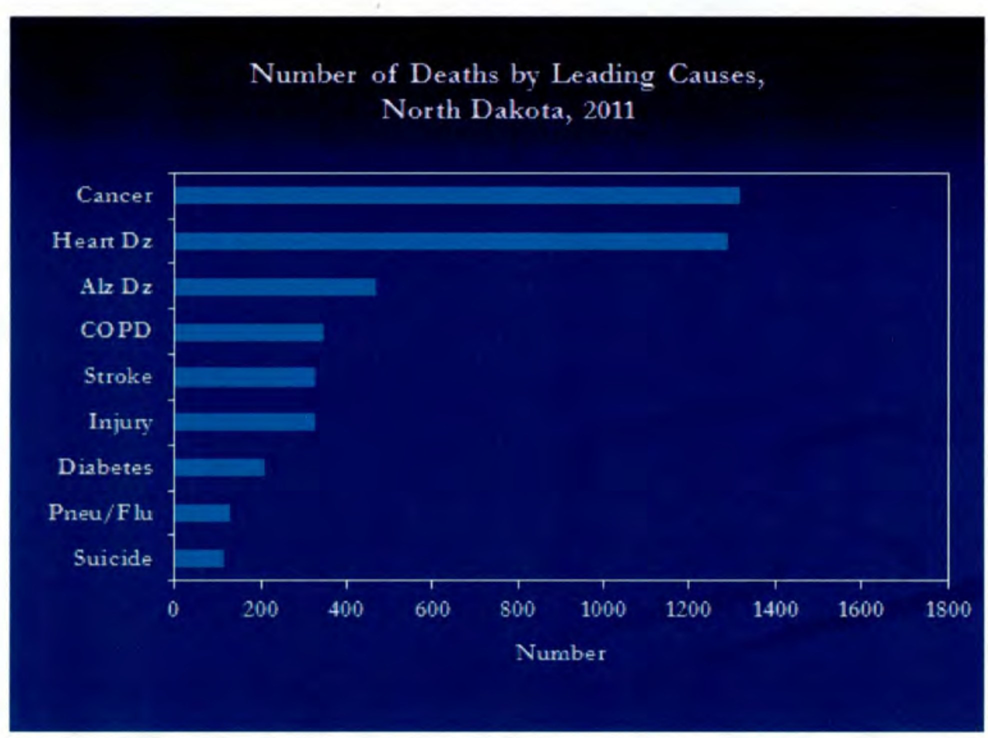
Major accomplishments include:

- Received more than 9,500 calls to the Tobacco Quitline (approximately an 18 percent increase) and achieved a 33 percent 6-month quit rate in fiscal year 2012.
- Screened 110 uninsured/underinsured North Dakotans as part of the state funded colorectal cancer screening initiative project and of those screened, 58 had polyps removed which could have progressed to colorectal cancer.
- Exceeded the *Women's Way* Program screening goal of 3,200 women, having reached and provided breast and cervical cancer screenings to more than 3,300 women.
- The Healthy North Dakota Worksite Wellness Program developed and offered 8 Gearing Up for Worksite Wellness trainings reaching 147 people representing approximately 90 businesses and organizations.
- Maintained a 90 percent or higher rate of compliance with permit requirements or standards in the air, water discharge and public water supply programs.

- Placed 18 health professionals in shortage areas around the state through the medical and dental loan repayment program.
- Achieved a 77.6 percent primary series vaccination rate for children ages 19 through 35 months compared to 71.5 percent for all of the United States.
- Investigated three foodborne outbreaks, resulting in over 100 people reporting illness.

Status of Health

Although the accomplishments are many, public health still faces many challenges. As a whole population the six most common causes of death in North Dakota are cancer, heart disease, Alzheimer's disease, chronic obstructive pulmonary disease, stroke, and injury.



Communities are comprised of individuals across the age spectrum. The chart on the next page shows the leading causes of death in North Dakota by age. This information is important in developing appropriate health-related strategies for policymakers, clinicians and public health professionals to improve the health and wellness of all North Dakota citizens.

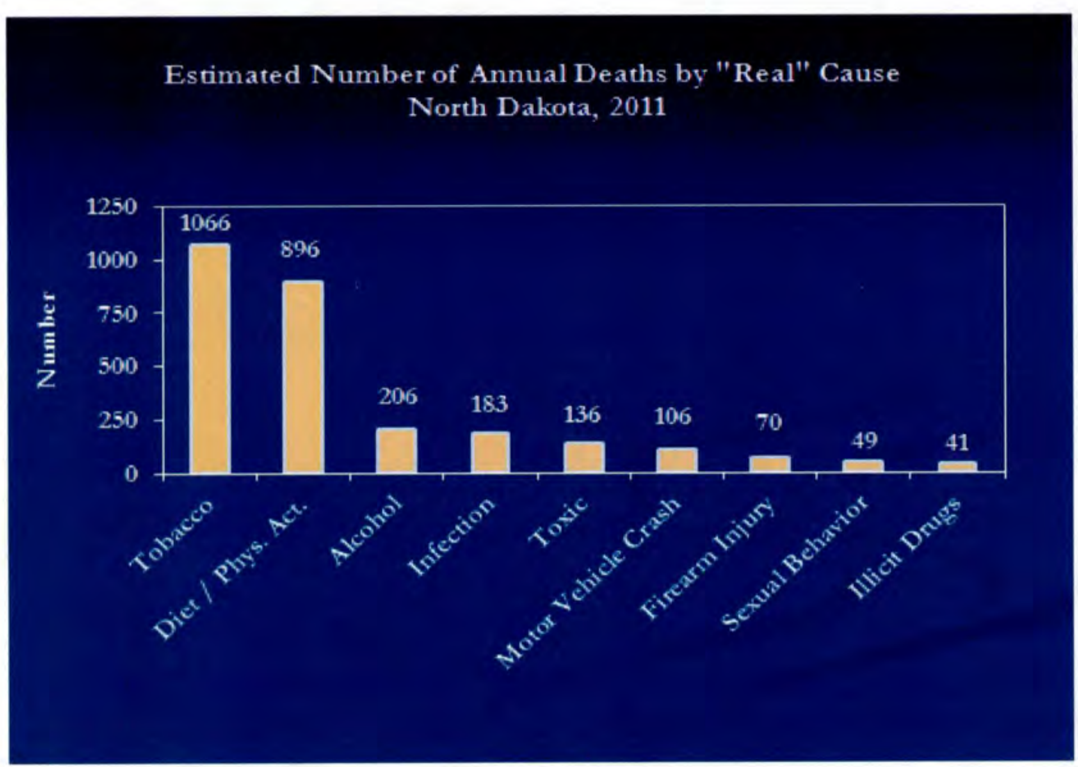
Unintentional injury accounts for the greatest number of deaths to people between the ages of 1 and 44. Suicide is the number two cause of death between the ages of 15 and 34. The diseases listed on the first graph, heart disease and cancer, don't become common killers until the middle of life raising to the number one and two slots at 45 years and older.

Leading Causes of Death by Age
North Dakota, 2010-2011

<1	1 to 4	5 to 9	10 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65+
Anomaly 24	Unint. Injury 6	Unint. Injury 7	Unint. Injury 4	Unint. Injury 81	Unint. Injury 70	Unint. Injury 65	Cancer 168	Cancer 385	Heart 2243
SIDS 16	Anomaly 3	Cancer 2	Cancer 2	Suicide 46	Suicide 29	Heart 42	Heart 115	Heart 239	Cancer 1983
Prematurity 15	Cancer 2	Anomaly 1	Anomaly 2	Cancer 6	Heart 10	Cancer 40	Unint. Injury 75	Diabetes 62	Alzheimer's 883
Comp Preg 8			Pneu/Influ 1	Heart 3	Cancer 9	Suicide 34	Cirrhosis 48	COPD 58	Stroke 641
Resp NB 4				Diabetes 1	Cirrhosis 4	Cirrhosis 23	Suicide 45	Unint. Injury 57	COPD 630
Unint. Injury 3				Stroke 1	COPD 3	Diabetes 4	Diabetes 21	Cirrhosis 42	Diabetes 320

Public Health and Risk Factors

Public Health's primary mission is the prevention of the risk factors and behaviors that cause death and disease in North Dakota across the whole age spectrum of the whole population. Clinical colleagues are primarily trained to diagnose and treat individuals with disease and in clinical settings are valuable partners with public health to encourage health and wellness behaviors of individual patients and families. The next slide shows the underlying risk factors that lead to disease in North Dakota. As you can see, tobacco remains the number one risk factor associated with various cancers and cardiovascular disease followed closely by poor diets and lack of physical activity, which are associated with diabetes, heart disease, stroke and some cancer.



We heard from Governor Dalrymple in his state of the state address that economic development, education and infrastructure continue to be major strategic goals for this administration. I would like to briefly discuss how the Department of Health supports some of those strategic goals.

A major strategy of the Department of Health to change risky behaviors is to focus on comprehensive wellness at worksites and schools, with schools being viewed as a specialized workplace. Comprehensive worksite wellness has been shown to decrease health-care costs by 26 percent, decrease workers' compensation expenses by 32 percent, decrease absenteeism by 26 percent and decrease presenteeism. Presenteeism is when workers or students are present, but due to illness or a medical condition, are not able to be truly attentive and productive. For every dollar invested in comprehensive worksite wellness, there is a $5.81 return for the workplace.

If we can change risky behaviors in worksites and schools in North Dakota, we will impact a significant portion of our population. Consistent messages for parents at their workplaces and for students in schools will reinforce and encourage healthy behaviors in our society. Healthy students are in a better position to learn, which will positively impact their lives, including their ability to find adequate employment in the workforce.

Health is much broader than just the physical absence of disease. It also includes the emotional, social, spiritual and economic well-being of individuals and families. We have an incredibly bright economic future in this state. We must provide the necessary infrastructure to adequately support the well-being of families and communities as they stretch with economic development. These infrastructure challenges include energy development in the west, flooding in the Devils Lake basin and the almost yearly spring flood challenges impacting not only the Red River Valley but almost every corner of the state. Many sections of the Department of Health are actively engaged in these infrastructure issues, including Environmental Health, which is charged with protecting the environment through permitting, monitoring, and emergency response when needed; and the Division of Food and Lodging, which is working hard to make sure that lodging facilities and food establishments are following correct procedures and regulations. We look forward to working with you during this session as we seek solutions to these infrastructure challenges.

Conclusion

We were faced with several budget challenges when we came to the 62nd Legislative Assembly. We had lost federal funding in some key programmatic areas – emergency medical services and suicide prevention. We also experienced falling tobacco settlement dollars to fund programs. Because you appropriated state general funding for key initiatives, some that lost their existing funding source we were able to:

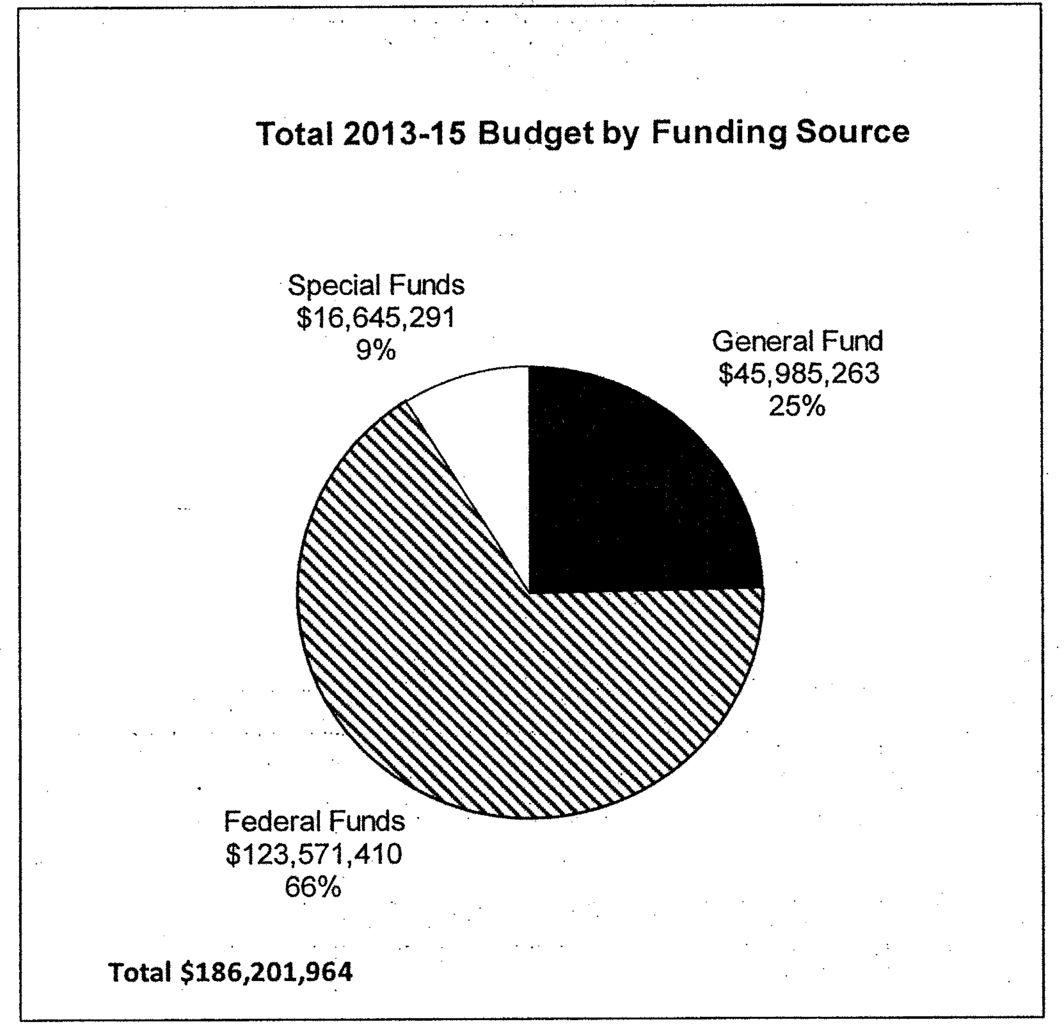
- Administer $3 million in new EMS grants to North Dakota communities.
- Provide suicide prevention funding for 31 projects across the state.
- Approve loan repayments to 6 new physicians, 6 new mid-level practitioners, 6 new dentists, and 6 new veterinarians practicing in North Dakota.
- Continue screening additional women for breast and cervical cancer.
- Continue the stroke registry and stroke system of care.
- Protect children and parents by providing supervised visitation and safe visitation exchange of children by and between parents in situations involving domestic violence, dating violence, child abuse, sexual assault, or stalking.
- Provide universal vaccinations at our local public health units.
- Grant additional funding to local public health units for public health activities.
- Take legal action against the federal government regarding the Regional Haze Program for air quality standards.

I wanted to take the opportunity to thank you for seeing the importance of these projects and approving funding for them.

I'd like to ask Arvy Smith to continue with information about the budget of the Department of Health. Several other members of the department's staff also are here to respond to any questions you might have.

Budget Overview

Chairman Holmberg and members of the committee I am Arvy Smith, Deputy State Health Officer for the Department of Health. The total budget for the North Dakota Department of Health recommended by the governor for the 2013-15 biennium and included in Senate Bill 2004 is $186,201,964.



The recommended general fund budget is $45,985,263 (25%) of the executive budget. That is equivalent to $33 per capita per year. Federal funds are recommended at $123,571,410 (66%), and special funds at $16,645,291 (9%).

A comparison by funding source and FTE of the department's 2011-13 appropriation, the 2013-15 base budget request (which is the legislative appropriation adjusted for one-time expenses, economic stimulus funding, the salary equity adjustment and other items), and the 2013-15 executive recommendation as presented in Senate Bill 2004 is as follows:

	2011-13 Legislative Appropriation	2013-15 Base Budget Request	SB 2004 2013-15 Executive Rec	Inc/(Dec) Leg App to Exec Rec
General	33,878,151	33,577,062	45,985,263	12,107,112
Federal	126,288,123	120,831,913	123,571,410	(2,716,713)
Special	34,660,630	16,245,645	16,645,291	(18,015,339)
Total	194,826,904	170,654,620	186,201,964	(8,624,940)
FTEs	**344.00**	**344.00**	**354.00**	**10.00**

There are several changes to general funding which will be discussed in detail later. Federal funding decreased largely due to the completion of economic stimulus and arsenic trioxide projects, and reductions in the Environmental Protection Agency (EPA) grants and in public health preparedness funding, offset by some grant increases. The significant special fund decrease is the result of removing excess authority for the universal vaccine program which was defeated last legislative session. FTE increases are largely related to oil impact. Additional detail will be provided regarding budget changes later in my testimony.

The department pursues its goals and objectives through seven departmental sections – Community Health, Emergency Preparedness and Response, Health Resources, Medical Services, Special Populations, Environmental Health and Administrative Support. Each section is composed of several divisions that house the individual programs in place to carry out the work of the section. A copy of our organizational chart can be found at Appendix A. Prepared comments describing all of the sections, divisions and programs are available upon request.

The Community Health and the Environmental Health sections make up 62 percent of our total budget. The Environmental Health section employs almost

half of our employees. Our administrative overhead is only 3.3 percent of our total budget.

A comparison of our overhead rates for the last several biennia is as follows:

2005-07	2007-09	2009-11	2011-13	2013-15
3.23%	2.22%	2.11%	2.60%	3.30%

Our overhead costs to administer around 100 different programs have remained low. The increase is mainly due to the decrease in total funding.

Our goals also are pursued through a network of 28 local public health units and many other local entities that provide a varying array of public health services. Some of the local public health units are multi-county, some are city/county and others are single-county health units. Other local entities providing public health services include domestic violence entities, family planning entities, Women, Infant and Children (WIC) sites and natural resource entities. Grants and contracts amounting to $76 million or 41 percent of our budget are passed through to the local public health units and other local entities to provide public health services. Approximately $21.8 million goes to local public health units, and $23.4 million goes to other local entities. The remaining $30.8 million goes to state agencies, medical providers, tribal units and various other entities.

Budget By Line Item

The executive budget for the Department of Health by line item is as follows:

	2011-13 Legislative Appropriation	SB 2004 2013-15 Executive Rec	Percent of Budget
Salaries and Wages	49,351,659	58,149,478	31.2%
Operating Expenses	50,272,030	38,152,557	20.5%
Capital Assets	1,998,073	2,224,288	1.2%
Grants	58,528,038	57,316,529	30.8%
Tobacco Prevention & Control	6,162,396	5,544,251	3.0%
WIC Food Payments	24,158,109	24,659,861	13.2%
Contingency Appropriation - EPA	864,371	0	0.0%
Federal Stimulus Funds	3,492,228	155,000	0.1%
Total	194,826,904	186,201,964	100%

Salaries and Wages
Salaries and wages make up $58,149,478 or 31 percent of our budget. The majority of the increase to the salaries line item is the recommended salary package, the amount necessary to continue the second year of the 2011-13 biennium 3 percent increase and the new FTE related to oil impact.

Salary levels have been a major issue for the Department of Health. Our turnover rate is over 10 percent and we continue to face recruitment and retention issues for certain positions, particularly while North Dakota's economy is so strong. Department of Health salaries have not been equitable with other state agency salaries for similar jobs in comparable classifications. In addition, many of our classifications – including environmental engineers, epidemiologists, chemists and human service program administrators – are paid significantly less than their counterparts in other states.

The new employee classification system as a result of the Hay Study caused severe salary compression issues. Before the new classification system, 35 percent of our employees were in the 1st (lowest) quartile; after applying the new system 65 percent are in the 1st quartile. Also, before the new system, 25 percent of our employees were in the 3rd or 4th quartiles; after applying the new system only 6 percent are in the 3rd or 4th quartile. Finally 55 percent of the employees in the 1st quartile have over 5 years of experience and we have 5-year employees whose salaries are no more than new hires. The governor included $4,451,685 in our budget to address this and to allow performance increases.

Operating Expenses
Our operating budget of $38,152,557 makes up 21 percent of our budget. The decrease in the operating budget is a result of removal of the excess spending authority for universal vaccine mentioned earlier, offset by some increases in contracts, travel and other expenses.

Capital Assets
Capital assets of $2,224,288 make up only 1 percent of our total budget. The bond payment on our laboratory, the state morgue and a storage building, and equipment more than $5,000 make up a majority of this line item. The increase is related to several pieces of laboratory equipment for oil impact and a digital x-ray machine for the morgue.

Grants
Grants, which are provided to many local entities across the state, are at $57,316,529 and make up 31 percent of our budget. The majority of grants are in the Community Health, Emergency Preparedness and Response, and Environmental Health Sections. At a departmental level, grants are down slightly but this is the net result of several increases and decreases that will be explained later in the testimony.

Special Line Items
There are three special line items included in the executive recommendation. Tobacco Prevention and Control is at $5,544,251, down by 10 percent due to decreased federal and tobacco settlement funding available.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Food Payments make up $24,659,861 or 13 percent of our budget. This is only a 2 percent increase. This line item includes only the actual food payments. Administration by the local WIC sites is included in the grants line item.

The third special line item is for federal economic stimulus funds. In the current biennium, we had $3,492,228 budgeted for economic stimulus projects. In the 2013-15 biennium only $155,000 remains in the budget to complete two economic stimulus projects, most of that for immunization interoperability.

2013-15 Budget
The 2013-15 executive budget will allow the department to meet public health goals in several additional areas.

Energy Development $3,336,094 (9 FTE)
Significant increases in workload have resulted from the increased energy development in the western part of the state. Many of the caseloads for inspection, monitoring, complaint investigation and enforcement activities to minimize the environmental impact and protect the public from environmental hazards have skyrocketed. There have been 230 new food and lodging establishments inspected and licensed during the first 18 months of the current biennium and 120 more are awaiting licensure once construction is complete. In the 2009-11 biennium we licensed 3,300 facilities and in 2011-13 we are expecting to license 3,750. Due to the large increase in population, local public health units in the west are also seeing increased workloads for public health nursing in areas such as vaccinations, infectious disease, and communicable

disease. Environmental impacts to local public health units include on-site sewage treatment permitting, septic tank hauler permitting, non-community water inspections, sewage dumping, and waste burning. Staff retention in this environment at existing wages is also a challenge for LPHUs.

To address this need, the governor's budget provides funding as follows:

DoH Environmental Health

9 FTE	$1,277,131
Associated operating expenses	$602,963
Equipment	$272,000
Local Public Health	$1,184,000
Total	$3,336,094 ($2,945,604 general)

At the close of my testimony we will present you with additional details on the environmental activity in the western part of the state.

LPHU Universal Vaccine $1,000,000

In order to provide the local public health units the ability to universally provide vaccines to children (any vaccine, any place) the department was provided $1.5 million general funding and was able to access a little over $2 million in federal vaccine. A federal ruling no longer allows the federal vaccine to be used for insured children so that left a gap in our ability to maintain universal vaccination at LPHUs. We requested and the governor approved $1 million in general funding to purchase vaccine and continue LPHU universal vaccination.

Legal Fees $500,000

To continue the legal action against the U.S. Environmental Protection Agency (EPA) regarding the Regional Haze air quality Program the executive budget provided $500,000 general funding.

Medical Examiner Services $640,000

From 2004 to 2012, the number of autopsies performed by the Medical Examiner's Office has steadily increased by 87 percent, from 196 to 367. Accreditation standards indicate that one forensic examiner should perform only 225 to 250 autopsies per year. To address this, the governor recommended $640,000 to contract with University of North Dakota Medical School to perform all autopsies for selected counties on the eastern part of the state that total approximately 160 per year. This arrangement will also be helpful to provide back-up for when the state medical examiner is not available or has too many cases.

Loan Repayment Programs · $585,000

Again, because of projected reduced tobacco settlement revenue, we were unable to fully fund the loan repayments in the base budget. In order to fund three new professionals per year in each of the loan repayment programs (dental, medical, mid-level, and veterinarian) we requested, and the governor approved, general funding of $585,000. We provided sufficient funding in the base budget to pay for all contracts entered into during the current biennium.

Local Public Health State Aid $750,000

In order to support local public health units in their capacity to 1) protect against and respond to environmental hazards and 2) to continue to function at current capacity in light of decreasing federal pass through funding from the state, due to hold even or slightly decreasing federal funding the governor approved an increase of $750,000 to local public health state aid. This funding is to be distributed to only those local public health units that are not receiving the oil impact funding.

Community Paramedic /STEMI $276,600 (1 FTE)

The concept of community paramedics is to use portions of the Emergency Medical Services (EMS) workforce to address community health and medical needs that communities currently do not have the resources to address. The program would build on existing skill sets to deliver primary care services such as assessments, chronic disease management, blood draws, diagnostic cardiac monitoring, fall prevention, medication reconciliation and other services in a highly mobile environment. These services could be delivered in many environments such as homes, schools and places of employment where they are currently not available. The 2011 Legislative Assembly appropriated $600,000 of general funds to assist with a match for a Helmsley Foundation grant, in which The Midwest Affiliate of the American Heart Association secured $7.1 million in funding to implement Mission: Lifeline, a community-based initiative aimed at improving the system of care for heart attack patients, throughout North Dakota. The initiative is being conducted over a three-year period to implement STEMI (ST-Elevation Myocardial Infarction) statewide. The STEMI coordinator would continue the work that has been accomplished by the implementation phase of this project to ensure the statewide STEMI system continues. Of the $276,600 budgeted, $135,000 is for salaries and $141,600 is for training.

Emergency Medical Services Assistance Fund $2,350,000

In the current biennium we had $4,150,000 available for rural EMS assistance and staffing grants. We received grant applications for this assistance totaling $7,365,000. Rural ambulance services are experiencing a shrinking volunteer workforce, increased populations, increases in severity of patients, increases in uncompensated care and increases in the cost of equipment. Since there is no mandate for EMS in the state, there is no one entity charged with the financial support of ambulance services. Most ambulance services do not generate enough revenue to cover expenses. The governor added $2,350,000 for a total of $6,400,000 in grants to rural ambulance services.

Food and Lodging Licensing Management System $110,000

The current food and lodging licensing management system is 20 years old and does not have current electronic capabilities such as inspection scheduling, filing and reporting, credit card payment for annual license fees, and reporting to the general public. Recent audits have suggested that we make inspection results available and accessible to the general public. One-time funding is provided to develop a new system.

Colorectal Cancer Screening $125,000

The department currently has a colorectal cancer screening project funded at $477,600. With this project, our goal is to screen 230 clients during the biennium. Since November, 58 of the 110 individuals screened have had polyps removed, which are the precursor to colorectal cancer. The additional funding would allow us to screen approximately 90 individuals and potentially prevent 36 colorectal cancer cases.

Federal Funding Issues

As indicated earlier, two thirds of the Department of Health budget comes from the federal government in the form of around 80 different federal grants. If federal sequestration occurs, we are being told the cuts will be across the board, leaving us with no ability to protect high priority programs and take bigger cuts in less painful areas. I have also been told by certain federal representatives that they do not believe sequestration will occur. The status of our federal funding is uncertain. With that uncertainty, we prepared our budget estimating that federal grants would hold even, unless we were certain otherwise. For example there are a few grants that either ended or were already scheduled for cuts like emergency preparedness funding. We recognize that we will have to make adjustments to our budget, operations and possibly staffing as the federal funding picture becomes clearer.

Performance Audit Findings

As requested in House Bill 1004 from the 62nd Legislative Assembly, I will review the findings from the performance audit conducted during the interim and our actions to address the recommendations. The performance audit conducted by CliftonLarsonAllen LLP (CLA) included three audit recommendations classified as high risk.

Whistleblower Protection Policy

CLA recommended that the department include a whistleblower protection policy in our personnel policy manual and communicate the policy and methods to report suspicious or unethical behaviors to all employees. In February 2012, a major rewrite of the Department's Personnel Policy Manual had already begun and a whistleblower protection policy and other rules related to reporting fraud and abuse were included. The Department will provide education to all staff on the updated Personnel Policy Manual.

Developmental Trainings for Program Managers and Division Directors

CLA recommended that the department research developmental trainings applicable for program managers and division directors and include training requirements in the department's personnel policy manual. The Department requires all managers to have, at a minimum, the Supervisory Management Development training provided by Human Resources Management Services with Office of Management and Budget either prior to, or shortly after moving into any management position. The Department will add this requirement to the Personnel Policy Manual. In addition, the Department has begun researching additional public health management training strategies for all section chiefs, division directors, and program managers and aspiring managers

Federal Grant Transfers

CLA recommended the department implement procedures to centrally track and monitor transfers of expenditures within the same grant or to another grant. This included the reason for the transfer, documented approval of the transfer, and that transfers be made on a timely basis. The Department will establish policy to require documentation of the reason and approval in writing for any transfers between grants. In addition, the Department will establish a process to monitor and track the allowable budget flexibility between line items within a grant. Federally grants are typically awarded on a yearly basis; hence transfers of expenditures between line items within a grant and between grants can occur throughout the grant cycle and are allowable up to 90 days after the close of the

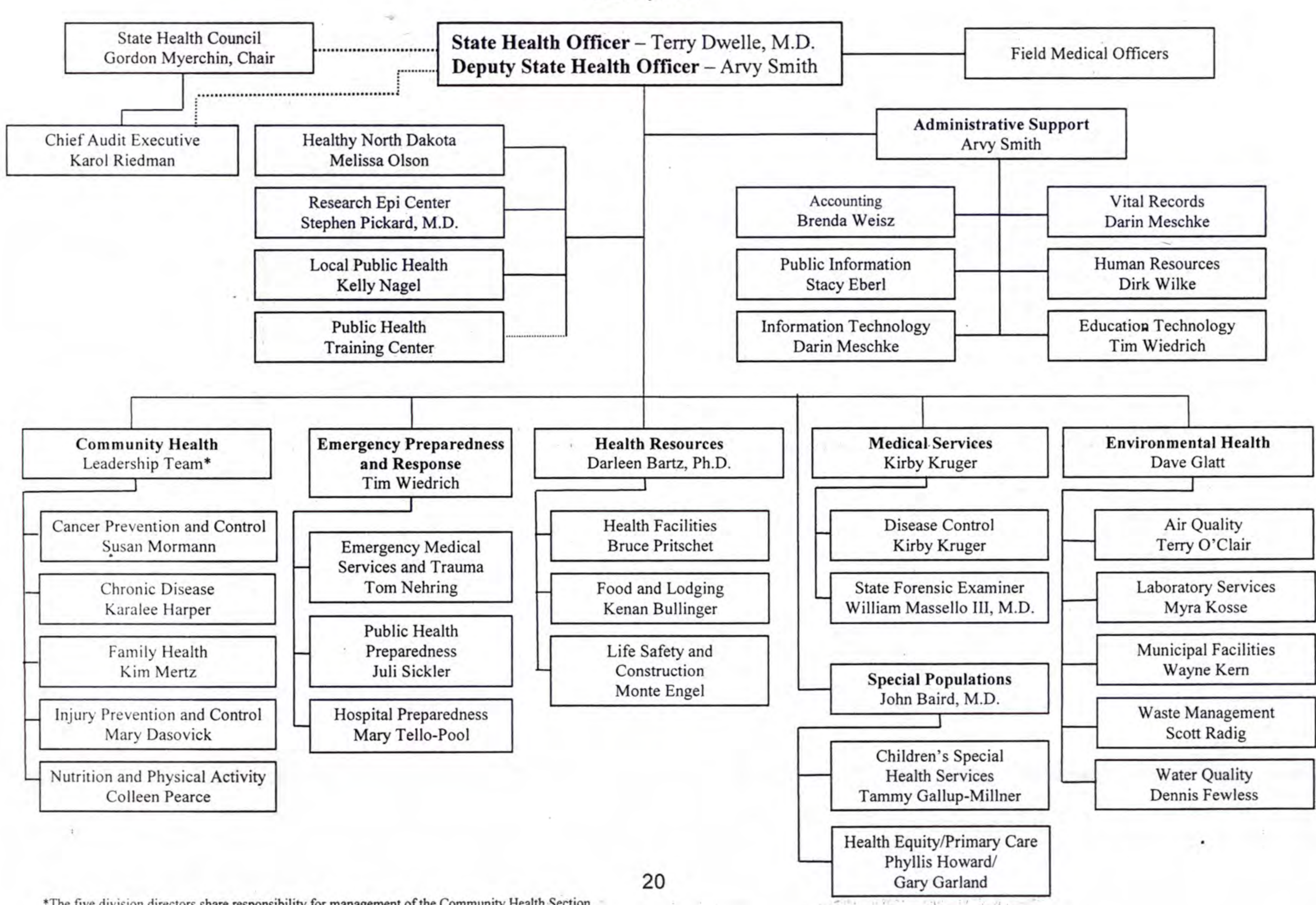
grant period. Although "best practice" for the private sector may be that adjustments be made within 90 days for quarterly reporting purposes, this is not relevant to federal grants management as financial reporting is typically done on an annual basis.

Conclusion

The budget before you for the Department of Health addresses many important community public health needs. It provides much needed funding to deal with impacts of energy development in the west, it provides much needed medical resources in the form of professional loan repayments and emergency medical services grants, and by providing additional resources to the local public health units, it allows us to systematically work together to meet our public health goals.

Chairman Holmberg, members of the Committee, this concludes the department's testimony on Senate Bill 2004. I will now invite Dave Glatt, Environmental Health Section Chief to present to you a report regarding the environmental impacts in the western part of the state. After that our staff and I are available to respond to any questions you may have.

North Dakota D[illegible]rtment of Health
Organizational Chart
January 2013



*The five division directors share responsibility for management of the Community Health Section.

Arvy Smith
SB 2004
1-22-13
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June 6, 2012

2012 Performance Audit Report

North Dakota Department of Health - Family Health Division

Prepared by –

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Executive Summary

On behalf of the North Dakota Department of Health, CliftonLarsonAllen LLP ("CliftonLarsonAllen or CLA") performed a control environment performance audit of the Family Health Division (the "Division"). The control environment has a pervasive influence on the way business activities are structured, objectives established and risks assessed. It also influences control activities, information and communication systems, and monitoring activities.

The State of North Dakota, acting through the office of the State Auditor, engaged CLA to perform a control environment performance audit related to the Family Health Division. CLA performed the control environment audit to address potential fiscal irregularities.

The control environment performance audit was driven by the commitment that the Family Health Division has to ensuring their internal processes and controls are designed appropriately and operating as intended. The performance audit was performed from March 5, 2012 to June 1, 2012 in accordance with the timeline agreed to by The State of North Dakota in the Contract for Audit Services dated February 15, 2012.

The performance audit was conducted in two phases. The purpose of the first phase was to gain an understanding of the control environment of the Family Health Division. CLA interviewed all current employees in the Family Health Division, select Community Health Section ("CHS") employees, and select previous employees no longer employed by the Community Health Section. The second phase of our performance audit focused on performing effectiveness testing and validation based on our risk assessment derived from the interviews and specific areas of risk identified.

Objectives and Scope

The objectives of the performance audit were the following:

- Gain an understanding of the control environment.
- Assess whether the control environment has been properly designed and implemented.
- Interview key individuals including each employee of the Family Health Division to identify potential problems.
- Perform necessary audit work to establish the legitimacy of potential problems identified.
- As determined necessary, based on risk assessment procedures performed, judgmentally select transactions for testing.
- Perform the work necessary to provide sufficient, appropriate evidence to support the findings and conclusions.
- If applicable, develop recommendations for corrective action.

The scope of the performance audit included the following for the Family Health Division:

- Control environment areas discussed during the interviews: Integrity and ethical values, commitment to competence, governance and oversight of the board of directors or audit committee, management's philosophy and operating style, organizational structure, assignment of authority and responsibility, and human resource policies and practices.
- Effectiveness testing and validation based on the results of the interviews focused on four areas of concern that were noted as themes in several of the interviews: employee expense reimbursement requests, annual leave, compensatory time, and grant management.

Approach

Our approach includes initial action plans and steps to support the development of a tailored performance audit related to the overall control environment. Our approach was the following:

- Reconfirm existing understanding of the Division's background – locations / people / operations, current control environment, and general operations.
- Conduct structured, facilitated sessions with identified leadership and stakeholders to gain an understanding of the organization's control environment risks and how they are managed.
- Perform audit procedures to validate our understanding obtained during interview sessions.
- Finalize results of the assessment and develop action plans.
- Present final work results to the Division's leadership and/or staff within a mutually agreeable timeframe.

With the assistance of Family Health Division management, CLA identified 32 key stakeholders that included all current employees from the Family Health Division, select Community Health Section employees, and select previous employees no longer employed by the Community Health Section.

Key stakeholders were interviewed for the purpose of assessing the inherent and specific risks associated with the overall control environment. Based on the results of the interviews, CLA judgmentally selected four employees from the Family Health Division to perform effectiveness testing and validation on specific areas of risk identified in the Objectives and Scope section above (employee expense reimbursement request, annual leave, and compensatory time). Effectiveness testing was performed by selecting transactions from January 2010 through April 2012. Tests of sample transactions were performed to validate the existence and operational effectiveness of internal controls.

Based on the discussions and results of the test procedures, CLA completed an assessment report that will focus on and address the following:

- Key themes and observations noted during interviews and effectiveness testing.
- Recommended action plan for remediation.
- Family Health Division and/or Department responses.
- Risk ranking per individual key theme and observation.

Conclusion

Overall, we noted that key stakeholders in the Family Health Division were very knowledgeable of the processes and procedures in which they are responsible and were able to provide the information needed to complete our procedures in a timely and efficient manner. The documentation received for testing was well organized and easily obtained.

There was disparity in the individuals' opinions addressing Division leadership. For example, several individuals stated they are comfortable and happy with their relationship with senior leadership in the Division and also stated they feel there is always an open door policy, communication is clear and articulated, and senior leadership leads with a direction and tone that is in the employee's best interests. These employees also felt that the morale of the Division has been directly affected by the accusations made over the last couple of years related to potential fiscal irregularities. Several other individuals interviewed have felt intimidated by Family Health leadership in certain situations; did not feel appropriate action would be taken by management if personnel issues and significant accusations made on another employee or division processes were brought to their attention; and having five Division leaders rotate responsibilities as the Section lead creates lack of consistency in day-to-day operations, lack of consistency in long term strategic planning, and does not promote independence in the chain of command reporting. There were also employees that felt neutral related to the topics described above or felt that one or all of the topics above are handled appropriately.

In addition, the results of the effectiveness testing in the areas of grants management, employee expense reimbursement requests, annual leave, and compensatory time should encourage the Family Health Division to describe in more detail reasons for compensatory time accrual, re-evaluate the approval process for annual leave to ensure appropriate individuals are approving annual leave and policy is being followed, perform more detailed reviews for expense reports submitted, and consider the use of a credit card when paying for a taxi fare in certain circumstances (i.e. major city destinations), submitting the credit card receipt. In addition, the Family Health Division should implement a procedure to centrally track and monitor transfers of expenditures within the same grant or to another grant. Federal requirements for cost transfers require they are timely, supported, reasonable, allocable, allowable, and that grant accounts have adequate internal controls so they can be tracked and monitored.

Observations for Committee Attention

Based on our performance audit we identified three high risk observations. This determination was made based on our key stakeholder interviews, review of applicable policies and procedures, and effectiveness testing activities. The following table details the high risk observations identified.

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
A whistleblower policy is not in place for the North Dakota Department of Health to allow employees to report suspicious or unethical behaviors.	The North Dakota Department of Health should include a whistleblower protection policy in the Department's Personnel Policy Manual. In addition, communication related to the updated policy and the appropriate method(s) to report suspicious or unethical behaviors should be provided to all employees on a periodic basis.	The Department concurs with the recommendation. About a year ago, the Department began drafting a whistleblower policy. In February 2012, a major rewrite of the Department's Personnel Policy Manual was started and the whistleblower protection policy and other rules related to reporting fraud and abuse were included. The policy allows an employee who is uncomfortable or otherwise reluctant to report to his/her supervisor, the ability to report fraud and abuse or retaliation related to reporting the activity to higher levels of management including the State Health Officer, the Deputy State Health Office, the Human Resources Director, or the Internal Auditor. The Department will provide education to all staff on the updated Personnel Policy Manual.	High

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
Additional leadership and manager training (i.e. leadership best practices, how to manage conflict, communication, fiscal administration review, etc.) should be required of program managers and division directors.	Research developmental trainings applicable for program managers and division directors (or anyone that supervises others) and include training requirements in the Department's Personnel Policy Manual.	The Department concurs with the recommendation. The Department requires all managers to have, at a minimum, the Supervisory Management Development training provided by Human Resources Management Services with Office of Management and Budget either prior to, or shortly after moving into any management position. The Department will add this requirement to the Personnel Policy Manual. In addition, the Department has begun researching additional public health management training strategies for all section chiefs, division directors, and program managers. The Family Health Division director has recently developed and provided training on department policies, processes and expectations for all Family Health staff.	High

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Effectiveness Testing Results			
The process of transferring expenditures to alternate expense categories within the same grant or to another grant is not thoroughly documented to leave a thorough audit trail. Transfers are typically approved via email and verbal conversations between the Family Health Division and liaison Accountant. When selecting transfers of expenditures for testing, documented evidence was unavailable related to the purpose of the transfer and CLA had to rely on inquiry to understand the purpose of the transfer. In addition, noted that salary and operating expense transfers from one grant to another as requested and approved via email in November 2011 were for expenses incurred anywhere from December 2010 to August 2011. Noted another email from October 2011 approving operating expense transfers from one grant to another; however, the original expenses incurred were from June 2011. Transfers do not always appear to be timely.	A procedure should be implemented in the Division to centrally track and monitor transfers of expenditures within the same grant or to another grant. Information such as the following should be documented for all transfers of expenditures: (1) reason(s) for transferring the expenditure must be sufficiently stated to establish that the transfer is within the approved guidelines of the budget to be charged and is in direct support of the project objectives; (2) reason an expenditure was initially charged to the original grant; (3) transfers of expenditures should be made on a timely basis; and (4) approvals of transfers.	The Department concurs with this recommendation except for #3. All grants within the Family Health Division are awarded on a yearly basis; hence transfers of expenditures between line items within a grant and between grants occur throughout the grant cycle and are allowable up to 90 days after the close of the grant period. Although "best practice" for the private sector may be that adjustments be made within 90 days for quarterly reporting purposes, this is not relevant to federal grants management as reporting is typically done on an annual basis. The Department will establish policy to require documentation of the reason and approval in writing for any transfers between grants. In addition, the Department will establish a process to monitor and track the allowable budget flexibility between line items within a grant.	High

Detailed Observation Listing

The following table details the observations identified during the performance audit.

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
A whistleblower policy is not in place for the North Dakota Department of Health to allow employees to report suspicious or unethical behaviors.	The North Dakota Department of Health should include a whistleblower protection policy in the Department's Personnel Policy Manual. In addition, communication related to the updated policy and the appropriate method(s) to report suspicious or unethical behaviors should be provided to all employees on a periodic basis.	The Department concurs with the recommendation. About a year ago, the Department began drafting a whistleblower policy. In February 2012, a major rewrite of the Department's Personnel Policy Manual was started and the whistleblower protection policy and other rules related to reporting fraud and abuse were included. The policy allows an employee who is uncomfortable or otherwise reluctant to report to his/her supervisor, the ability to report fraud and abuse or retaliation related to reporting the activity to higher levels of management including the State Health Officer, the Deputy State Health Office, the Human Resources Director, or the Internal Auditor. The Department will provide education to all staff on the updated Personnel Policy Manual.	High

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
Additional leadership and manager training (i.e. leadership best practices, how to manage conflict, communication, fiscal administration review, etc.) should be required of program managers and division directors.	Research developmental trainings applicable for program managers and division directors (or anyone that supervises others) and include training requirements in the Department's Personnel Policy Manual.	The Department concurs with the recommendation. The Department requires all managers to have, at a minimum, the Supervisory Management Development training provided by Human Resources Management Services with Office of Management and Budget either prior to, or shortly after moving into any management position. The Department will add this requirement to the Personnel Policy Manual. In addition, the Department has begun researching additional public health management training strategies for all section chiefs, division directors, and program managers. The Family Health Division director has recently developed and provided training on department policies, processes and expectations for all Family Health staff.	High

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
Several employees have felt intimidated by Family Health leadership in certain situations which has caused tension among employees in the Division.	Evaluate management's oversight and leadership skills regularly. In addition, perform regular surveys of individuals in the Family Health Division to evaluate changes in employee's morale and perception of the Family Health Division.	The Department of Health management respects staff feelings and appreciates the feedback given. The Department will conduct staff interviews and/or employee surveys within the next six months, and again one year later, to evaluate concerns and to measure morale and perceptions within the Family Health Division. Strategies for improvement will be implemented as appropriate. Oversight and leadership skills will be given additional emphasis in the Director's performance evaluation if staff interview/employee survey work warrants such. In addition, the Department will research management trainings that include oversight and leadership skills. Department of Health management supports the Family Health Division director's firm stance on holding staff accountable when policies and/or processes are not followed or when expectations are not met.	Moderate

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
Several employees stated that they did not feel appropriate action would be taken by management if personnel issues and significant accusations made on another employee or division processes, were brought to their attention.	Closely evaluate management's approach to handling personnel issues and significant accusations made on another employee or division processes and determine where changes could be made in methods of handling and approaching situations to reduce the concern. In addition, perform regular surveys of individuals in the Family Health Division to measure changes in employee's morale and perception of the Family Health Division.	The Department management respects staff feelings and appreciates the feedback given. The Department will conduct staff interviews and/or employee surveys within the next six months, and again one year later, to evaluate concerns and to measure morale and perceptions within the Family Health Division. Strategies for improvement will be implemented as appropriate. While we recognize that employee perceptions are important, no examples of a Director not taking action on an issue have been brought forward to higher levels of management. The Family Health Division director has addressed all personnel issues and/or accusations that have been reported. Staff members are informed when issues brought to the Director's attention have been handled. However when the issue is a personnel matter, it is Department practice not to release the details of the situation to all staff. The Department will re-educate staff on the chain of command, stressing the point that an employee who is uncomfortable or otherwise reluctant to report to his/her supervisor, has the ability to report to a higher level of management including the State Health Officer and/or Deputy State Health Officer, the Human Resources Director, or the Internal Auditor.	Moderate

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
Several employees have concerns related to the organizational structure of the Community Health Section, specifically the leadership rotation model. Several employees feel that having 5 division leaders rotate responsibilities as the Section lead creates lack of consistency in day-to-day operations, lack of consistency in long term strategic planning, and does not promote independence in the chain of command reporting. Personnel communicated they would not feel comfortable reporting a concern to another division leader as they feel the leaders are not independent of each other.	The Department should closely evaluate how the Community Health Section leadership rotation model affects consistency in day-to-day operations, long term strategic plans, and independence in the chain of command reporting structure and if this model is truly in the best interests of its employees in the Community Health Section.	The Department management respects staff feelings and appreciates the feedback given. The Department will evaluate the Community Health Section leadership rotation model and the pertinent policies and processes in place within the Community Health Section Leadership Team as they relate to consistency in day-to-day operations, long term strategic plans and chain of command. Employee surveys will be conducted to gather information regarding employee concerns of the Leadership Team structure, evaluate those concerns and implement opportunities for improvement. The Community Health Section Leadership Team has an operational manual that contains the following topic areas: Overview, Leadership, Polices and Procedures, Forms, Personnel, Strategic Planning, Accounting Info and Miscellaneous. The manual was developed to assure consistency within the Community Health Section and is continually updated as new polices and processes are developed. The manual is housed on a network shared drive that all Community Health Section employees have access to. (The Family Health Division is one of five divisions within the Community Health Section.) Community Health Section staff will be re-educated on the chain of command, stressing the point that an employee who is uncomfortable or otherwise reluctant to report to his/her supervisor, has the ability to report to a higher level of management including the State Health Officer and/or Deputy State Health Officer, the Human Resources Director, or the Internal Auditor.	Moderate

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
Several employees feel that morale of employees in the Family Health Division is lower than it has been in several years.	Implement a process to regularly assess employee morale to evaluate changes in employee's morale and perception of the Family Health Division.	The Department of Health management respects staff feelings and appreciates the feedback given. The Department will conduct staff interviews and/or employee surveys within the next six months, and again one year later, to evaluate concerns and to measure morale and perceptions within the Family Health Division. Strategies for improvement will be implemented as appropriate.	Moderate

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Effectiveness Testing Results			
Grants Management			
The process of transferring expenditures to alternate expense categories within the same grant or to another grant is not thoroughly documented to leave a thorough audit trail. Transfers are typically approved via email and verbal conversations between the Family Health Division and liaison Accountant. When selecting transfers of expenditures for testing, documented evidence was unavailable related to the purpose of the transfer and CLA had to rely on inquiry to understand the purpose of the transfer. In addition, noted that salary and operating expense transfers from one grant to another as requested and approved via email in November 2011 were for expenses incurred anywhere from December 2010 to August 2011. Noted another email from October 2011 approving operating expense transfers from one grant to another; however, the original expenses incurred were from June 2011. Transfers do not always appear to be timely.	A procedure should be implemented in the Division to centrally track and monitor transfers of expenditures within the same grant or to another grant. Information such as the following should be documented for all transfers of expenditures: (1) reason(s) for transferring the expenditure must be sufficiently stated to establish that the transfer is within the approved guidelines of the budget to be charged and is in direct support of the project objectives; (2) reason an expenditure was initially charged to the original grant; (3) transfers of expenditures should be made on a timely basis; and (4) approvals of transfers.	The Department concurs with this recommendation except for #3. All grants within the Family Health Division are awarded on a yearly basis; hence transfers of expenditures between line items within a grant and between grants occur throughout the grant cycle and are allowable up to 90 days after the close of the grant period. Although "best practice" for the private sector may be that adjustments be made within 90 days for quarterly reporting purposes, this is not relevant to federal grants management as reporting is typically done on an annual basis. The Department will establish policy to require documentation of the reason and approval in writing for any transfers between grants. In addition, the Department will establish a process to monitor and track the allowable budget flexibility between line items within a grant.	High
Compensatory Time – Four Employees were Judgmentally Selected for Testing			
Compensatory time spreadsheets used by employees to document compensatory time accrued and taken do not always provide a level of detail needed in order to understand why the compensatory time was accrued. For example, the description states the name of the grant, but does not state why compensatory time was accrued (i.e. travel for a conference).	When documenting compensatory time on the compensatory time spreadsheets, include detail in the description that fully describes the reason for compensatory time accrual.	The Department concurs with the recommendation and will require the Community Health Section compensatory time policy to include a requirement that the description of the reason for the compensatory time earned be fully described on the compensatory time approval spreadsheet.	Moderate

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Effectiveness Testing Results			
Annual Leave - Four Employees were Judgmentally Selected for Testing			
The Annual Leave Policy states the following: A request for annual leave must be approved by the employee's supervisor before the employee is authorized to take the leave. The following deviations from policy were noted: • In one instance an employee approved their own annual leave on behalf of their direct supervisor, signing their name in the supervisor signature field and stating their signature was on behalf of their supervisor. It appears the supervisor later approved the annual leave; however, it did not appear to be approved prior to the employee taking annual leave. • In two instances an employee approved their supervisor's annual leave, signing their name and stating their signature was on behalf of their supervisor's boss. • In two instances an employee had a colleague approve their annual leave as the colleague had been delegated the responsibility by senior leadership.	Annual leave should be approved by the employee's supervisor before the employee is authorized to take annual leave, per policy. CLA would also recommend in instances where the employee's supervisor is not available, the Director of the Family Health Division should approval the annual leave. In instances where the employee's supervisor is the Director of the Family Health Division, approval should be obtained from the Community Health Section lead. In instances where the Community Health Section lead is not available, the Director of the Family Health Division should obtain approval from another Community Health Section lead.	The Department concurs with this recommendation and has made immediate changes to discontinue this practice. Effective February 2012, the Family Health Division director no longer assigns leadership or signature authority to program staff within the Division. The Community Health Section Lead assumes leadership responsibilities and signature authority in the absence of the Family Health Division director.	Moderate

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Effectiveness Testing Results			
Expense Reporting - Four Employees were Judgmentally Selected for Testing			
The following observations were noted related to taxi fares and related receipts: • Per the OMB policy, tips for taxis are not an accepted reimbursable expense; however, it was noted that most taxi receipts submitted and reviewed by CLA were for round dollar amounts and typically rounded to the nearest 10 (i.e. $20, $30, $40) or 5 (i.e. $25, $35, $45). Although CLA cannot validate that tips were submitted for reimbursement, we can validate that taxi fares charged by taxi companies are not always rounded to the nearest $10 or $5. • When employees were traveling to the same destination (airport and staying in the same hotel), taxi receipts submitted had significant variances in amounts (i.e. $30 vs. $70, $25 vs. $45, etc.). • According to the taxi receipts submitted, the same taxi company was taken very frequently (i.e. airport to hotel and hotel back to airport). In large metro areas, there are several taxi companies, and it would be rare that the same taxi company would continuously be taken to and from airport and hotel for several trips.	In many instances, the use of a credit card is typically acceptable for a taxi fare (i.e. taxi fares from any major city airport to a hotel and hotel back to major city airport). CLA recommends considering the use of a credit card when paying for a taxi fare in certain circumstances (i.e., major city destinations), submitting the credit card receipt. Management review of expense reports should take into consideration the destination of travel and whether it appears a taxi fare could have been paid for via a credit card.	Based on observations as noted by CLA, increased due diligence will be used in reviewing taxi receipts. The Department is reluctant to set policy requiring the use of a credit card for taxi fares which is a higher standard than required by Office of Management and Budget. In addition, staff may be opposed to use of a personal credit card for taxi expenses. The Family Health Division will provide training to staff regarding taxi expense reimbursement. In situations where taxi receipts are being questioned, the use of a credit card will be required on a case-by-case basis. The Department will also explore the appropriateness of assigning P-Cards to staff that travel for payment of hotel and taxi expenses.	Moderate
Original receipts are not always provided for reimbursable employee expenses. It was noted that a few taxi receipts had been photocopied and personal checks provided in place of an original receipt (another employee that incurred the same expense provided a receipt; therefore, an original receipt could have been provided).	Original receipts should always be required for reimbursement. Management review of employee expense reimbursement requests and supporting receipts should validate original receipts are attached.	The Department concurs with this recommendation. It is Department policy to require original receipts to support requests for reimbursement. Education will be provided to ensure increased due diligence on the part of managers when they review reimbursement requests. In addition education will be provided to staff regarding the importance of having original receipts for travel expense reimbursement.	Low

Dave Glatt #3

Testimony
Senate Bill 2004
Tuesday, January 22, 2013
North Dakota Department of Health

Good Afternoon Chairman Holmberg and members of the Senate Appropriations Committee. My name is David Glatt, Section Chief of the North Dakota Department of Health Environmental Health Section. The Environmental Health Section is responsible for the implementation of many of the environmental protection programs in the State of North Dakota protecting our air, water and land resources. I am here to provide background information regarding the budget request to fund an additional 9 FTEs in the Environmental Health Section to address the workload increase associated with the recent oilfield development in northwest North Dakota. The request identified in the Governor's budget is for a total of $2,012,031 of general and special funds.

To assist in my presentation, I have provided you with a document titled "Oilfield Impacts and the North Dakota Department of Health Environmental Health Section" updated January 2013. The document briefly identifies the responsibilities of the Environmental Health Section; Impacts of Oil Growth; and Assistance Needed to Meet Increased Workload. I will refer to the document and relevant information as I discuss the workload impacts on each of the Divisions in the Section.

Division of Air Quality – (Requested 1.0 FTE – Environmental Scientist)

The Division of Air Quality (AQ) implements the Clean Air Act (CAA), indoor air, radiation control, lead, radon, asbestos and air quality monitoring programs. Technical staff ensure protection of our air quality and public health through permit review, inspections, compliance outreach, enforcement, complaint investigations and monitoring activities. The development of oil resources in North Dakota has resulted in significant workload increases in many areas, resulting in delays in permit approvals, less frequent inspections at specific locations, and requiring additional monitoring activities. Some of the workload increases have been identified as follows:

- **Increase in Air Quality Industrial Construction Permits: (Page 6, Figure 2)** The number of industrial construction permits has increased from a historical annual average of 20 per year to over 90 per year in 2012. These permit requests, typically associated with new or expanded industrial or energy generation facilities, require a technical

review of the proposed facility, evaluation of its potential impact on air quality and a technical evaluation of proposed emission controls. These activities are followed by a public comment period and department response. Upon construction completion, these sites are required to be routinely inspected for compliance with permit conditions.

- **Increase in new Air Quality Well Permit Registrations: (Page 7, Figure 3)** Each oil well that is drilled is considered a potential source of air emissions that are controlled through regulations implemented by AQ. Since 2008, the number of wells regulated under the CAA has increased from approximately 3,000 to over 6,000 in 2012. This number is expected to continue to increase in the future. AQ routinely inspects select wells for compliance with the CAA and permit conditions. With the increased drilling activity, the Department of Health has also seen an increase in the use of radioactive material, which requires strict regulation and monitoring.

- **Response to Complaints**: Increased public concern over potential degradation in air quality due to the generation of dust, emissions from drilling activities and increased road traffic has required additional attention from AQ personnel.

It is for the reasons identified above that the department has requested 1.0 FTE to address continued and increasing workload in AQ.

Division of Laboratory Services – 1.0 FTE Administrative Assistant/Lab Tech

The Division of Laboratory Services provides chemical and microbiological analytical support to the department's regulatory programs, during emergency events, and for other public/private needs. Data is used to determine regulatory compliance, environmental quality, identify unknown chemicals in the environment, as well as identify potential issues with individual and community health. Oilfield development has resulted in the overall increase in the number and complexity of samples being submitted for analysis. The laboratory has observed a workload increase in the following areas:

- **Clinics and Hospital Testing: (Page 8, Figure 4)** Combined private and public tests have increased the last 5 years due to demand from medical providers in western North Dakota and Bismarck. Although

the laboratory has experienced a decrease in some testing (i.e., HIV testing due to the use of field testing), increased sample loads have been observed in other areas of the laboratory.

- **Increase in Chemical Analysis for Oilfield-related Compounds:** Chemical Analysis for oilfield-related compounds has increased in response to accidental spills, investigations into illegal dumping, citizen complaint investigations and assessment of overall environmental quality. Many of the chemical analyses require the development of new analytical methods, increased handling, tracking and chemist expertise.

Due to the increasing number and complexity of analytical requests due to oilfield development, the Division of Laboratory Services is requesting 1.0 FTE. The FTE will assist in sample log in, and sample preparation to assist in sample analyses.

Division of Municipal Services – 2.0 FTE Env. Engineers and 1.0 FTE Env. Scientist

The Division of Municipal Facilities (MF) is responsible for the implementation and enforcement of the Safe Drinking Water Act (SDWA), review of new construction for public health and safety, and operation of the State Revolving Loan funds for water and wastewater facilities. Municipal Facilities has seen a significant workload due to oilfield development in the following areas:

- **Increase in Public Water Systems (Page 10, Figure 6)** A significant increase in the number of public water supply systems has occurred in 2011 and 2012, where 94 percent of the increase is associated with systems being constructed in the oil-impacted counties.

- **Increase in SDWA Violations (Page 10, Figure 7)** Since 2010, SDWA violations have increased approximately 33 percent statewide, with a majority of the increase due to violations located in oil-impacted counties. Violations in the oil-impacted counties have almost doubled since 2010.

- **Non-Community Public Water System Inspections (Page 10, Figure 8)** Due to the increase in overall workload and the need to prioritize available resources to more pressing public health needs, some local public health units have had to decrease the number of

non-community inspections. This has required MF to increase inspection activities in some areas.

- **Decrease in Operator Certification – Water Distribution (Page 11, Figure 9)** Operational knowledge and certification is essential for operators of public drinking water supply systems to ensure public safety and compliance with SDWA requirements. Due to pressures of higher paying jobs in the oilfield, the number of certified operators has been decreasing since 2010. This requires that the department increase its compliance outreach, operator training, enforcement and troubleshooting activities in the oil-impacted counties to reduce the number of SDWA violations and increase public health protection.

- **Increase in Plans and Specification Approvals (Page 11, Figure 10)** All plans and specifications for new public water supply and wastewater systems must be reviewed and approved by MF prior to construction. Plans are reviewed for compliance with design standards and overall public/health safety. In addition to the number of plan review/approval requests doubling in the last two years, they have become more complicated due to the type of treatment and the large number of out-of-state consulting firms. Out-of-state firms are typically not familiar with North Dakota design standards and climate, necessitating considerable oversight by MF staff.

- **Increase in State Revolving Loan Fund (SRF) Use (Page 12, Figure 11)** MF evaluates infrastructure proposals for water and wastewater for potential participation in the SRF loan program. Proposals identified for participation are provided low interest loans to assist in their construction. Since 2010, MF has experienced a significant increase in water and wastewater infrastructure requests. The division not only evaluates proposals, but must also inspect and track all construction activities to ensure the proper use of loan funds.

For the reasons indentified above resulting in significant workload increases in compliance outreach, enforcement, technical engineering review and complaint investigations, MF has requested 2.0 Env.Engineers and 1.0 Env.Scientist.

<u>Division of Waste Management – 1.0 Env. Scientist</u>

The Division of Waste Management (WM) is responsible for the implementation of programs designed to ensure the proper handling and

disposal of municipal, industrial and hazardous wastes. In addition, they regulate the storage of petroleum products through the Underground Storage Tank Program and implement remediation activities for abandoned properties with environmental contamination. Oilfield activity has significantly increased the workload on WM from facilities directly operated by oilfield-related businesses to peripheral businesses supporting the increasing population. Workload increases have been observed in the following areas:

- **Increase in Waste Management Activities: (Page 12-13, Figures 12 through 15)** These figures indicate an increase in the number of Large Quantity Waste Generators, number of municipal and special waste landfills, new or expanded underground storage tank (UST) facilities and new waste transporter permits from 2009 to December 2012. Increasing special waste landfill proposals, which require technical review and appropriate approvals; increased number of facilities requiring inspection and potential enforcement; identification of new waste streams requiring regulation; updating of existing regulations; compliance outreach for municipal/special waste landfills; and complaint investigations have all increased resulting in diminished regulatory oversight and the potential for decreased compliance.

For the reasons identified above, the Division of Waste Management has requested 1.0 FTE Environmental Scientist to address waste issues in the oil-impacted counties.

Division of Water Quality – 3.0 FTE Env. Scientists

The Division of Water Quality (WQ) is responsible for the implementation of the Clean Water Act, which includes the NPDES (or wastewater treatment/discharge), TMDL (total maximum daily load) and Storm water programs, the Underground Injection Control Program, Septic Tank Pumper Licensing, 319 Non Point Program, Ground Water Quality Monitoring, Oil Spill Remediation, responding to citizen complaints, and ambient Water Quality Monitoring. The development of the North Dakota oilfield has resulted in a significant workload increase affecting all areas of the Division of Water Quality. Some of the areas that have seen significant impacts include:

- **Spill Reporting and Spill Response (Page 14, Figures 16 and 17)** The number of reported accidental, intentional and unknown spills has almost tripled since 2009. The majority of reported spills are

associated with oilfield development and typically include crude oil, oilfield brine, chemicals associated with well development and septic wastes. A significant number of the spills require department personnel to evaluate for water quality, public health and domestic livestock impacts. Several spills require extensive remediation necessitating department involvement and oversight taking several months or longer to complete. Spill reports are received daily.

- **Increase in NDPDES Permit Workload (Page 15, Figure 18)** The North Dakota Pollution Discharge Elimination System program in part includes regulation of municipal, large private and industrial wastewater discharges, septic tank waste, storm water runoff and dewatering permits. This program is designed to allow appropriate development through the safe handling and treatment of wastewater. The department has observed an overall 31 percent increase in permit requests from 2011 to 2012. These requests require technical review of the treatment technologies, ability of the environment to assimilate treated wastewater, and follow up inspection/compliance review.

- **Ambient Water Quality Monitoring.** The increased industrialization and urbanization in the oil-impacted counties has elevated concern regarding potential impacts on surface and ground water quality. The department is looking to expand environmental monitoring activities to identify overall water quality trends and potential impacts. This will require increasing the number of sample locations, sample collections and chemical parameters analyzed.

- **Increasing Enforcement Activities**: Over the past two years, the department has seen a significant increase in environmental regulation and enforcement. This has included increased complexity and number of field investigations, coordination with federal agencies investigating criminal activities, investigating citizen complaints, initiation of formal enforcement and collection of penalties.

Oilfield development has resulted in significant impacts on all programs designed to protect and maintain environmental quality in North Dakota. The Governor's request for an additional 9.0 FTE will assist the Department of Health in addressing these impacts and increasing our response to public concerns.

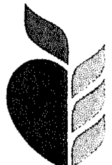
This concludes my testimony and I will answer any questions you may have regarding this matter.

Dave Glatt
SB 2004
1-22-13

#4

Oilfield Impacts and the North Dakota Department of Health Environmental Health Section

January 2013



Environmental Health Section
North Dakota Department of Health
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Oilfield Impacts and the North Dakota Department of Health Environmental Health Section

I. Background

The Environmental Health Section of the North Dakota Department of Health is responsible for safeguarding North Dakota's air, land and water resources. The section, which has 159 employees, works closely with local, state and federal entities to address public and environmental health concerns and implement protection policies and programs. The section has a Chief's Office and five divisions: Air Quality, Laboratory Services, Municipal Facilities, Waste Management and Water Quality.

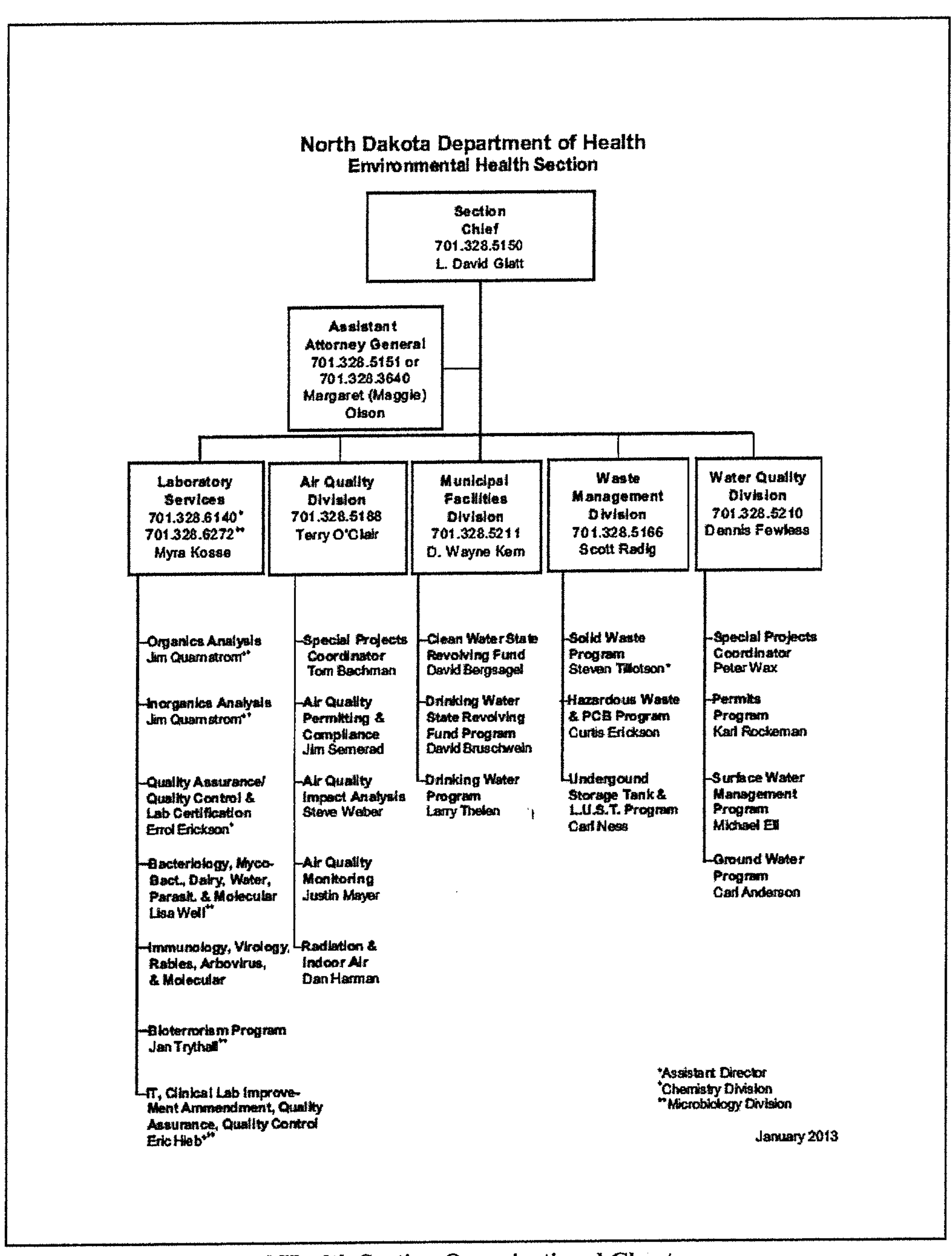

Figure 1. Environmental Health Section Organizational Chart

A. Division of Air Quality

The Division of Air Quality consists of two major programs with 31 full-time positions and one half-time position. There are 19 environmental scientists, one environmental sciences administrator, and six environmental engineers which all require the minimum of a four-year degree. In addition, there are four electronic technicians who have two-year technical degrees and two administrative support staff.

Air Pollution Control Program
This program promotes clean air activities and initiates enforcement actions to correct air pollution problems. Program staff responsibilities include implementing the Clean Air Act, evaluating permit applications, conducting computer modeling of potential impacts to air quality, issuing permits that restrict emission levels to ensure standards are met and operating an ambient air quality monitoring network.

Radiation Control and Indoor Air Quality Program
This program performs two major functions: (1) regulating the development and use of ionizing and non-ionizing radiation sources to protect North Dakotans and the environment, and (2) evaluating and mitigating asbestos, radon, lead and other indoor air quality concerns, as well as implementing a public awareness and education program concerning these health risks.

Field activities supporting the programs include inspecting facilities to ensure compliance, enforcing laws, investigating air pollution complaints and operating a statewide ambient air quality monitoring network.

B. Division of Laboratory Services

The Division of Laboratory Services has two principal support programs. There are 36 full-time employees. Twenty-six are professional microbiologists or chemist positions requiring the minimum of a four-year degree, and 10 are support staff, including four medical laboratory technicians and two chemistry laboratory technicians who have two-year degrees.

Chemistry
The chemistry laboratory provides analytical chemistry data to environmental protection, public health, agricultural and petroleum regulatory programs in the state. The laboratory also maintains a certification program for North Dakota laboratories that provide environmental testing services. The department's environmental protection programs use laboratory data to monitor and/or regulate air quality; solid and hazardous waste; municipal wastewater; agricultural runoff; surface, ground and drinking water quality; petroleum products; and other media of environmental or public health concern.

Microbiology
The microbiology laboratory (i.e., the public health laboratory) performs testing in the areas of bacteriology, mycology, parasitology, immunology, virology, molecular diagnostics, bioterrorism response, and dairy and water bacteriology. The laboratory is responsible for providing rapid, accurate detection and identifying organisms that may threaten public health.

C. Division of Municipal Facilities

The Division of Municipal Facilities administers three programs. There are 27 full-time employees. Fifteen are environmental scientists and nine are environmental engineers requiring the minimum of a

four-year degree. There is one grants/contract officer position, which also requires a four-year degree, and two administrative support personnel.

Public Water Supply Supervision (PWSS)
This program works with the public water systems (PWS) in North Dakota (currently 607) to ensure drinking water meets all standards established by the Safe Drinking Water Act (SDWA). This is accomplished by monitoring drinking water quality and providing technical assistance. Currently, 95.3 percent of community water systems are meeting all applicable health-based standards under the SDWA – one of the highest compliance rates in the region and country (EPA goal for 2013 is 90 percent nationwide).

Training and certification is provided for operators of water treatment and distribution facilities and wastewater collection and treatment plants. There are about 1,400 certified operators in the state. A total of 91 percent of public water systems are meeting operator certification requirements for water treatment (no EPA goal). There are 66 percent of community water systems meeting operator certification requirements for water distribution (no EPA goal).

Staff administer the fluoridation program and provide technical assistance to private systems. A total of 78 communities add fluoride to their drinking water. Of the population served by these communities, 95.3 percent (555,300) receive optimally fluoridated drinking water (no EPA goal).

Drinking Water State Revolving Loan Fund (DWSRF)
This program provides low-interest loans to help public water systems finance the infrastructure needed to comply with the SDWA. Since program inception (1997) through June 30, 2012, loans totaling about $320 million have been approved. Staff members also review drinking water projects to ensure compliance with state design criteria before construction and provide technical assistance.

Clean Water State Revolving Loan Fund (CWSRF)
This program provides low-interest loans to fund conventional wastewater and nonpoint source pollution control needs. Since program inception (1990) through June 30, 2012, loans totaling about $323 million have been approved. Staff members also review wastewater projects to ensure compliance with state design criteria before construction and provide technical assistance.

Field activities supporting the above programs include: (1) inspecting about 400 public water and wastewater systems to ensure compliance with all public health standards, (2) inspecting State Revolving Loan Fund construction projects to ensure they meet state and federal requirements, and (3) investigating complaints.

D. Division of Waste Management
The Division of Waste Management works to safeguard public health through four programs. There are 20 full-time positions and one part-time position, consisting of 12 environmental scientists, five environmental engineers, one environmental sciences administrator (all of which require the minimum of a four-year degree) and three administrative support staff.

Hazardous Waste Program
This program regulates 702 facilities that generate, store, treat, dispose of or transport hazardous waste. The program also coordinates assessments and cleanups at Brownfield sites (properties underdeveloped due to actual/perceived contamination) and performs inspections at sites known or suspected to have equipment containing polychlorinated biphenyls (PCBs).

Solid Waste Program
This program regulates the collection, transportation, storage and disposal of nonhazardous solid waste. Resource recovery, waste reduction and recycling are promoted. The program helps individuals, businesses and communities provide efficient, environmentally acceptable waste management systems. There are 417 facilities regulated under this program and 531 permitted waste transport companies.

Underground Storage Tank Program
This program regulates petroleum and hazardous substance storage tanks, establishes technical standards for the installation and operation of underground tanks, maintains a tank notification program, establishes financial responsibility requirements for tank owners and provides for state inspection and enforcement. The program works with retailers and manufacturers to ensure specifications and standards for petroleum and antifreeze are met. There are 914 facilities regulated under this program.

Abandoned Motor Vehicle Program
The Abandoned Motor Vehicle Program focuses on assisting political subdivisions in the cleanup of abandoned motor vehicles and scrap metal.

Field work for the programs includes compliance assistance, sampling, training, site inspections and complaint investigations.

E. Division of Water Quality
The Division of Water Quality protects water quality through four programs. There are 33 full-time positions and one part-time position, consisting of 26 environmental scientists, three environmental sciences administrators, four environmental engineers (all of which require the minimum of a four-year degree) and one administrative assistant.

North Dakota Pollutant Discharge Elimination System (NDPDES) Permit Program
The program has issued about 500 wastewater discharge permits (25 percent industrial and 75 percent municipal). A total of 2002 facilities are covered by general permits for stormwater discharges, and the program has approved permits for the operation of 792 livestock facilities. This program also licenses septic tank pumpers regulating the collection and proper disposal of domestic wastewater. In addition, the program issues general permits for pesticide application into waters of the state.

Nonpoint Source Pollution Management Program
In 2009-2011, the program maintained more than $7 million in federal Section 319 financial commitments with 40 local projects to help control nonpoint source pollution.

Surface Water Quality Monitoring and Assessment Program
In 2009-2011, this program participated in many surface water quality assessments which included (1)

maintaining 34 monitoring sites on 19 rivers, (2) completing a biological assessment of the Red River, and (3) monitoring water quality in Devils Lake and Lake Sakakawea.

Ground Water Protection Program

This program includes the (1) Wellhead and Source Water Protection Programs to define the susceptibility of public water systems to contaminant sources, (2) Underground Injection Control (UIC) Program which helps prevent contamination of drinking water by injection wells, and (3) Ambient Ground Water Monitoring Program which assesses the quality of ground water resources with regard to agricultural chemical contamination. In addition, trained personnel provide immediate response to emergency spills and continued investigation/enforcement if necessary to fully address environmental impacts.

Field activities supporting the programs include inspecting wastewater treatment facilities and septic tank pumpers, and compliance audits/sampling to ensure permit requirements are met; inspecting construction site stormwater controls; meetings with local/state entities to assess nonpoint source project goals; ambient monitoring of lakes and rivers; evaluating domestic water sources for potential contaminant sources; annual collection/analysis of samples from vulnerable aquifers; overseeing remediation of spills with potential to reach water sources; and responding to complaints.

F. Section Chief's Office

Division activities are coordinated by the Section Chief's Office, which has nine employees and an attorney assigned by the Office of Attorney General. Employees oversee quality assurance procedures; help coordinate public information efforts; assist with staff training; and coordinate computer and data management activities, emergency response efforts, enforcement of environmental regulations and funding requests.

II. Impacts of Oilfield Growth

A. Division of Air Quality

Expanded activity in the oilfield has increased the workload in the division due to the number of licensing/permitting and inspection activities. The number of air quality industrial construction permits issued has increased from a historical average of approximately 20 per year to more than 90 per year (see Figure 2). Compounding the increase in the sheer number of permits is the fact that new federal regulations have increased the complexity of these permits. In addition to permits for industrial facilities, all producing oil wells are required to go through a permit/registration process with the division. Well permit registrations have risen from 3,000 to approximately 6,000 (Figure 3) and are expected to increase with continued oilfield development. Similar increases have been seen in the number of crude oil storage tanks, compressor stations and gas plants.

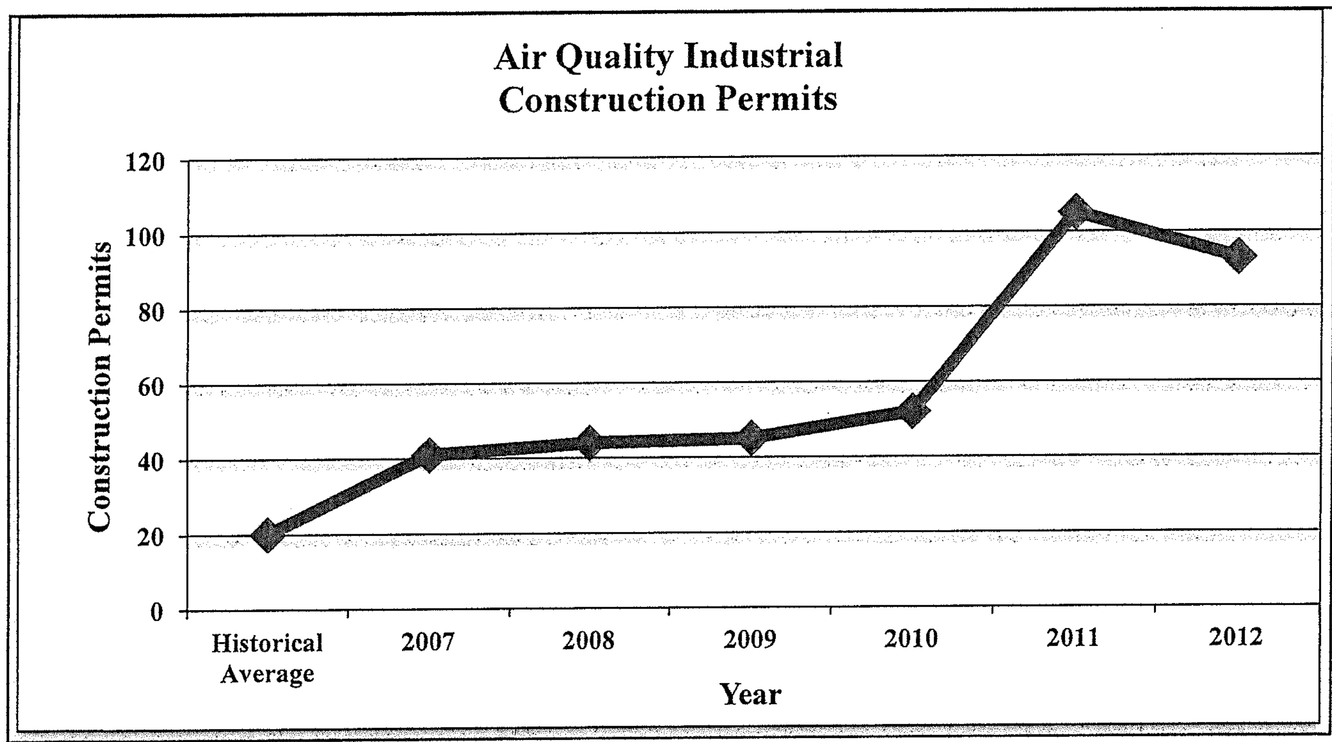

Figure 2. Air Quality Industrial Construction Permits

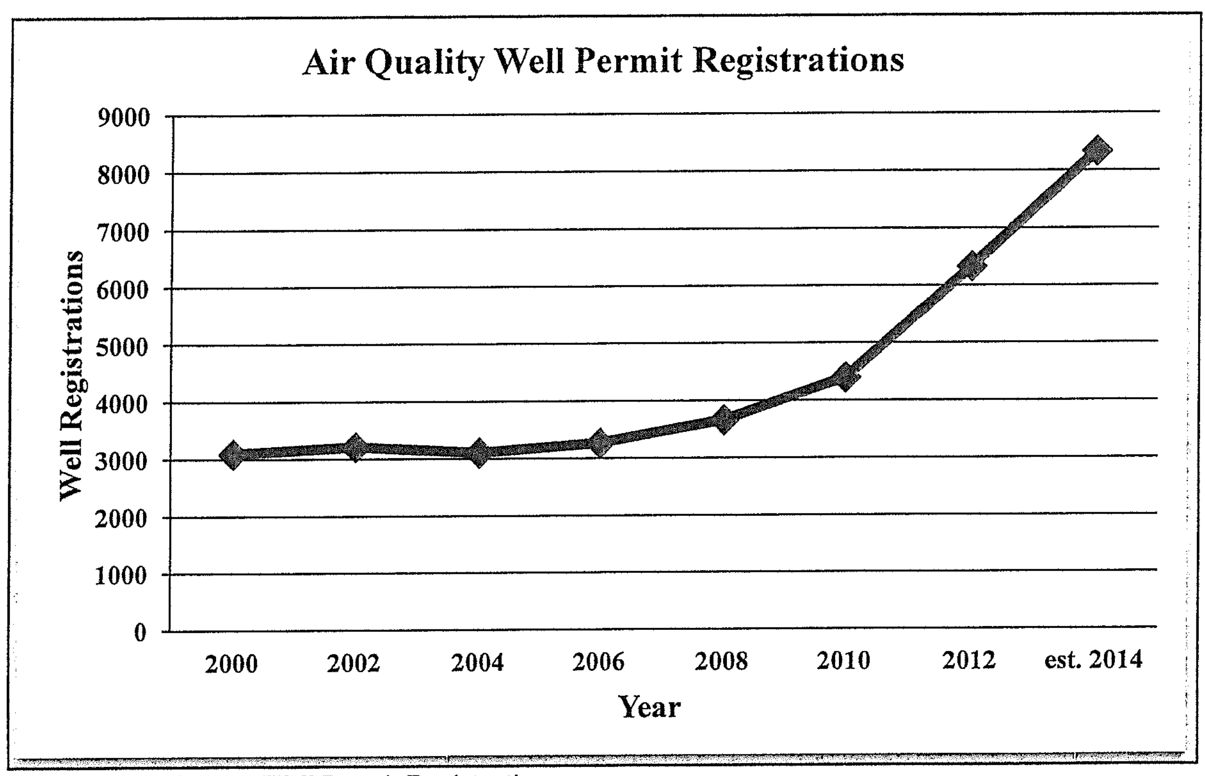

Figure 3. Air Quality Well Permit Registrations

Many companies in the oilfield use instrumentation technologies containing radioactive material, and there has been a large increase in the number of companies actively using such materials. Several operators have been identified as improperly using these materials, potentially placing members of the public at risk. North Dakota serves as an Agreement State in cooperation with the U.S. Nuclear Regulatory Commission (NRC). Through that agreement, the NRC has notified the department of a number of allegations regarding improper handling of radioactive materials. Oilfield-related licenses (and inspection activity) have more than doubled in the last five years from roughly 50 to 96 licenses. Licensing requirements adopted by the NRC have become more complex due to increased control tracking. Working with an oil industry task force, the division is evaluating the need to change the disposal rule for naturally occurring radioactive material associated with oilfield activities. Additional direct and indirect impacts on the division include:

- Expansion of the Tesoro Refinery, plus permitting work for proposed diesel refineries.
- Extensive effort on Bakken Pool Permitting and Compliance Guidance Document for oil wells.
- Increased telephone and email inquiries pertaining to air pollution control requirements.
- Increased oil- and gas-related complaints and inquiries from public.
- Installation of a new Williston monitoring site to measure air quality.
- Inspections and study of radiation from frack sand and drilling mud.
- Increased permitting activity, along with increased particulate control inspections of more rock, sand and gravel plants (three times higher than in the past), due to greater demand for these materials in the oilfield.
- Permitting for fiberglass plant that changed to major source status when it switched from making cattle tanks to oil storage tanks.
- Road dust has become a significant source of air pollution.
- New Environmental Protection Agency regulations directed at energy development.

B. Division of Laboratory Services

Microbiology

Testing volumes from 2007-2011 were evaluated from oil-impacted communities in western North Dakota. These communities included principal private (clinics and hospitals) and public health entities in the Dickinson, Williston, Watford City, Minot, Bismarck, Hettinger, Mott and New England areas. Figures 4 and 5 show the trends in private and public testing.

Private health sector testing done at the state public health laboratory increased by 2083 samples, likely due to an increasing number of medical providers in western North Dakota and in Bismarck and Minot. Public health sector testing conducted at the state laboratory decreased by 743 samples. This decrease is assumed to be caused from instituting rapid HIV screenings in many public health facilities in the area, eliminating the need to send samples to the state laboratory. Combined private and public tests steadily increased over the five-year period from 22,670 to 24,010 samples.

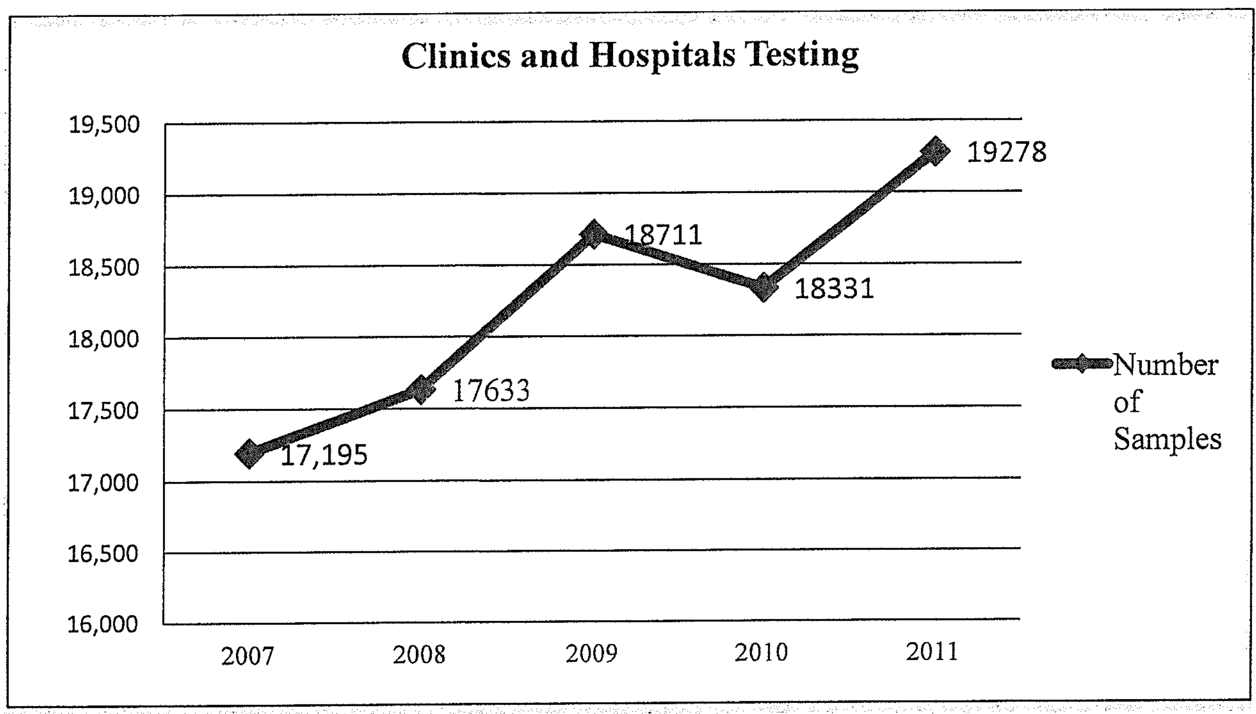

Figure 4. Clinics and Hospitals – Oil-impacted Communities

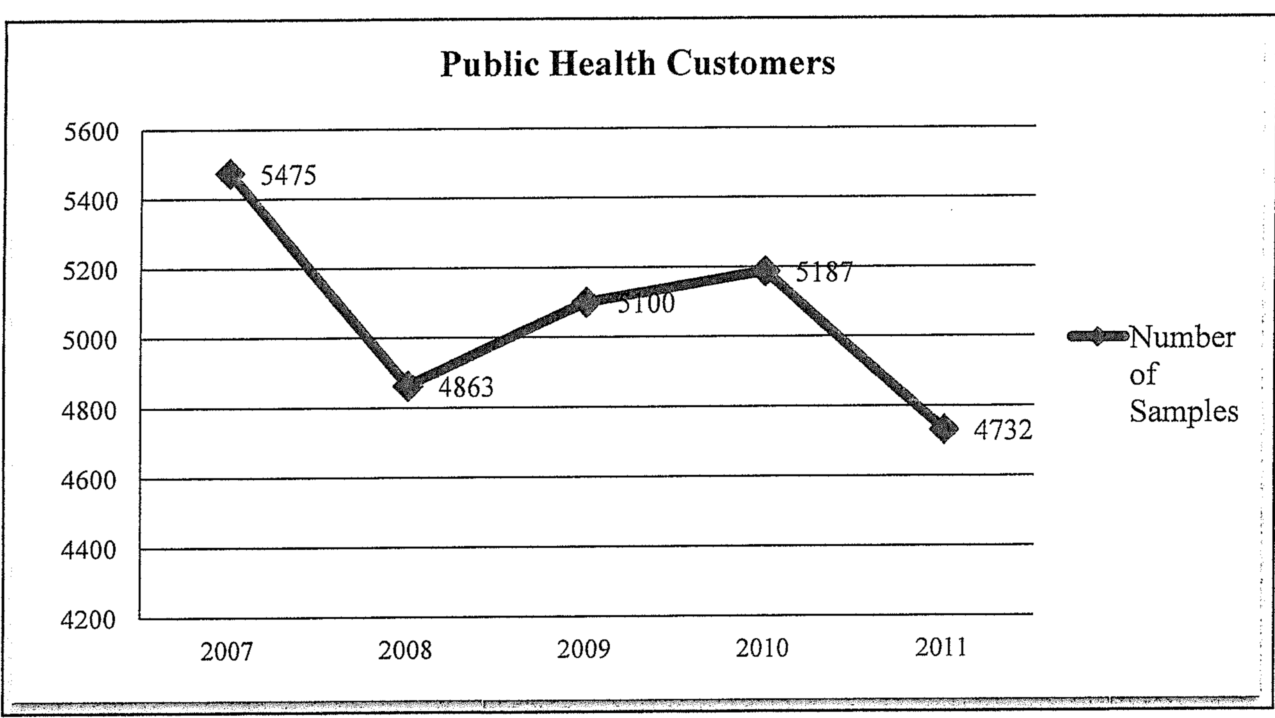

Figure 5. Public Health Customers Testing - Oil-impacted Communities

<u>Chemistry</u>
Since the beginning of 2012, 159 samples have been collected by Environmental Health Section personnel. A total of 77 samples also were received from other agencies or private entities. Nineteen associated quality control samples were analyzed for a grand total of 255 oilfield-related samples. These numbers represent an increase over previous years. Tests requested for most of these samples were for complete chemistry; benzene, toluene, ethylbenzene, and xylene (BTEX); diesel range organics (DROs); and semi volatile organic compounds (VOCs). Samples also were received for six new public drinking water systems associated with temporary housing in the oilfield. These systems are mandated by law to conduct specific chemical and microbiological testing.

C. Division of Municipal Facilities
An ever-expanding challenge is keeping pace with new drinking water and wastewater facilities in oil-impacted areas. Figure 6 shows the total number of PWS significantly increased in 2011 and 2012; 94 percent (of the increase) are in oil-impacted counties.

Figure 7 shows the total number of SDWA violations increased in 2011 and 2012. About one-half of this increase is due to new PWS in oil-impacted counties. Implementation of new and revised rules further impacts workload and compliance rates, both compounded by the increasing number of PWS.

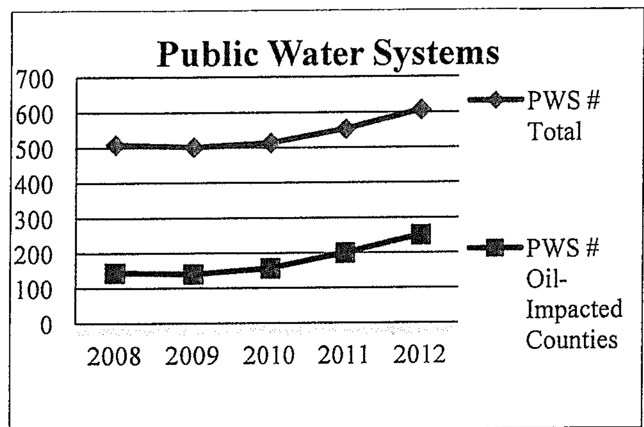

Figure 6. Public Water Systems

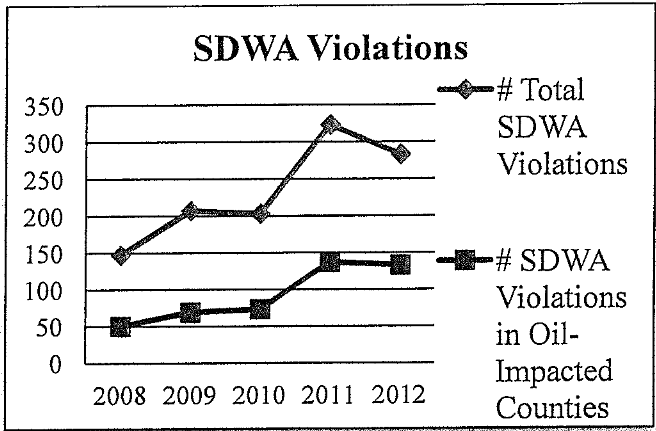

Figure 7. SDWA Violations

Figure 8 shows that public health unit inspections of non-community PWS have decreased in oil-impacted counties, while division inspections have increased. (To date, public health units serving non-oil-impacted areas have kept pace with their assigned inspections.) As oil activity expands, it is anticipated the health units may not be able to complete these inspections, adding to division workload.

FDHU = First District Health Unit (Minot); SWDHU = Southwestern District Health Unit (Dickinson); and UMDHU = Upper Missouri District Health Unit (Williston).

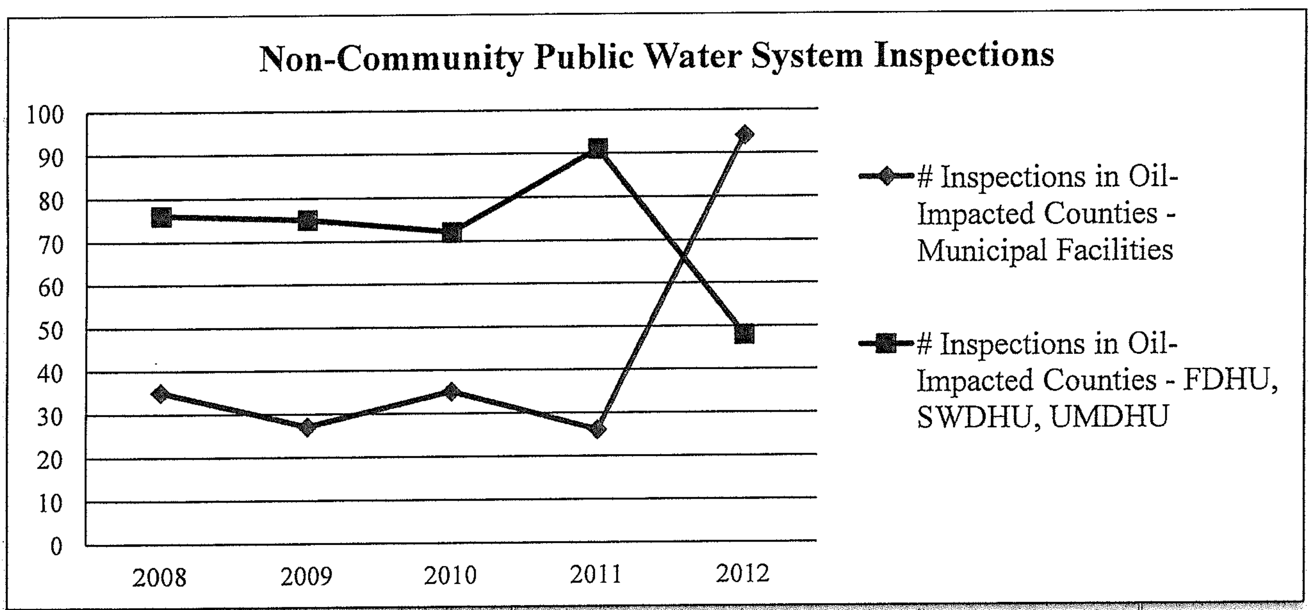

Figure 8. Non-Community Public Water System Inspections

Under state law (NDCC 23-26), all persons operating water and wastewater systems, with some exceptions, must be certified by the department. Figure 9 shows decreased numbers of water distribution operators being certified due to two principal factors: (1) operator turnover (certified operators leaving for higher paying jobs in the oilfield); and (2) new systems that do not have a certified operator. Additional new systems have increased the workload of the division's operator certification and training program. In oil-impacted counties, the primary need has been for water distribution operators because most new systems obtain drinking water from other regulated sources (no treatment

required) and either haul wastewater to another permitted system or provide on-site wastewater disposal. Compliance with operator certification requirements for water treatment and wastewater collection/treatment will likely decrease if more systems choose to develop/treat their own drinking water sources or treat/discharge wastewater.

Figure 10 shows a large increase in plans and specifications submittals/approvals, largely due to projects in the oilfield. Many have been submitted by out-of-state engineering firms (60 to date) unfamiliar with North Dakota requirements, resulting in extended review time. Mechanical wastewater treatment and/or large on-site disposal systems require additional time for review/approval. As-built situations require more time to resolve design and construction issues. The division has spent considerable time developing new design policies and standards to address issues primarily related to projects in the oilfield. A memorandum of agreement has been executed with the UMDHU for division review of on-site wastewater disposal systems serving 25 or more people, further increasing workload in an area not historically addressed by the division.

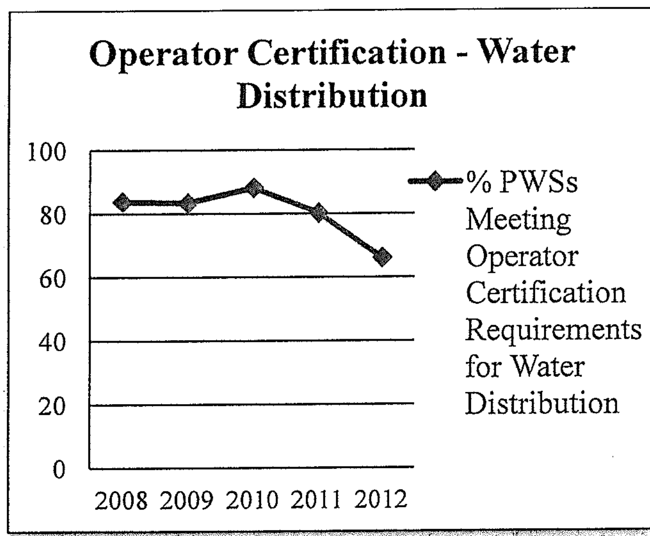

Figure 9. Operator Certification - Water Distribution

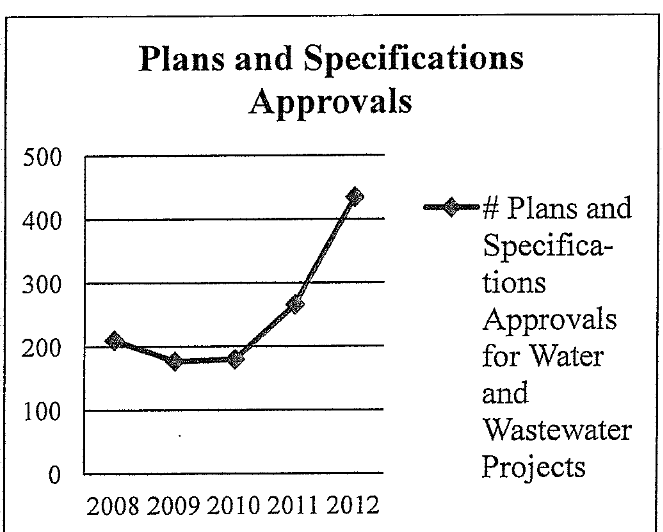

Figure 10. Plans and Specifications Approvals

Figure 11 shows the number of projects/dollar value on the CWSRF and DWSRF lists increased significantly in 2011-2013. This will result in a large number of SRF projects to implement, increasing workload on top of attempting to keep pace with more technical reviews for non-SRF and oilfield projects. (For 2008, note that $64 million of the total $95 million for CWSRF represents a loan to Fargo still in progress.)

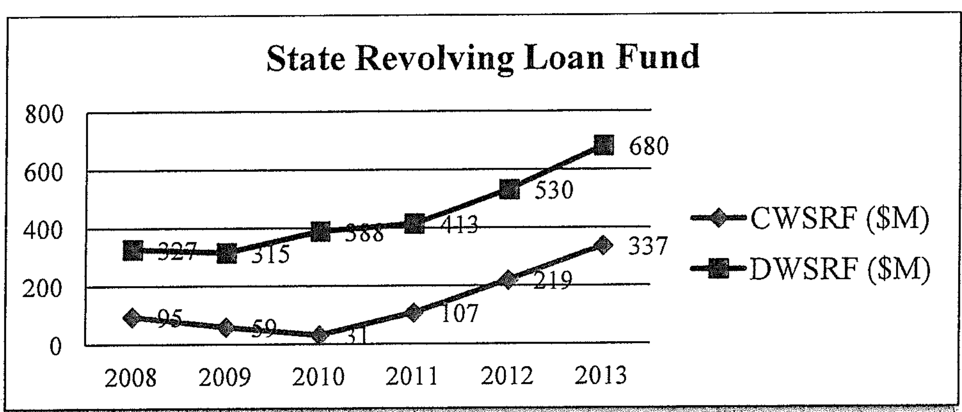

Figure 11. State Revolving Loan Fund – Total Project Amount from Intended Use Plans

Additional workload impacts to those shown in the above tables include: educating systems on SDWA requirements, implementing/enforcing the requirements, and compliance/technical assistance in addressing SDWA violations; responding to complaints; answering calls and emails about proposals for new/expanded housing facilities; addressing vendor/engineer inquiries; and conducting visits and presentations on alternative wastewater treatment systems.

D. Division of Waste Management

Oilfield activity has significantly increased the workload, from facilities directly operated by oilfield-related businesses and from peripheral businesses supporting the increasing general population. There are more oilfield service companies generating large quantities of hazardous waste and other support businesses, such as tank manufacturers generating more hazardous waste. New gas stations and truck stops are being built or expanded. Both municipal landfills and oilfield special waste landfills are dealing with new types and greatly increased volumes of waste. Figures 12 through15 show the increase in hazardous waste large quantity generators (LQGs), municipal solid waste (MSW) and special waste landfills, new or expanded underground storage tank (UST) facilities, and new waste transporter permits from 2009 to December 2012.

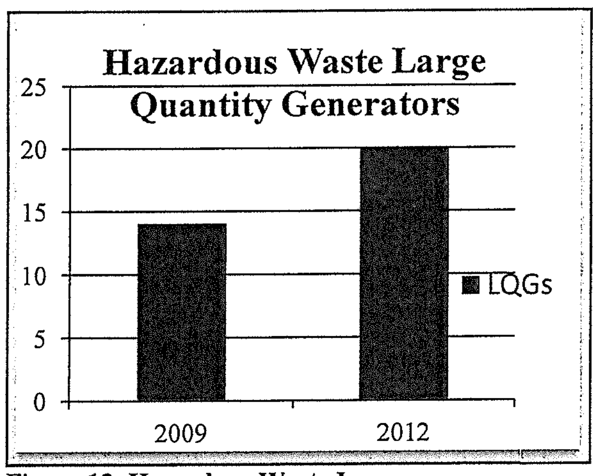

Figure 12. Hazardous Waste Large Quantity Generators

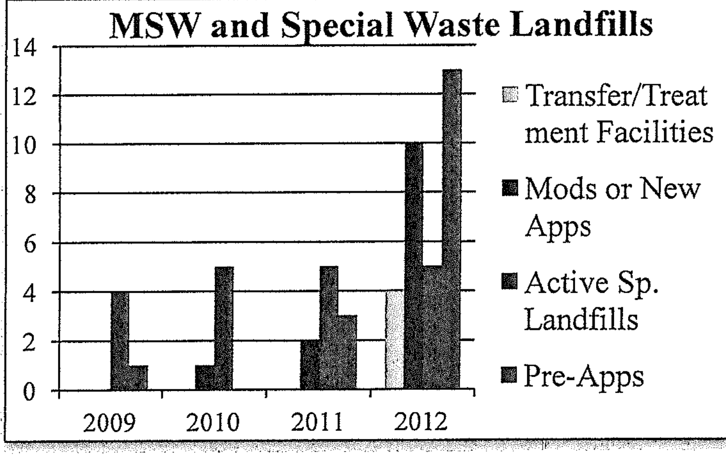

Figure 13. MSW and Special Waste Landfills

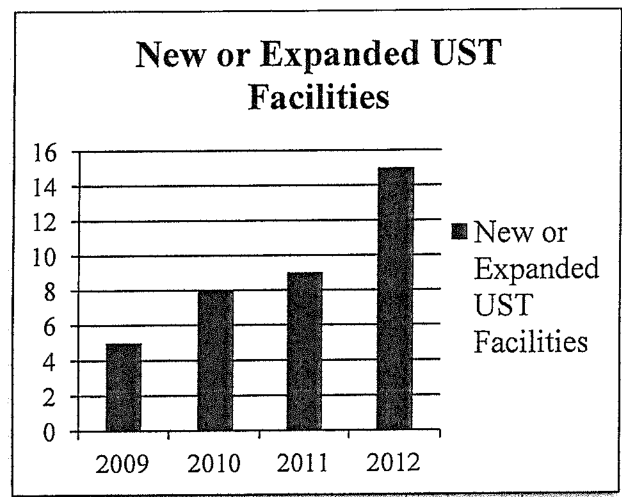

Figure 14. New or Expanded UST Facilities

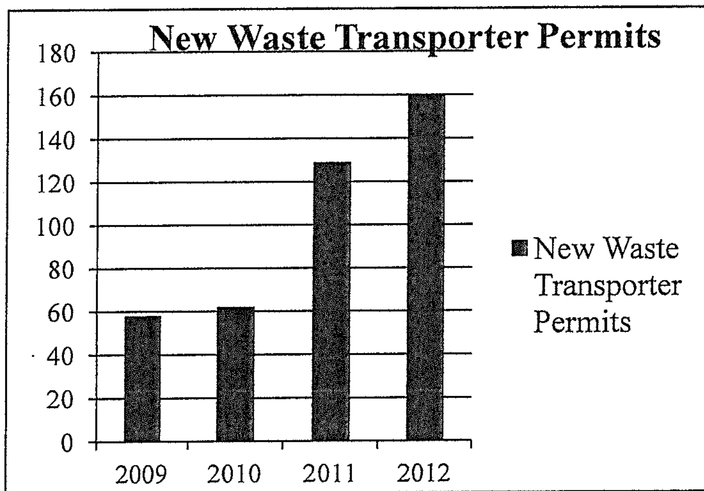

Figure 15. New Waste Transporter Permits

The significant increase in the number of pre-applications and applications for new or expanding landfills, both municipal solid waste and oilfield special waste, has greatly increased the workload of the Solid Waste Program. These applications are very detailed, highly technical documents, usually more than a thousand pages in length, that require expertise in soils, hydrogeology, plant science and engineering to review. North Dakota solid waste rules have a 120-day limit in which the department is required to complete the review. However, that has been increasingly difficult to achieve due to the volume of applications and inquiries received. At the same time, there is an increased need for inspections at the existing facilities and site visits to the new facility locations, which also takes significant staff time. All of the programs in the Division of Waste Management have been affected by oilfield activities, but the Solid Waste Program has been affected the most.

E. Division of Water Quality

With increased oilfield activities in the northwestern part of the state, the division has been actively involved in many related issues. This division is primarily responsible for responding to oil spills with the potential to impact waters of the state and following up on appropriate remediation. Figures 16 and 17 illustrate the large increase in number of spills reported and response by staff.

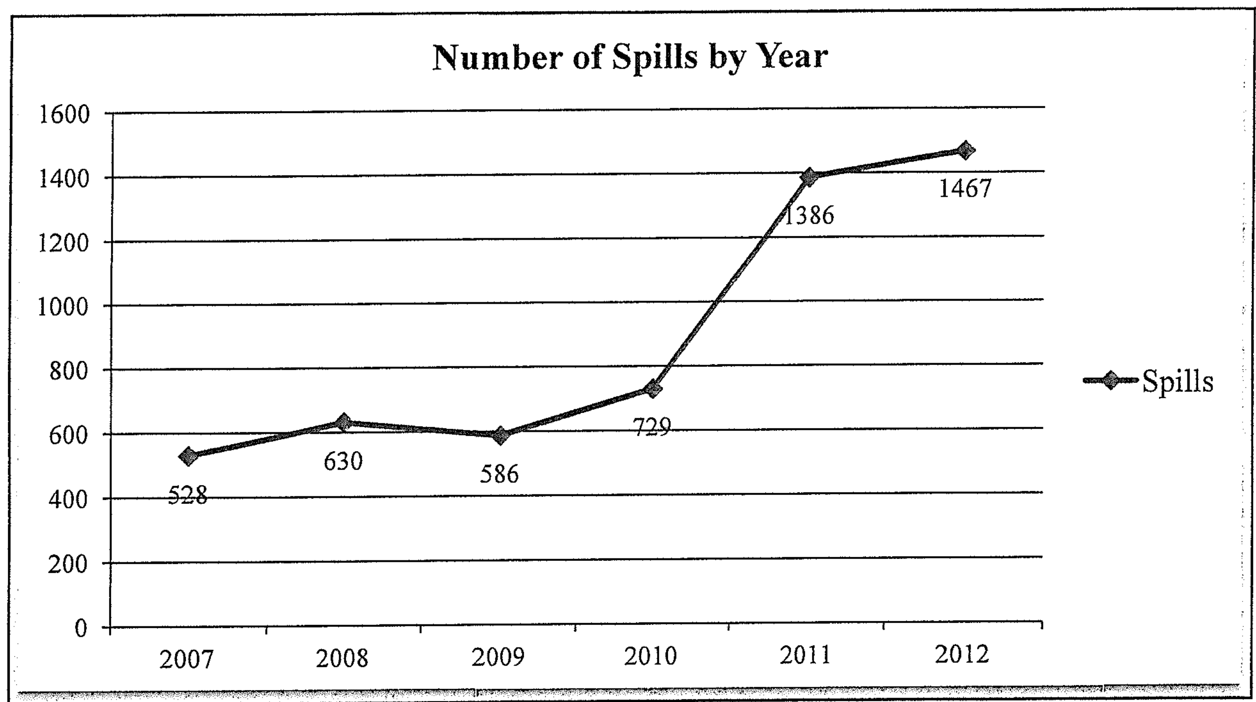

Figure 16. Number of Spills by Year

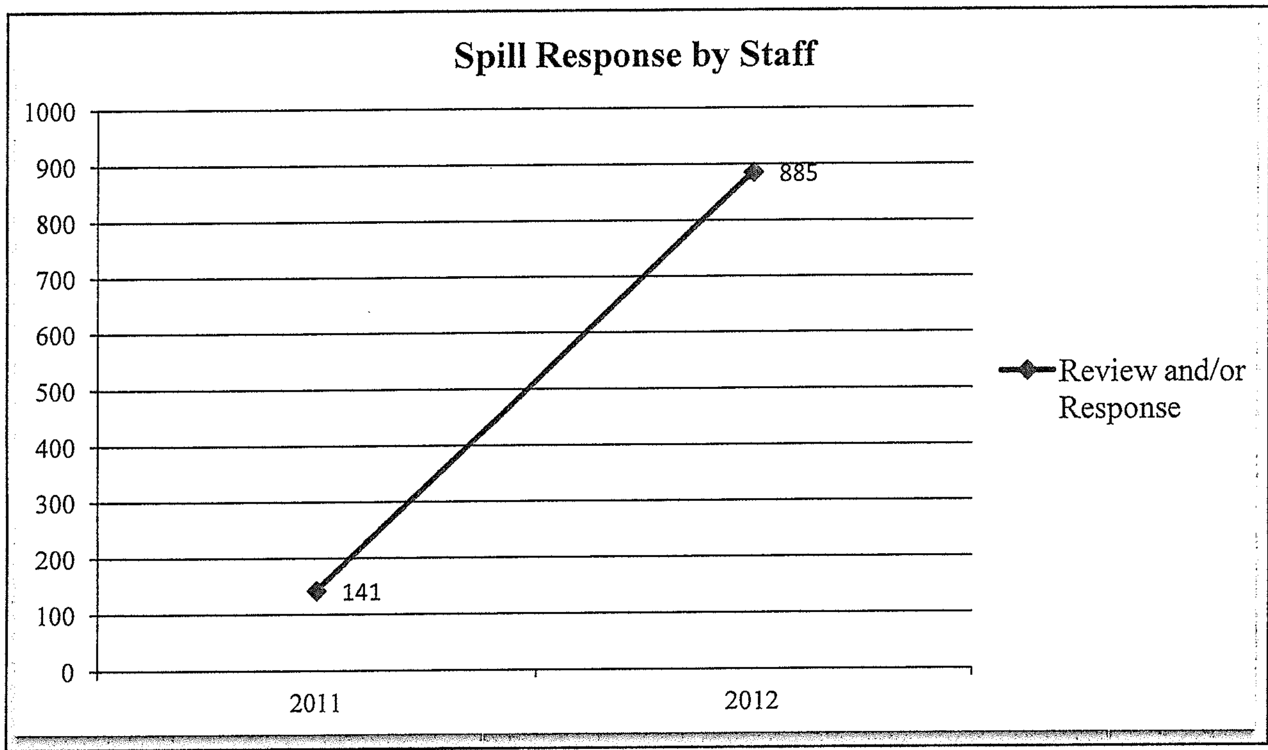

Figure 17. Spill Response by Staff

<u>NDPDES Program</u>

The program has provided assistance to and/or permitted more than 40 temporary housing systems. Figure 18 shows there has been a significant increase in permits issued. All of the following, except for septic pumpers, are federally required permits.

- New individual dischargers issued or awaiting permits: Five (compared to one last year)
- New coverage under general wastewater permits: Five (two last year)
- New stormwater construction permits: 770 (620 last year) (This does not include approximately 50 applications that have yet to be entered into the database.)
- New stormwater industrial permits: 40 (28 last year)
- New dewatering/hydrostatic testing permits: 66 (37 last year)
- Septic pumper licenses: 298 units (265 last year)

This increase in permits has resulted in additional inspections of septic tank pumpers, crew camp wastewater treatment facilities and construction site storm water controls. Increased commercial development in the oil field has resulted in a 300 percent increase in inspections to evaluate on-site disposal of wastewater (e.g., industrial solvents/cleaners etc.). In addition, there has been a considerable increase in office work associated with site reviews for landfills, water appropriation reviews and public inquiries from private well owners.

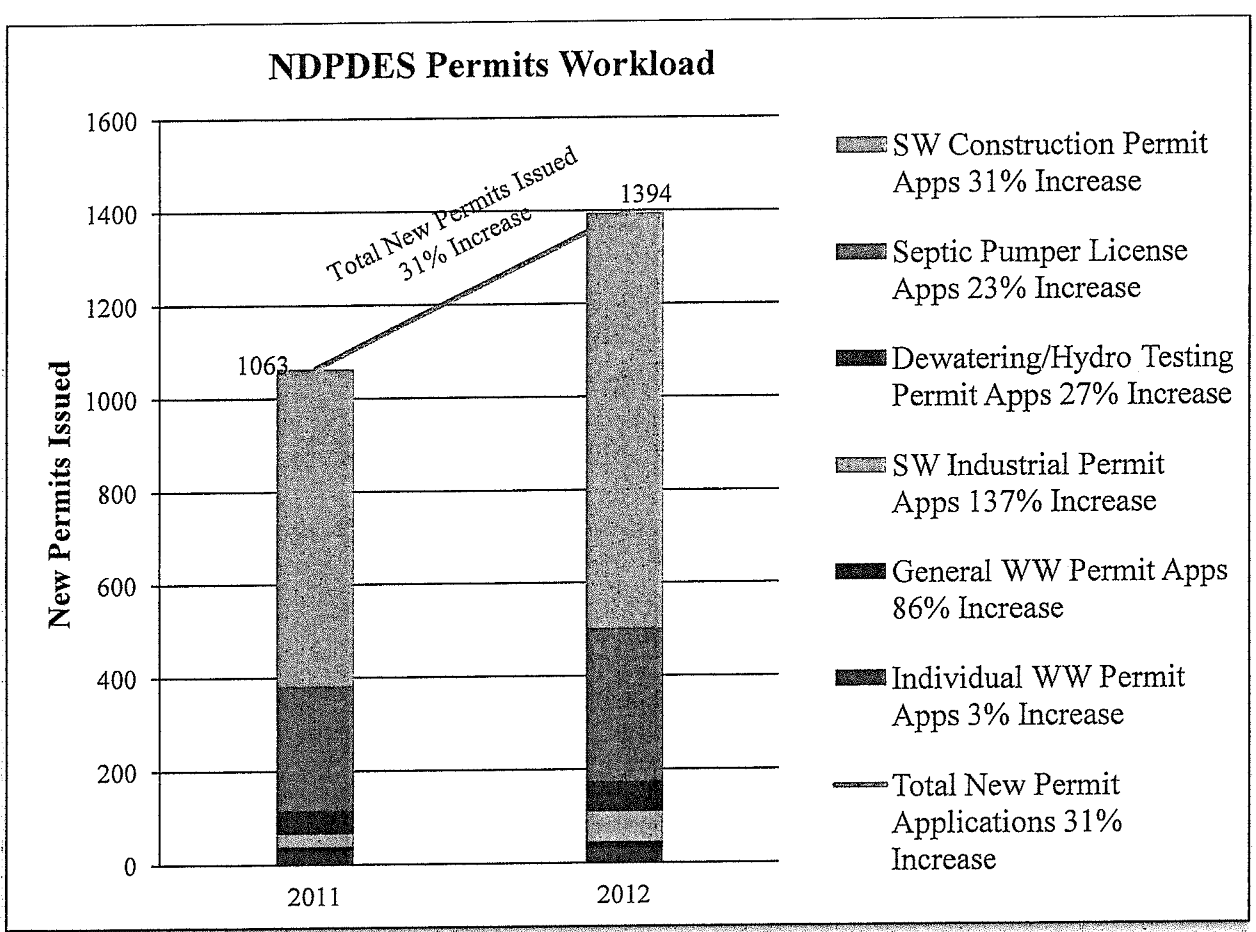

Figure 18. NDPDES Permits Workload

Ground Water Protection Program

To address the increased number of spills, one of the staff has become the team leader for the oilfield response team. This full-time effort means the program is short one full-time position. Existing staff assumed other duties of this position, which are extensive.

The program reviews and comments on water appropriation applications received by the State Water Commission. The oil boom has significantly increased the applications for review (Figure 19), primarily related to industrial uses of groundwater. About two new applications are received each week.

The number of public water systems in the oilfield has significantly increased, and each system requires the completion of a Wellhead Protection Area report (Figure 19). In the last year, 19 reports have been prepared for new systems, and there is a backlog of 92 systems needing WHPA delineation. Notifications are being received for about two new systems per week.

Figure 19 also shows the significant impact on the UIC Program. The number of potential UIC sites (crew camps, oil service companies, vehicle repair businesses, etc.) increases daily. Approximately 250 businesses in western North Dakota may have Class V wells and therefore require inspection. Additional potential UIC sites have yet to be evaluated. The program has responded to many requests for information about Class I injection wells and is in the process of permitting one Class I well. Several new Class I wells are projected for permitting in 2013. Many of the proposed oilfield waste disposal sites are also considering Class I wells, and some facilities are evaluating the injection of treated wastewater as a disposal option.

A significant number of calls have come from the public related to sampling of private wells (e.g., how to sample, where to send samples, what to analyze, perceived impacts to wells, etc.). Workload related to landfill and facility siting reviews has increased significantly (Figure 20). Before the oil boom, one or two landfill pre-applications were received per year. In the last 12 months, 15 oilfield special waste landfill pre-applications have been received. If the facilities obtain zoning approval, they will move through the application process requiring review by program staff.

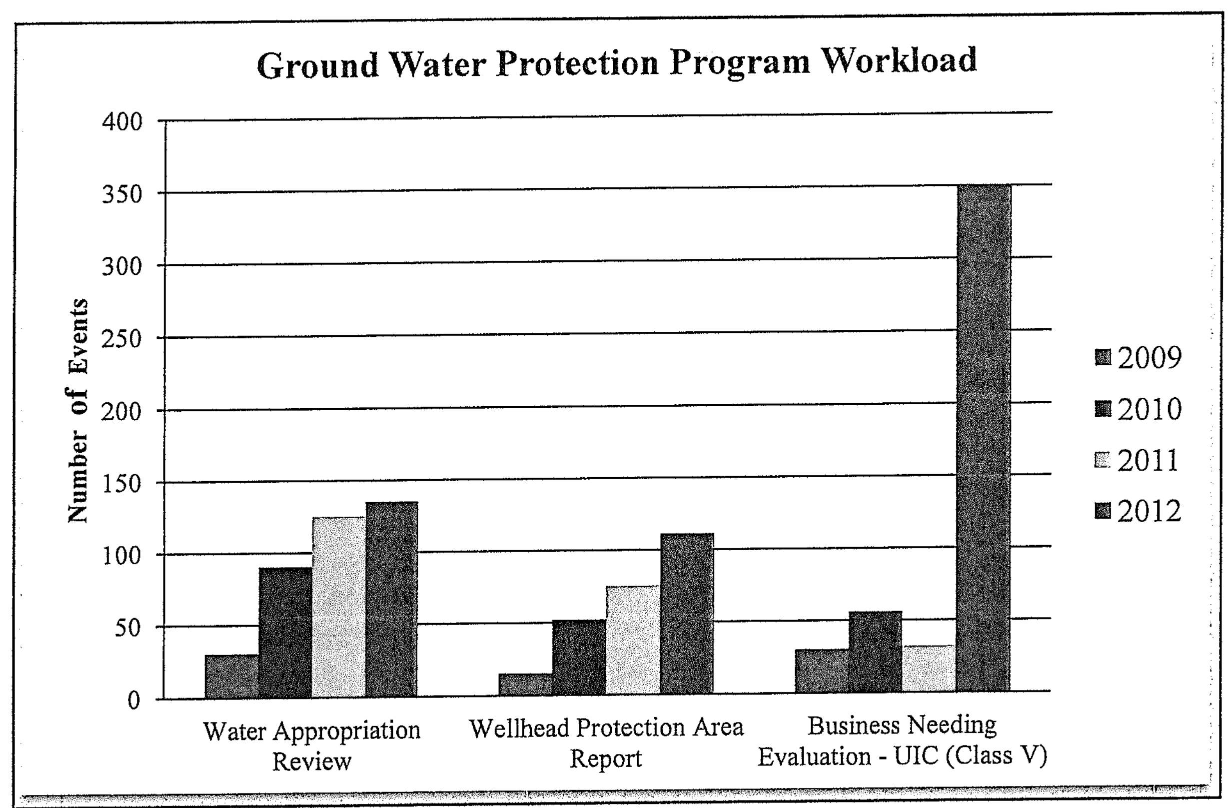

Figure 19. Ground Water Protection Program Workload (2009-Present)

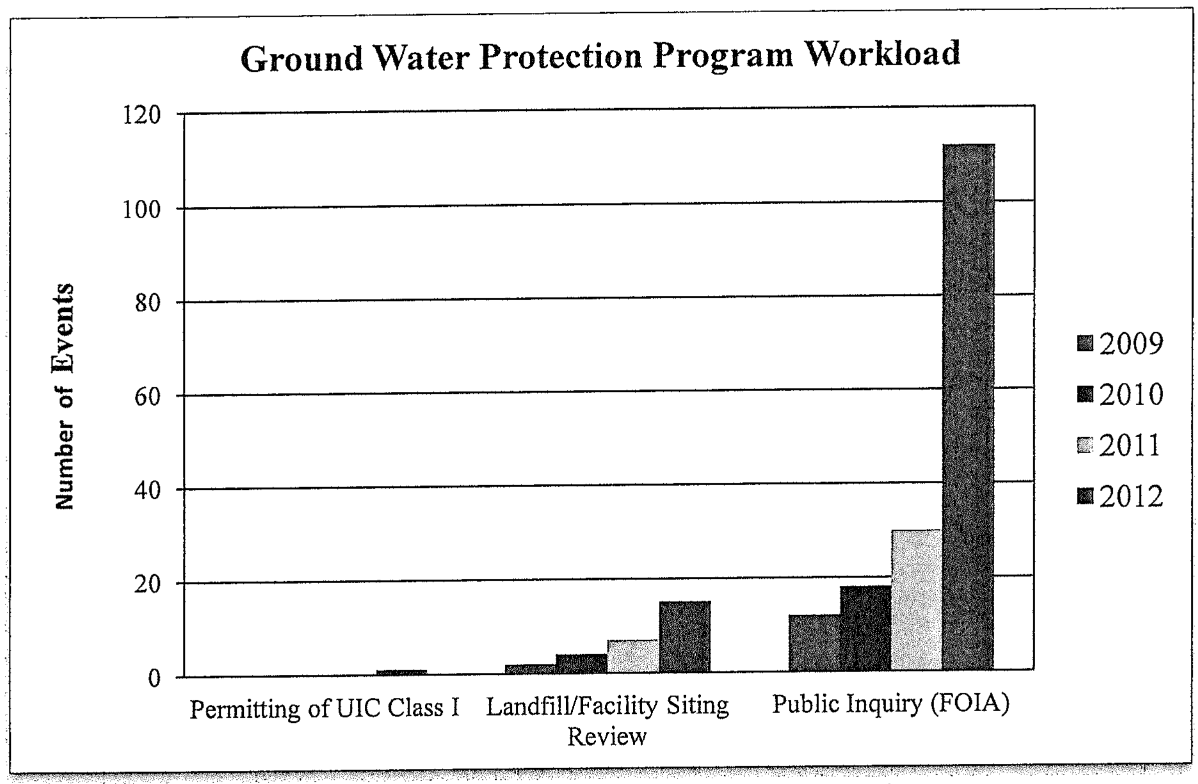

Figure 20. Ground Water Protection Program Workload (2009-Present)

III. Assistance Needed to Meet Increased Workload

A. Division of Air Quality

To meet the increased workload demands, the division requests to add one full-time employee (FTE) (environmental scientist) to the Radioactive Materials Branch. Funding for such a position can be met with fees that are being generated, and no General Fund support is needed.

B. Division of Laboratory Services

Additional funds are being requested to address the increase in workload due to activities in the oilfield. One FTE (Administrative Assistant II/Lab Tech IV) is needed to help with the administrative support functions in the lab. Responsibilities will include sample receipt and log-in, as well as data entry, proofing, helping with telephone calls, and some sample preparation. In addition to the FTE, the division is requesting new instruments to add redundancy, as well as some new technologies that will improve the testing processes. Additional funds are being requested for supplies for the increased testing and new instrumentation. Funds also are being requested to purchase instrument maintenance agreements crucial to the continued operation of the lab's instruments.

C. Division of Municipal Facilities

An ongoing challenge is the implementation of new and revised SDWA requirements and policies for the State Revolving Loan Fund Programs. This impacts workload and compliance rates/activity for the PWSS Program, a problem compounded by the increasing number of public water systems. In addition, there is heightened community interest in using the DWSRF and CWSRF Programs for financial assistance. The ability of the division to maintain state delegation for its programs could be significantly impacted, if not totally compromised, by future cuts in federal funding. These challenges are not short-term but long-term challenges. To better address these challenges, the Governor's Executive Budget recommends the need for three additional FTEs (two environmental engineer positions and one environmental scientist position). Due to pending reductions in federal funding, these positions will need to be funded using state general funds.

D. Division of Waste Management

The Division of Waste Management has received 15 pre-applications (as of June 8, 2012) for oilfield waste landfills. This increase requires additional staff for inspections and permitting activities. The Governor's Budget recommends the need for one FTE (Environmental Scientist II).

E. Division of Water Quality

The Division of Water Quality has experienced a considerable increase in work load from oilfield activities. These impacts include responding to a 500 percent increase in spills and complaints regarding infrastructure shortfalls. The division needs to add three additional environmental scientists to meet the growing need for oversight of wastewater treatment and spill cleanups.

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Testimony
Senate Bill 2004
Senate Appropriations Committee
Tuesday, January 22 2013; 2 p.m.
North Dakota Emergency Medical Services Association

Good morning, Chairman Holmberg and members of the committee. My name is Tim Meyer, and I am the Co-Chair of the North Dakota Emergency Medical Services Association's Advocacy Committee. I am here today in support of SB 2004.

The Health Department's budget includes $6.6 million for grants to ambulance services to offset their operational costs. This grant began as the Staffing Grant by the 2007 Legislature and funded at $1.25 million. Its purpose was to provide funding to pay for ambulance staff coverage in rural North Dakota. The Health Department developed a formula to determine the severity of need for each ambulance service. Thirty ambulance services were awarded the grant in that biennium.

The 2009 Legislative Session increased the funding available by an additional $1 million. Thirty-nine ambulance services were awarded grants in that biennium. Because the grant was limited to funding for staff, many ambulance services felt that the grant only addressed part of their operational needs. In the 2011 session the grant was re-engineered and called the Rural EMS Assistance Grant and changed the core elements of the grant:

- The State Health Department established funding areas based on reasonable response time coverage for the entire state. Multiple ambulance services might be within one funding area but only one grant could be applied for in that area. Ninety-four funding areas were established.
- Funding areas could apply for a grant to fund staffing and other operational costs.
- A stronger emphasis on collaboration between ambulance services resulted.

The vast majority of the ambulance services in this state do not have the call volume to generate enough revenue to cover all of the expenses of running an ambulance service. In a study commissioned in the 2009 session called the Rural EMS Improvement Project, it was found that there was budget shortfall of $31 million per year for rural ambulance services in North Dakota. This shortcoming is absorbed locally by the donation of labor by volunteers. The same study predicts that volunteerism will continue to dwindle and the safety net of EMS is in jeopardy.

In 2012 there were 76 Rural EMS Assistance Grant applications with over $7.3 million in grant requests, which would result in $14.6 million per biennium. Every grant award was reduced and some were not funded at all to meet the $4.25 million appropriation. There is clearly a greater need than can be addressed with the $6.6 million included in the Health Department's budget bill.

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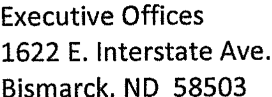

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The rural ambulances appreciate the continued focus on keeping them viable. However we ask that you increase the appropriation for ambulance funding area grants to the amount asked for in the last session; $12 million. That is the level of need for rural EMS in North Dakota.

This concludes my testimony, I am happy to answer any questions you may have.

June Herman
SB 2004
1-22-13
#6

American Heart Association® | American Stroke Association®
Learn and Live®

Senate Bill 2004
Senate Appropriations

AHA Testimony

Good afternoon Chairman Holmberg and members of the Senate Appropriations Committee. For the record, I am June Herman, Regional Vice President of Advocacy for the American Heart Association. Last session, this committee made possible a state match of $600,000 to secure over $4 million in Helmsley Foundation funding for a statewide emergency response system for acute heart events, enabling the Mission Lifeline STEMI initiative. The following is just one "thanks from the heart" of the difference you've made for communities around North Dakota:

Case 1 in September
86 y/o female c/o SOB. Performed a 12 lead, had very slight ST elevation in 3 leads that I called in the field (didn't have transmission capabilities yet). Informed the ED, but ST elevation was gone by the time we got the patient in, however, the ED physician activated the STEMI team prior to our arrival & within a 1/2 hour, she presented with ST elevation again with 80% occlusion & was sent to the cath lab immediately. She met the 90 minute window.

Case 2 on December 21
55 y/o male sudden onset chest pain with significant ST elevation in 3 leads & STagain called in the field & I activated the STEMI team. Upon arrival, the ED was prepared, he was sent to the cath lab with an inferior infarct with 100% occlusion & was opened up within 25 minutes of our arrival.

Case 3 on December 26
68 y/o male sudden onset of shoulder pain (put off calling for 3 hours thinking it was a rotator cuff issue). He had significant ST elevation in 3 leads I called in the field & alerted STEMI team. Upon our arrival, we bypassed ED & took pt. to cath lab where he presented with an inferior infarct with 98% occlusion & was opened up within 15 minutes of our arrival.

I have been so impressed with how our system has worked, and I'm convinced that 2 of these patients may not have survived if there had been 1 element out of place. The patients are all doing great today, and are so thankful for being afforded quick response and intervention.

I just would like to thank you again for all you have done with this program. If such a difference can be made with my small service, imagine what can happen statewide!!!!!

Mona Thompson
Kidder County Ambulance

Our key priorities within the Department of Health budget include:

- Governor's budget:
    - Community Paramedicine Program/FTE (STEMI)
    - Base level stroke funding ($472,300)
    - Rural EMS funding
- Key Optional Requests:
    - Expanded stroke investments (OAR #23) – rural hospital quality network support, public education, expanded aphasia program ($383,000)

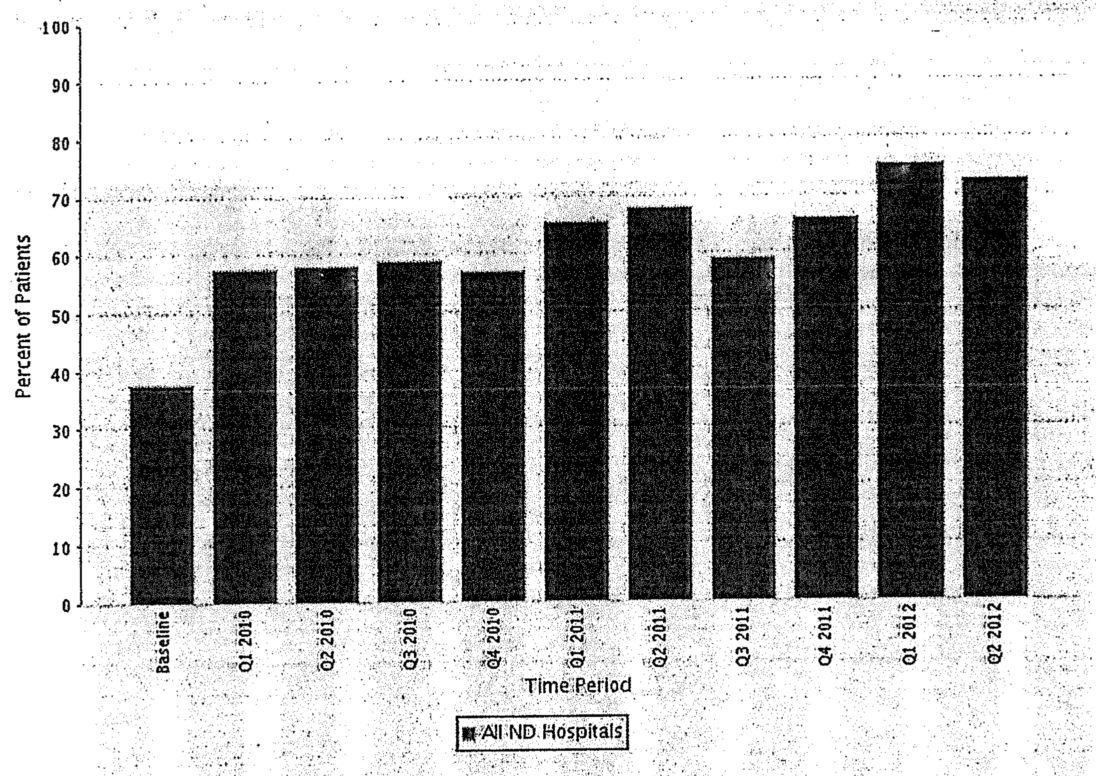
We remain gravely concerned about the capacity of the Department of Health to continue with statewide stewardship for heart and stroke programs - it's source of federal funding ends this summer. We do not know if or in what form, new funding will be offered. Without continued leadership specific to heart and stroke concerns, the work the state has achieved over the past four years could stall or erode the progress made in North Dakota.

We look forward to working with members of this committee and other legislative leaders on efforts to further reduce this state's leading cause of death – heart disease and stroke.

June Herman
SB 2004
1-22-13

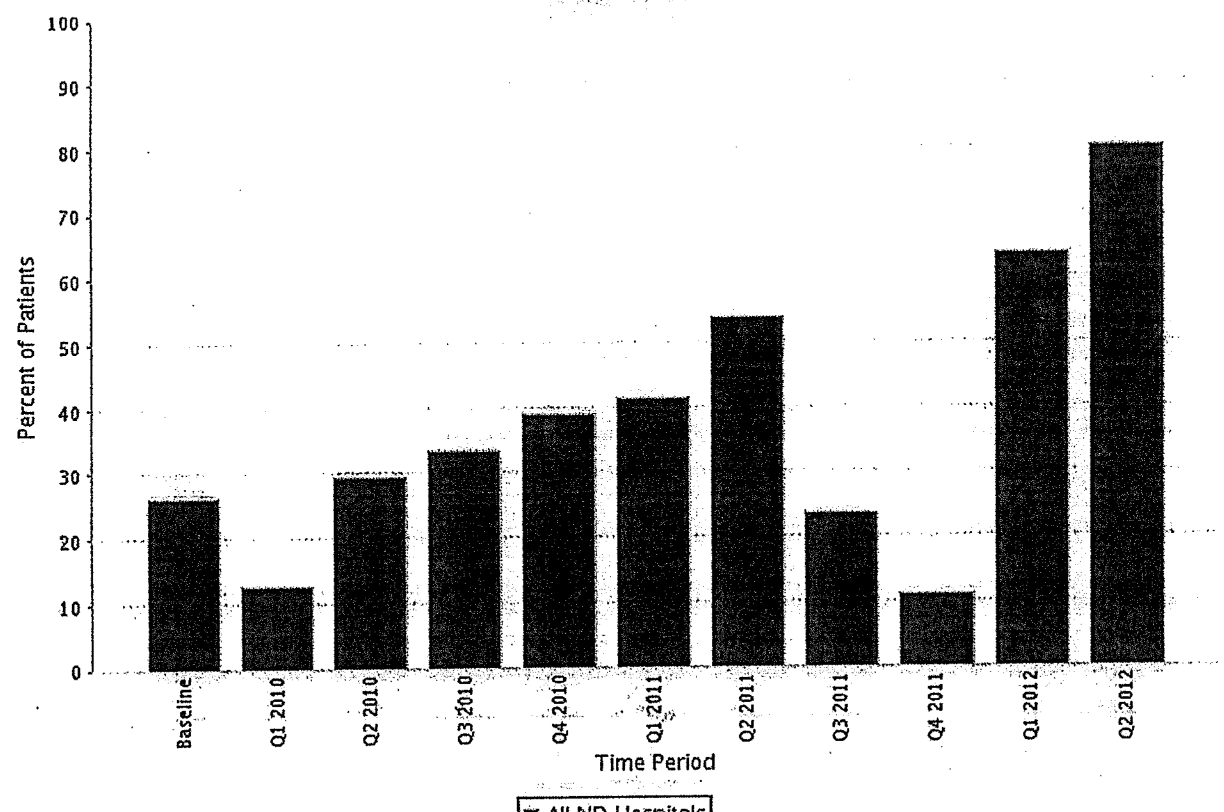
Stroke Core Measure Defect-Free

Defect-Free Measure of the 8 Stroke Core Measures
Time Period: Q1 2010 - Q2 2012



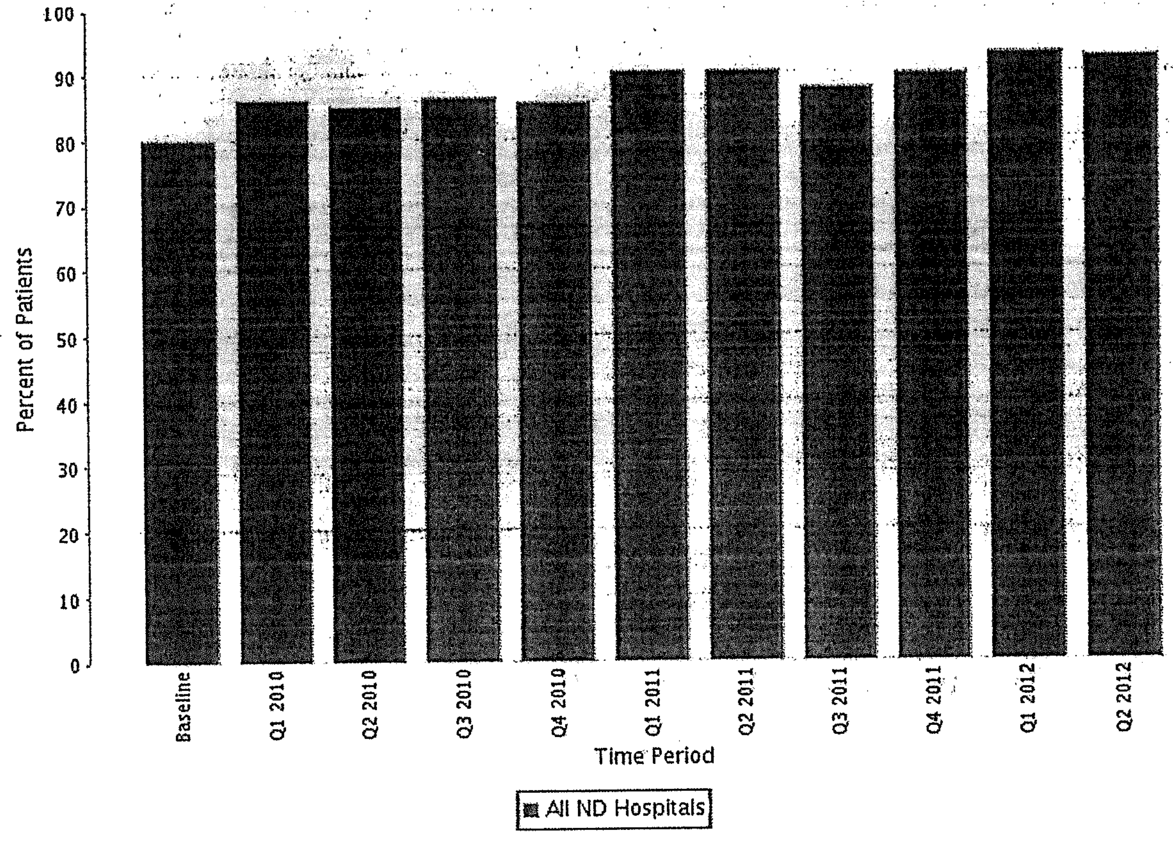
IV rt-PA Arrive by 2 Hour, Treat by 3 Hour

Percent of acute ischemic stroke patients who arrive at the hospital within 120 minutes (2 hours) of time last known well and for whom IV t-PA was initiated at hospital within 180 minutes (3 hours) of time last known well.
Time Period: Q1 2010 - Q2 2012



Stroke Core Measure Composite

Composite Measure of the 8 Stroke Core Measures
Time Period: Q1 2010 - Q2 2012



June Herman
SB 2004
1-22-13

8

Published April 06, 2012, 06:39 PM

Stroke victims gather on UND campus to reclaim lives

The words come one by one in a steady voice, as if each enunciated word was dispensed rather than spoken. "I was at home on a Saturday night, and I was playing bridge on the computer," Leila Olson says. Slowly, she reaches to touch the side of her head. "I was a speech pathologist for 32 years," she says, struggling slightly with the word that had defined her adult working life in the Grand Forks public schools. "So I knew it was a stroke."

By: **Chuck Haga**, Grand Forks Herald

- Leila Olson

Leila Olson recounts how one evening at home alone she had a stroke, didn't seek help and went to bed that night hoping she would die. Now Olson takes part in group sessions at UND's Speech, Landuage and hearing Clinic for stroke victims. Herald photo by John Stennes.

The words come one by one in a steady voice, as if each enunciated word was dispensed rather than spoken.

"I was at home on a Saturday night, and I was playing bridge on the computer," Leila Olson says.

Slowly, she reaches to touch the side of her head.

"I was a speech pathologist for 32 years," she says, struggling slightly with the word that had defined her adult working life in the Grand Forks public schools.

"So I knew it was a stroke."

Six other stroke victims listen as Olson narrates her story of loss, depression and recovery. Seven UND graduate students in speech pathology also listen, encouraging Olson with smiles, nods and the occasional verbal cue.

"So did you call 911, Leila?"

She smiles, knowing she is being gently chided by someone who has heard her story before.

"No," she says. "I went to bed."

The smile fades.

"I was hoping I would die."

The group session is a weekly gathering in old Montgomery Hall. Long ago, before Chester Fritz, this was the UND Library. In what may have been a student reading room, adults who once had professions and careers grapple now with letters and numbers, words and sentences, concepts and the courage needed to express them.

Most also participate in a listening group, where they work on reading, writing and spelling.

The young graduate students guide and encourage them with maps, photographs, number charts and folders containing personal touches — a grandson's picture, tools used in their work — that may stimulate speech or at least inspire a gesture.

The student guides are gentle but also firm, friendly without seeming condescending.

"I've seen such a broad spectrum of how a stroke can affect people," said Danielle Seil, a graduate student from Bismarck. "Sometimes you see a big recovery, sometimes not so big.

"You have to be patient and accept little gains as huge achievements. But it's really encouraging when you see all the strategies they use to communicate."

Stringing letters

The group sessions at UND's Speech, Language and Hearing Clinic started three-plus years ago when a graduate student wanted to try it as part of her research. It worked for her, and the clients liked it. Many had run out of insurance coverage for counseling or rehabilitation, and they had been referred to the UND clinic.

Each had suffered a stroke that, for most, affected the ability to speak, read and write, a condition known as aphasia. An artery popped, causing cranial bleeding, or a clot formed and went to the brain, or a tumor took over a portion of the brain.

Some people die from stroke. Many recover but struggle to do things they once did with grace.

"They may have problems finding words," said Peg Biberdorf, a clinical supervisor. "They want to say 'coffee cup' and it comes out 'tottee top.'

"How do you write a check or sign your name if you can't string the letters together? How do you open the newspaper and see what the weather is going to be like?"

Diane Sander, another clinical supervisor, said stroke can affect personality. Impatience, frustration and a profound sense of loss can lead to anger.

"Here, they can practice language skills in a safe environment with people who know what they went through and what they're going through," she said. "It has become a support group. Some of these folks go out for dinner or a drink on Thursday nights after they finish here. If somebody has to be in the hospital, the others will visit."

Someone to talk to

It isn't the only support group meeting Thursdays at Montgomery.

Down the hall, a half dozen women spend the 90 minutes visiting over coffee, cookies and shared hope in a clinical waiting room: wives of the men who have had strokes.

"He didn't want to come," Carla Kouba says of her husband, Brad, who suffered a stroke two years ago. "He said he was going to come one time, and that's it."

Brad Kouba is a regular now. During a recent group session, he told about spending part of the previous week painting chairs. He answered questions that drew out words and numbers — how many chairs, what color, how many coats of paint — and he beamed with pride when he managed a particularly challenging response.

"What kind of chairs, Brad?"

"Adirondack!"

"He really likes the camaraderie," his wife said. "After the meeting, he tells me what he said and did."

"And it's been good for me. I didn't have anybody to talk to, either. I didn't know any other wife whose husband had a stroke before."

Doris Vasek's husband, Henry, was a Polk County commissioner before he suffered a stroke 12 years ago.

"It's been a long road," she said. "He still can't actually talk to people. But he's more apt now to go out among people. He knows that if he works at it, he can communicate."

Back in the group, Henry is working at it. Asked how he spent the previous week, he tells through words and gestures how he worked on a tractor and cut windfall trees around his hunting shack near Mountain, N.D.

He stands to show how he couldn't use his right arm or leg after the stroke. But he gradually straightens the leg and uses his left arm to lift his right, showing how the range of movement gradually improved, until finally he thrusts the right arm high on its own.

Everybody cheers.

Tom the ambassador

Leila Olson is finishing her story.

She is smiling again, a little impishly, as she tells about the day after she went to bed hoping to die so she wouldn't have to deal with the effects of a stroke. As a speech pathologist for decades, she knew what it could mean.

She packed a bag. "I knew I could be in the hospital five or six days before I died," she said.

She drove — by herself — to her doctor's office, which she concedes now she shouldn't have done. Her doctor wasn't in, so she tried to tell nurses what had happened.

"Gibberish came out of my mouth."

She spent days in the hospital, then many more days in rehabilitation, gradually accepting that she wasn't going to die.

She also realized she had good reasons to live, including her bridge club. Today, stroke be damned, she remains an intense competitor.

"Tom was my doctor," she says, turning to smile at the courtly man who sat to her right.

A folded construction-paper nameplate — "Tom" — sat on the table in front of Dr. Tom Cariveau, 55, who was a family practitioner in East Grand Forks when he suffered a stroke on Nov. 8, 2007.

He went through a six-week therapy program at the University of Michigan. When he came home, he continued therapy, including many hours at the UND clinic.

Soon he was recruiting other people who had suffered strokes to participate in the weekly conversation groups. He appeared at gatherings of medical students and at service clubs to share what he now knows from experience. At first, his wife spoke for him. But as he gradually regained speaking ability, he told his story himself.

"They call him the ambassador," Kim Cariveau said.

The Cariveaus wrote the grant proposal that won funding for the listening group from the North Dakota Department of Health. And while she compares notes with the other wives, the doctor continues to join the Thursday conversations, joking and listening and striving with the other stroke survivors.

Last Thursday, he explained how the stroke had come while he was at work, which was lucky, but it took a minute to persuade his nurses that he was in trouble.

"They thought I was fooling," he said.

Everybody grinned.

"They see there's other people out in the world who have had to fight through this, and it gives them confidence to try," Kim Cariveau said. "It gives them a way to practice.

"Tom was a physician. He lost his livelihood. He lost friends. He lost his ability to communicate. You have to rebuild your whole life after a stroke, and it's hard.

"He says it's getting easier. And as he gets better, he has inspired others. He's still inspiring."

Reach Haga at (701) 780-1102; (800) 477-6572, ext. 102; or send email to chaga@gfherald.com.

Sherry Adams #9

Southwestern District Health Unit
Senate Bill 2004
Local Aid for Oil Impacted Health Units
Harvest Room
January 22, 2103

Good Morning, Chairman Holmberg and members of the Senate Appropriations Committee. I am Sherry Adams, Executive Officer for Southwestern District Health Unit and the President of the ND Association of City and County Health Officials (SACCHO). I will be commenting on the Local health unit oil impact and local public health support dollars addressed in the governor's budget.

Local Health Unit Oil Impact

Local public health units in the oil impact areas, Southwestern Health District (Dickinson), Upper Missouri Health District (Williston) and First District Health Unit (Minot) are requesting financial resources to supplement operational expenses. Additional funding is necessary to respond to community needs and to address the emerging oil impact issues. Additional funding would be used to support the increased demand for nursing and environmental health services in western North Dakota. The funding will enhance the local public health units' (First District Health Unit, Southwestern District Health Unit and Upper Missouri District Health Unit) capacity to protect against environmental impacts and disease outbreaks, and to assist in helping residents and new workers to the area and their families live healthy lives. The funding will be used for nurse and environmental health FTEs, to retain staff with more competitive wages, and for public education.

The three local public health units serving western North Dakota request a total of $1,184,000 to help protect and provide for the health and safety of community members.

Southwestern District Health Unit (SWDHU) serves eight counties in southwestern ND, including Stark, Dunn, Golden Valley, Billings, Bowman, Slope, Adams, and Hettinger. SWDHU does not have the capacity to generate local revenue to fund the increased need in services. Currently, local government contributes 4.75 mills to the budget with there being a 5 mill cap in state law. I was able to bring to bring the base from $15 to $18 with the mill levy increase, but this is still far below the pay scale in our region. The biggest struggle is to fill open positions at competitive wages, and with two nursing positions still open, and the potential for 10 staff to retire, this challenge will only increase unless I can make salaries more competitive. SWDHU is requesting **$520,000** to increase existing salaries to retain staff and to fill 2 FTE in order to fulfill the increased need for nursing and environmental services.

Upper Missouri District Health Unit is (UMDHU) is a 4-county health unit serving Williams, Divide, Mountrail and McKenzie counties. UMDHU is requesting **$364,000** for 3 FTE and public education materials. With the need for increased nursing services for immunizations, STD checks, chlamydia cases and high risk pregnancies and births a total of 1 nurse FTE will be needed in the oil impact area. Also, Due to an increase in septic permits, non-community water inspections, RV licensing, mobile food vendors, complaints of illegal sewage dumping, food and lodging issues, illegal tattoo operations and illegal trade waste

burning an increase of 2 environmental health practitioner FTE in the oil impact area will be needed. More public education is needed to inform the public of what services LPHU's do provide so funding is needed for media.

First District Health Unit (FDHU) provides public health services to seven counties in north central North Dakota. Offices are located in Bottineau County, Burke County, McHenry County, McLean County, Renville County, Sheridan County, and Ward County. FDHU is requesting **$300,000** for two additional FTE, one public health nurse and one environmental health practitioner. FDHU is also in need of funding for public education materials to inform their growing population and for travel to the rural counties.

Local Public Health Support

The Governor's recommended budget includes $750,000 to support local public health operations specifically related to the challenges related to the state's increasing population. Local public health actually requested $1, 500,000 in the state health department optional appropriation budget request and local public health does need the $1,500,000 as requested to cover the current day to day activities and operations and to continue programs that are experiencing federal budget cuts, in addition, to address the public health challenges related to the statewide growing and transient population.

Local public health units (LPHU's) are the foundation of North Dakota's public health system and the lead organizations providing community based programs and services that assure and protect the health of our citizens. Local health departments serve as the primary organizing and mobilizing forces for public health practice in most communities and are critical to protecting the health of the community. While the state department generally maintains responsibility for implementing public health policies and programs, they do so largely through the relationships with local health departments. Therefore, a close working relationship between the state and local health departments is vital for an effective public health system. The state department relies on a strong local infrastructure for a prompt response to local needs.

LPHU's are expected and often required to provide services and reach people that private and other governmental agencies fail to adequately address. In this context LPHU's are regarded as the residual guarantor for essential services. They are also required by state law to provide services to North Dakota citizens regardless of ability pay. As a result, services are often rendered without reimbursement either by insurance or client payment. Respectively, local health departments operate on relatively small budgets.

LPH funding sources are generally from local government, state government and federal pass-through funds. As indicated in the 2012 National Association of City and County Health Officials (NACCHO) Profile Survey of Local Health Departments, the largest source of LPHU revenue is from local government at 34% of the total budget, state direct is 9% with only 5% from state

aid, federal pass through is 28% and other sources 24%. The majority of the flexible funding source is from local governments so in order to respond to community needs such as the changes in demography and health status, increase health care costs, and latest health care trends (such as under-funded or unfunded mandates) it requires a continual burden on local tax payers. In addition, there is a barrier to generate additional local tax dollars as health districts' budgets may not exceed the amount that can be raised by a levy of five mills as mandated in state statute. Presently, health districts average a 4.2 mill appropriation.

Local public health units have been hampered due to limited and categorical funds and have not been able to adequately carry out many core functions. Federal programs have seen their fair share of funding cuts and cuts to CDC are cuts to state and local governments. The NACCHO Profile Survey data indicated a decrease in federal pass through funding from 36% in 2008 to 28% in 2010. Trust for America's Health 2012 and 2011 funding indicators, indicate North Dakota Department of Health per capita funding from CDC has decreased in core service programs of; infectious disease, emergency preparedness and response, vaccines for children, 317 immunization program, influenza, injury prevention and control, and others. These cuts to NDDoH alone total $1,488,350. The total impact to local public health units is yet to be seen, but a $438,370 cut in emergency preparedness and response dollars has already been determined. Combined with the other decreases in federal pass through funding, these core services are at risk of extensive cuts. In order for LPHU to sustain current level of core services and retain qualified employees, an additional **$1,000,000** in state aid is needed.

The core public health activity of protecting against environmental hazards has been identified by the local public health administrators as a priority area of need to increase capacity to better meet the environmental health demands of their communities. An effective environmental health infrastructure throughout the state is imperative in our response to any public health threat. Public Health threats may include food borne outbreaks, water supply contamination or natural disasters such as floods and tornados and other hazards such as train derailments that impact air quality. Only eight of the larger multi-county local public health units have environmental health practitioners (EHPs). $400,000 per biennium of the current state aid allocations is earmarked for the provision of environmental health services. This is only $.59 per capita dedicated to protect local communities against environmental health hazards and an estimated six hours a month of services provided to counties outside of the EHP's jurisdiction. Many of the smaller health units do not have the financial means to contract for additional services which results in many unmet needs and unfulfilled community expectations. State aid funding appropriated for regional environmental health services has not changed since 2007. LPHU's need **$500,000** in additional state aid funds to increase and enhance the capability to protect against and to respond to environmental hazards.

I have concluded my prepared testimony. I am happy to answer any questions you may have for me.

Julie Ellingson
SB 2004
1-22-13

#10

North Dakota Stockmen's Association

Testimony to the Senate Appropriations Committee on SB 2004

Jan. 22, 2013

Good morning, Mr. Chairman and members of the Appropriations Committee. For the record, my name is Julie Ellingson and I represent the North Dakota Stockmen's Association.

I appear here in support of SB 2004 and, specifically, the Environmental and Rangeland Protection Fund appropriation, which supports the Stockmen's Association's Environmental Services Program. The Environmental Services Program is a statewide program that was launched in 2001 to help cattle producers minimize air and water quality impacts and comply with state and federal environmental regulations associated with feeding. The program does so by helping producers identify and implement cost-effective solutions that both enhance the environment and their potential for profitability.

Since its debut and with the support of the Health Department and the State Legislature, the Stockmen's Association's Environmental Services Program has been very effective. Our Environmental Services director has been invited onto 657 beef cattle operations – at least one in every county – to conduct a free, confidential assessment of the animal feeding operation and to determine how it fits with state and federal regulations. From those on-site assessments, the director has also developed 146 Stockmen's Stewardship Support Program and Environmental Quality Incentive Program contracts for cost-share assistance to help producers install appropriate animal waste handling systems and other environmentally friendly best management practices.

Even more impressive is how the program has helped producers reduce the amount of pollutants, such as suspended solids, nitrogen, phosphorus and fecal coli-form, from entering into waters of the state. Since 2001, the Stockmen's

Association's Environmental Services Program has helped permit more than 98,000 head of cattle and, more significantly, reduce nitrogen and phosphorus runoff levels by 83 percent on those permitted livestock operations.

The Stockmen's Association enjoys a strong working relationship with the Health Department. Because of our daily contact and close affiliation with the state's beef cattle producers, we are able to administer services and answer questions for folks who may not be inclined to contact a regulatory agency directly.

Cattle producers' livelihood and legacy depend on the way they care for their animals, the land they graze and the water they drink. Your support of this budget will help cattle producers be good stewards of their environment, which benefits this and future generations of North Dakotans.

We would also like to acknowledge our strong support of the Veterinary Loan Repayment program, which incentivizes large-animal veterinarians to practice in North Dakota. There continues to be vet shortages in parts of the state, and this program is helping us recruit some of the brightest.

For these reasons, we ask for your favorable consideration of these programs as you work through this budget.

Brenda Weisz 1
SB 2004
2-6-13

Colorectal Cancer Screening Program

History of program

2007-2009 – initial funding was provided ($150,000) and had to be contracted with a medical facility serving a rural component and a neighboring American Indian Reservation. The service was competitively bid. We received 2 proposals. Heart of America and Rolla submitted proposals. Heart of America was awarded the contract.

2009-2011 – additional funding was provided ($300,000) and an urban component (serving counties > 15,000) was included. Heart of America was issued a continuation of its contract and the urban component was competitively bid. Sanford Health in Fargo and Trinity in Minot submitted proposals. Sanford was awarded the contract.

Program Eligibility – See attached. Income eligibility is one component and is the same as Women's Way – 200% or less of the federal poverty level.

2011-2013 Appropriation

$477,600

- $77,600 – contractor for data collection and tracking
- $168,815 – Heart of America goal of 95 participants as the rural component
- $231,185 – Sanford Health in Fargo – goal of 130 participants as the urban component
- Of the amounts provided to the health care facilities 2/3 must be used for allowable procedures and items used for the screening. 1/3 can be used for salary to support the project case manager, project medical director duties, and other associated staff outreach and recruitment, supplies to support enrollment and program management.

The DoH program is designed after the federal colorectal cancer screening program and the Wyoming state program with one exception. The ND state funded program does not pay for a follow-up colonoscopy, which is a procedure approved when polyps were removed for enrolled participants who had their initial screening paid by the program. CDC included this in their program guidance as of 2010 and the state funded program in Wyoming followed suit in 2011.

2011-2013 NORTH DAKOTA COLORECTAL CANCER SCREENING INITIATIVE PROGRAM OVERVIEW

- North Dakota Legislative Assembly appropriated $400,00 funding for this program, for the two year time period

- Why this program was funded with state dollars?
  - There is no legislative mandate yet for insurance companies to pay for colonoscopies or any other form of colorectal cancer screening
  - Colorectal cancer is the second leading cause of cancer death and third in incidence for our state
  - Screening saves lives
    - Colorectal cancer is preventable by removal of colon polyps
    - Colorectal cancer is very treatable if the cancer is found early
  - The cost of treating advanced stage colorectal cancer is very expensive

- Goal is initiative for 2011-2013 is to provide 225 screening colonoscopies in the state at no cost to the participant

- Eligibility for the program
  - 50-64 years of age
  - North Dakota resident
  - Lower income – no requirement to show proof of income- verbal report only
  - Uninsured or underinsured
  - Personal health history is reviewed-must be eligible for a screening and not diagnostic colonoscopy

- Two health care facilities in the state have received grant funds to provide services for this initiative
  - Heart of America Medical Center –Rugby, ND
  - Sanford Health – Fargo, ND

- Procedures covered with this initiative
  - Pre-op office visit and the prep
  - Limited lab and EKG
  - Screening colonoscopy procedure
  - Pathology

- Participant and their primary care provider receive a report of the screening results

- Bills for procedures provided by this initiative are paid to the two facilities by the North Dakota Department of Health at Medicare Part B rates

- There are no funds appropriated for cancer treatment costs

- Request by the legislature to reach out to the North Dakota tribal communities with this program-(outreach to Spirit Lake by Heart of America Medical Center)

Attachment A

2011-2013 NORTH DAKOTA COLORECTAL CANCER SCREENING INITIATIVE PARTICIPANT ELIGIBILITY/INELIGIBILITY DETERMINATION

(Revised 8-11 for the 2011-2013 Program Period of July 2011 through June 30, 2013)

The following guidelines relate to participant eligibility and allowable procedures paid by program, which include colonoscopy as the colorectal cancer procedure.

A designated initiative staff member will review all enrollments to ensure that only eligible participants are enrolled. Participants must be willing to sign a release of information for the initiative grantee facility to obtain prior medical records to confirm eligibility based on screening cycle, personal medical history or family history.

Eligibility

All participants must meet the following criteria to be considered for enrollment in the North Dakota 2011-2013 Colorectal Cancer Screening Initiative:

1. Age eligibility
   a. 50 through 64 years of age
2. Income eligibility
   a. Reported household income of 200% or less of the federal poverty limit (See 2010 income guidelines. This will be updated as when new information becomes available)
3. Residency
   a. Must be a North Dakota resident
4. Insurance status
   a. No health insurance
   b. Underinsured-health insurance does not pay for screening colonoscopy
   c. Insurance with high deductible prohibits colonoscopy screening
   d. Applicants not eligible for the federal Medicare Part B or ND Medicaid
5. Frequency of colonoscopy screening
   a. Applicant will be eligible for one (1) screening colonoscopy every ten (10) years
6. Personal medical history
   a. Applicants who have never been screened for colorectal cancer
   b. Applicants who are past due for CRC screening
      i. Fecal occult blood test (FOBT) more than 12 months ago
      ii. Last colonoscopy more than 10 years ago
      iii. Last sigmoidoscopy more than 5 years ago
      iv. Last double contrast barium enema (DCBE) more than 5 years ago
   c. Applicants ages 50 to 64 years of age previously diagnosed with colorectal polyps which were non-cancerous with follow-up complete and have returned to routine screening
   d. Applicants with rectal bleeding

7. Family History
   a. Participants with one or more 1st degree relatives under the age of 60 diagnosed with colon cancer
   b. Participants with two or more 1st degree relatives over the age of 60 diagnosed with colon cancer
   c. Participants with one or more 1st degree relatives under the age of 50 diagnosed with colon polyps
   d. Participants with two or more 1st degree relative over the age of 50 diagnosed with colon polyps
   e. Family members diagnosed with hereditary non-polyposis colorectal cancer (HNPCC) or familial adenomatous polyposis (FAP)

PROSPECTIVE PARTICIPANTS INELIGIBLE TO PARTICIPATE IN THE INITIATIVE DUE TO PERSONAL MEDICAL HISTORY

Clinically ineligible prospective participants will need to be referred for the appropriate medical care or evaluation. They include the following:

Have a Personal History of:

1. A prior diagnosis of rectal or colorectal cancer
2. Initial positive colonoscopy performed outside the program who are seeking further diagnostic/treatment services
3. Are under the age of 50
4. A prior diagnosis of colorectal polyps, with follow-up not complete and has not returned to routine screening
5. Genetic syndromes (i.e. familial adenomatous polyposis (FAP), hereditary non-polyposis colorectal cancer (HNPCC))
6. A diagnosis of Crohn's disease
7. A diagnosis of ulcerative colitis

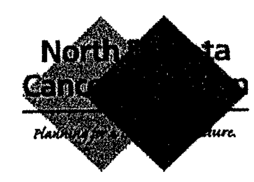
COVERED PROCEDURES

1. Colonoscopy is the screening procedure for this initiative

NON-COVERED PROCEDURES

1. No other procedures outside of the allowable procedure list will be paid with initiative funds. Please see the allowable procedures list in Attachment B
2. Follow-up/surveillance colonoscopies are not covered with initiative funds

Attachment F



2012 Income Guidelines
For the
2011-2013 Colorectal Cancer Screening
Initiative

Income Eligibility Guidelines		
Household number	**Income**	
	Yearly	**Monthly**
1	$22,340	$1,862
2	$30,260	$2,522
3	$38,180	$3,182
4	$46,100	$3,842
5	$54,020	$4,502
6	$61,940	$5,162
7	$69,860	$5,822
8	$77,780	$6,482
9	$85,700	$7,142
10	$93,620	$7,802

Each additional household member is $7,920 per year or $660 per month

(Income Guidelines Updated February14, 2012)

Attachment B

2011-2013 NORTH DAKOTA COLORECTAL CANCER SCREENING INITIATIVE COVERED AND NON-COVERED PROCEDURES

Colonoscopy is the screening procedure for this initiative, which is the direct examination of the entire colon via a colonoscope.

Allowable procedures associated with colonoscopies are reimbursable at North Dakota Medicare Part B rates.

Allowable Procedures Include:

1. Pre-op visit
2. Lab
3. EKG
4. Provider fee of the colonoscopy
5. Facility fee of the colonoscopy when performed in a hospital outpatient setting or ambulatory surgery center
   a. If the colonoscopy is performed in a clinic setting, a facility fee cannot be billed
6. Pathology
7. Anesthesia (including conscious sedation)
8. See allowable procedures attachment for a complete listing of procedures that will be paid by initiative funds
9. Bowel prep will be reimbursed at the actual facility cost for each type of prep to be used up to $30.00 per prep (this is not listed on the approved procedure listing and will be included in a supply line of the budget and billed as a supply)
10. Venipuncture

Colonoscopy is a screening test, but it is often also a diagnostic test and/or treatment when lesions are identified, biopsied and/or removed. The goal during colonoscopy is that all lesions identified as cancer or polyps (sessile or pedunculated) be excised, or, if too large for excision, biopsied and sent for pathologic examination. An exception is when numerous (over 10-20) small (<5mm) polyps are encountered in the rectum and distal colon: since these are typically hyperplasic polyps, representative biopsies of 5-10 can be obtained. Pathologic evaluation of colonic polyps is critical to determine the individual risk category for colorectal cancer and the proper interval for repeat colorectal cancer screening. An "adequate" colonoscopy is one that reaches the cecum and visualized over 90% of the colonic mucosal surface.

Follow-up of Colonoscopy or Inadequate Screening Results:

1. Further follow-up of numerous polyps or polyps that require additional biopsy or testing is no longer considered screening and cannot be covered with initiative funds
2. If the provider determines that a colonoscopy is inadequate, the provider should determine if and when additional procedures are necessary to complete the screening
   a. A repeat colonoscopy due to an inadequate initial screening procedure which needs to be redone to achieve adequacy is reimbursable by the North Dakota Colorectal Cancer Screening Initiative

b. The North Dakota Department of Health (NDDoH) Colorectal Cancer Initiative project assistant must be notified of the need for repeat procedure prior to the date of the repeat procedure
c. The grantee must inform the NDDoH Colorectal Cancer Screening Initiative project assistant when such situations occur within five working days of the initial procedure

Who Can Conduct Screening Procedures:

1. Surgeons and gastroenterologists who have been trained and certified in performing endoscopic procedures

Other:

1. All applicants are to receive an identifying number when enrolling in the screening program. This number must be connected to all participants' procedures on the monthly reimbursement form to ensure that only allowable procedures are billed to the NDDoH for reimbursement. This will also provide a means to track the number and type of procedures billed per participant
2. Quality assurance for appropriate procedure determination will be included in the evaluation component of this initiative

Procedures NOT Paid With Initiative Funds

Screening Procedures NOT reimbursed by this initiative include:

1. FOBT – this program will not reimburse for standard or immunochemical FOBT testing
2. Sigmoidoscopy
3. Double Contrast Barium Enema
4. Virtual Colonoscopy (also known as CT colonography)
5. Digital Rectal Exam (DRE) if performed at the time of colonoscopy will not be reimbursed with initiative funds
6. No show appointment by the patient will **NOT** be reimbursed by the North Dakota Colorectal Cancer Screening Initiative
7. A screening colonoscopy completed prior to the 10 year recommended interval

Follow-up/surveillance colonoscopies NOT reimbursed by this initiative include:

1. Follow-up/surveillance colonoscopies of participants who receive their screening colonoscopy with initiative funds will not be covered

Other:

1. Any procedure performed during the pre-op exam or colorectal cancer screening which is not on the allowable procedure list will NOT be reimbursed with initiative funds. The participant must agree to cover these costs or the grantee facility may waive the costs
2. Medical therapy for any bowel disorders or genetic testing for bowel disease is not reimbursed by the North Dakota Colorectal Cancer Screening Initiative
3. Complications from endoscopic procedures (colonoscopy) and treatment for colorectal cancer is not covered by this initiative. The grantee must work with the applicant to provide available financial resources for treatment of colorectal cancer or complications from colonoscopy screening

Brenda Weisz

SB 2004

2-6-13

#2

North Dakota Department of Health
Tobacco Special Appropriation Line
2013-15 Executive Budget

Description	2013-15 Executive Budget
Salary/Temp/Benefits	839,772
Operating Expenses	196,505
NDQuits Vendor-Promotion	527,820
Cessation Services	10,000
Tobacco Consultants-Cameo Communications	60,000
Legal-Tobacco & Misc.	4,800
Youth Tobacco Survey	5,000
Quality Improvement Project	60,000
NDQuits Vendor Evaluation	80,000
CDC Tobacco Grantees (Tribes and Worksite Wellness)	540,000
CDC Federal Funds	**2,323,897**
NDQuits Vendor	1,640,000
NDQuits Vendor-UND	818,238
NDQuits Vendor-Promotion	297,116
NDQuits Vendor Evaluation	40,000
State Employee Cessation-Promotion	10,000
Tobacco Consultants-Cameo Communications	20,000
Youth Tobacco Survey	25,000
Second Hand Smoke Survey	25,000
Adult Tobacco Survey	25,000
Cessation Program Grantees (Cessation Centers and Baby and Me Tobacco Free)	320,000
Community Health Trust Fund - Fund 316	**3,220,354**
Total	**5,544,251**

****The Community Health Trust Fund 11-13 revenue was less ($3,510,495-$3,220,354=$290,141) than originally projected due to decreased revenue into the CHTF.*

Roles and Responsibilities for Tobacco Prevention and Control in North Dakota

Categories	Department of Health	Center for Tobacco Prevention and Control Policy
State & Community Interventions	Provide funding to Tribes (Reservations) for infrastructure to focus on: • Preventing initiation among youth and young adults • Promoting quitting among adults and youth • Eliminating exposure to secondhand smoke • Working with identifying and eliminating tobacco-related disparities among American Indians.	Provide Local Tobacco Control Policy Grants to all Local Public Health Units (LPHUs) for local education about CDC BP for CTCP to prevent and reduce tobacco use in the LPHU service area. Grants focus on the current priorities of eliminating exposure to secondhand smoke and otherwise changing social norms to prevent and reduce tobacco use through tobacco-free K-12 and higher education campus policies, education on how a tobacco tax increase will prevent and reduce use and healthcare costs. Local grants include work with reservations and tribal populations within the service area to augment NDDOH tribal grants. This requires communication and cooperation with the NDDOH and invitation to go on the reservations from the tribal tobacco coordinator.
	Provide Worksite Wellness funding to develop and implement a comprehensive worksite wellness toolkit with a heavy emphasis on increasing tobacco policies in the workplace.	Provide Special Initiative Grants to support local planning and statewide organizations for CDC BP CTCP policies, with focus on current priorities of smoke-free policies and education on tax, but to prepare for any policy opportunity.
	Statewide Coalitions • Continue as the tobacco liaison to assist with technical assistance for Cancer, Diabetes, Oral Health, Suicide, Healthy ND, Heart Disease and Stroke coalitions. • Continue as the tobacco liaison to assist Coordinated School Health program with technical assistance.	Provide other training and technical assistance grants and contracts to support state and community interventions.

	• Continue to monitor changes related to FDA and provide resources as requested including fact sheets, tool kit. • Continue to monitor new and emerging products, other tobacco products including E-Cigarettes and provide resources as requested, including fact sheets, tool kit.	
Health Communications	See Cessation	Comprehensive Statewide Health Communications Interventions including support through Local Tobacco Control Policy Grants for local media purchases by individual health units and statewide media purchases and evaluation by the Public Education Task Force on Tobacco.
Cessation	Provide cessation programs including: • ND Quits Program(s) • North Dakota Public Employees Retirement System State Employee Cessation Program • City County Cessation program	Comprehensive ongoing implementation of PHS Guidelines in all Local Public Health Units, including tobacco-free grounds policies, ongoing updates and training, and annual quality improvement audits of the AAR process through Tobacco Settlement State Aid grants to all local public health units.
	Continue to act as lead agency in promotion as related to NDDoH Cessation Services.	Support through Local Tobacco Control Policy Grants for NRT distribution to augment NDQuits programs, local advertising to promote cessation locally; and for implementation of PHS Guidelines to AAR to the statewide NDQuits services in local health care systems. Implementation of PHS Guidelines outside of local public health units requires communication and cooperation with the NDDOH.
	Provide Public Health Service (PHS) guidelines outside Local Public Health.	

Surveillance & Evaluation	Conduct statewide surveillance including: • Behavioral Risk Factor Surveillance System (BRFSS) • Youth Tobacco Survey (YTS) • Youth Risk Behavioral Survey (YRBS) • Adult Tobacco Survey (ATS) • Statewide Second Hand Smoke Study	Provide evaluation of comprehensive statewide tobacco program according to statute.
	Develop ND specific fact sheets to support the data	Conduct surveillance, evaluation and reporting of Center operations and programs.
	Provide evaluation specific to NDDoH Programs, including NDDoH cessation programs.	
Administration & Management	4.50 FTE qualified NDDoH Tobacco Control Programs staff including administrative support.	Administration of Center operations
		FTEs paid by Center funding: 5.0 permanent FTEs. Temporary employees include 9 Advisory Committee members and additional temporary staff to be determined.

Tobacco Prevention and Control
Executive Committee
2013-15 Executive Budget

Description	2013-15 Executive Budget	2013-15 Optional Budget
Salary/Temp/Benefits	1,495,935	1,540,935
Operating Expenses	286,958	286,958
Nexus - IT Contractual (State vendor for system shared with ND Dept. of Health)	200,000	200,000
Legal - Professional Fees and Services	18,535	18,535
Audit - Professional Fees and Services	10,000	10,000
Health Communications - Professional Fees and Services	1,500,000	1,500,000
Evaluation - Professional Fees and Services	1,200,000	1,500,000
Policy Training and Technical Assistance - Professional Fees and Services	150,000	150,000
Equipment over $5,000	6,500	6,500
Grants - Tobacco State Aid	940,000	940,000
Grants - Local Public Health	5,885,358	6,683,138
Grants - Special Initiative Grants	1,322,911	1,522,911
Total	**13,016,197**	**14,358,977**

Arvy Smith
SB 2004 2-6-13
#3

Department of Health
Optional Adjustment Summary
2013-15 Budget

Priority	Section		FTE	General Fund	Federal Funds	Special Funds	Salaries	Operating & Equip	Grants	Total
3% Red.	MS	LPHU Universal Vaccine		(1,007,312)				(1,007,312)		(1,007,312)
1	Admin	Oil Impact	12.00	3,245,108		542,542	1,649,131	954,519	1,184,000	3,787,650
2	EH	EPA Legal Fees		500,000				500,000		500,000
3	MS	Medical Examiner Services	1.00	624,145			500,845	123,300		624,145
4	EPR	Volunteer coverage through WSI		84,000				84,000		84,000
5	MS	Universal vaccine		1,000,000				1,000,000		1,000,000
6	Admin	Salary Equity Package		2,737,500	912,500		3,650,000			3,650,000
7	Admin	Healthy North Dakota		345,748	(174,664)		171,084	0		171,084
8	SP	Physician & Mid Level Practitioners Loan Repayment		270,000					270,000	270,000
9	EPR	Nurse Telephone Triage		671,000		3,979,000	10,000	4,640,000		4,650,000
10	SP	Dental Loan Repayment & Dental Non-profit Services		360,000					360,000	360,000
11	MS	ARRA NDIIS Interoperability			130,000			130,000		130,000
11	SP	ARRA National Health Services Corp			25,000				25,000	25,000
12	CH	Healthy Communities		1,364,911			306,211	658,700	400,000	1,364,911
13	EPR	Community Paramedic Pilot Project	1.00	276,600			135,000	141,600		276,600
14	SP	Office of Health Equity		292,263	(27,250)		265,013	0		265,013
15	EPR	Leadership Training for Ambulance Service Directors		220,000				220,000		220,000
16	EPR	Trauma System		709,000				709,000		709,000
17	SP	Early Hearing Detection and Intervention		300,000					300,000	300,000
18	EPR	Rural EMS Assistance Fund for Grants		1,750,000					1,750,000	1,750,000
19	EPR	EMS Database systems		480,000				480,000		480,000
20	CH	Safe Sleep Campaign/Cribs for Kids		475,000				475,000		475,000
21	Admin	Public Health Networks		4,000,000					4,000,000	4,000,000
22	SP	CSHS Client Server Application		647,108				647,108		647,108
23	CH	Stroke System of Care		383,000				375,000	8,000	383,000
24	MS	NDIIS Analytical / Data Quality Support		254,609			116,146	138,463		254,609
25	Admin	State Aid to Locals		1,500,000					1,500,000	1,500,000
26	HR	Food & Lodging Licensing Management System		110,000				110,000		110,000
27	MS	Maven Maintenance		80,000				80,000		80,000
28	SP	Veterinarian Loan Repayment		135,000					135,000	135,000
29	CH	Senior Falls Prevention Program		122,675				82,675	40,000	122,675
30	EH	New Lab Equipment & Replace IT domain		695,680		47,500		743,180		743,180
		Total	**14.00**	**22,626,035**	**865,586**	**4,569,042**	**6,803,430**	**11,285,233**	**9,972,000**	**28,060,663**

Included in Executive Recommendation (yellow)
Partially Funded in Executive Recommendation (blue)

Arvy Smith
SB 2004
2-13-13
#1

Salaries and Wages

Salaries and wages make up $58,149,478 or 31 percent of our budget. The majority of the increase to the salaries line item is the recommended salary package, the amount necessary to continue the second year of the 2011-13 biennium 3 percent increase and the new FTE related to oil impact.

Salary levels have been a major issue for the Department of Health. Our turnover rate is over 10 percent and we continue to face recruitment and retention issues for certain positions, particularly while North Dakota's economy is so strong. Department of Health salaries have not been equitable with other state agency salaries for similar jobs in comparable classifications. In addition, many of our classifications – including environmental engineers, epidemiologists, chemists and human service program administrators – are paid significantly less than their counterparts in other states.

The new employee classification system as a result of the Hay Study caused severe salary compression issues. Before the new classification system, 35 percent of our employees were in the 1st (lowest) quartile; after applying the new system 65 percent are in the 1st quartile. Also, before the new system, 25 percent of our employees were in the 3rd or 4th quartiles; after applying the new system only 6 percent are in the 3rd or 4th quartile. Finally 55 percent of the employees in the 1st quartile have over 5 years of experience and we have 5-year employees whose salaries are no more than new hires. The governor included $4,451,685 in our budget to address this and to allow performance increases.

Arvy Smith
SB 2004
2-13-13
#2

Number of Participants Due to Have Follow-up Colonoscopies in the 2007-2009 Biennium**
2009 = 8 follow-up colonoscopies x $1,800/projected procedure amount = $14,400

Number of Participants Due to Have Follow-up Colonoscopies in the 2009-2011 Biennium**
2009 = 9
2010 = 7
2011 = 6
Total = 22 follow-up colonoscopies x $1,800/projected procedure amount = $39,600

Number of Participants Due to Have Follow-up Colonoscopies in the 2011-2013 Biennium**
2012 = 10
2013 = 8
Total = 18 follow-up colonoscopies x $1,800/projected procedure amount = $32,400

Number of Participants Due to Have Follow-up Colonoscopies in the 2013-2015 Biennium**
2013 = 2
2014 = 4
2015 =15
Total = 21+20* = 41 follow-up colonoscopies x $1,800/projected procedure amount = $73,800
*(added 20 additional follow-up colonoscopies in anticipation of the increased potential for more repeat follow-up procedures due before the end of the 13-15 biennium)

Projected number of follow-up colonoscopies from 2007 to June 2015 = 89

REQUESTED CALCULATIONS FOR FOLLOW-UP COLONOSCOPIES FROM 2007 THROUGH JUNE 2015

TOTAL	ITEM DESCRIPTION
$160,200	Projected follow-up colonoscopy procedural costs 2007 to June 30 2015 ($1,800 x 89 follow-up colonoscopies)
$80,100	Projected grantee project management for follow-up colonoscopies (1/3 of sub-total)
$240,300	**Sub-total**
$12,672	Additional projected contractor time to provide grantee oversight for the follow-up colonoscopies at $66/hr x 8 hr/month x 24 months
$252,972	**Total**

Determining Estimate for Procedural Cost
$1,800 was selected as the estimated dollar amount for the follow-up colonoscopy. These particular participants have a greater chance of having one or more polyps removed during the follow-up. The current median cost of a screening colonoscopy at present is slightly below $1,400. Additional costs were considered for the likelihood of more than one type of surgical tray needed during a single procedure and/or anticipated increased pathology costs for more than 50% of the participants due for follow-up.

**** US Multi-Society Task Force on Colorectal Cancer Guidelines used as the standardized tool for time interval of follow-up colonoscopies**

Arvy Smith
SB 2004
2-15-13

#1

Senate Bills with Appropriation or Fiscal Effect to Dept of Health

SB 2030 Regional public health network $4 million
SB 2031 Tribal health unit $500,000 ($200,000 general fund)
SB 2193 Autism spectrum disorder $200,648 1 FTE
SB 2226 Trauma system, $709,000 1 FTE
SB 2354 Dental loan repayment for nonprofits $180,000
SB 2307 Regulation of septic system installers and systems FN $357,645 GF 2 FTE

SB 2004
2-18-13

#1

Prepared by the Legislative Council staff
for Senate Appropriations
February 15, 2013

LISTING OF PROPOSED CHANGES TO SENATE BILL NO. 2004

Department - State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Provides funding for recommended follow-up colorectal screenings to provide a total of $762,800 from the general fund for the colorectal screening initiative, an increase of $285,200 from the 2011-13 biennium		$160,200		$160,200
2	Provides funding from the tobacco prevention and control trust fund to increase funding for continued implementation of the statewide integrated stroke system of care to provide a total of $856,324, of which $473,324 is from the general fund			$383,000	$383,000
3	Adds funding due to a calculation error in the executive compensation package		$22,554	$19,212	$41,766
4					$0
5					$0
	Total proposed funding changes		$182,754	$402,212	$584,966

Other proposed changes:

1 Repeals North Dakota Century Code 23-46-05 established by 2011 House Bill No. 1044. The section limits the the first year distributions to $1,250,000.

2 Adds legislative intent to allow follow-up colorectal screenings and provide that the cost of follow-up screenings shall not exceed $1,800 per screening.

3

4

Mathern, Tim

From: Richter, Vonette J.
Sent: Monday, February 18, 2013 7:54 PM
To: Mathern, Tim
Subject: Your question about tobacco prevention and control trust fund dollars

Senator Mathern,

This email is in response to your request question regarding whether it is permissible for the Legislative Assembly to direct appropriations from the tobacco prevention and control trust fund for purposes that are not CDC best practices.

Initiated measure No. 3, which became effective on December 4, 2008, created the Tobacco Prevention and Control Advisory Committee. The measure, which was codified as NDCC Chapter 23-42, required that committee to develop a comprehensive plan and that the plan must be funded at a level equal to or greater than the CDC's recommended level funding, and funding for the comprehensive plan must supplement and may not supplant any funding that, in the absence of the chapter would be or has been provided for the community health trust fund or other health initiatives. The measure also amended NDCC Section 54-27-25 to create the tobacco prevention and control trust fund that consists of the tobacco settlement dollars obtained by the state and interest earned on the fund. Section 54-27-25 provides that money received into the fund must be administered by the executive committee of the advisory committee for the purpose of creating and implementing the comprehensive plan.

You asked whether the Legislative Assembly could direct appropriations from the tobacco prevention and control trust fund for purposes that are not CDC best practices with a simple majority vote or whether a two-thirds vote would be required. Article III, Section 8, of the Constitution of North Dakota, provides, in part, that a "measure approved by the electors may not be **repealed or amended** by the legislative assembly for seven years from its effective date, except by a two-thirds vote of the members elected to each house."

Your question raises the issue of whether an appropriation of tobacco prevention and control trust fund dollars for purposes other than CDC best practices, an action that does not directly amend or repeal any section of law that was contained in the initiated measure, but which is closely related to the subject matter of the initiated measure, would require a two-thirds vote of the members of each house. The North Dakota Supreme Court addressed a similar issue in *State el re. Strutz v. Baker*, 299 N.W.574 (1941). In that case the court had to determine whether a bill passed by a majority vote, but which failed to receive a two-thirds majority vote, was invalid although it did not directly amend the initiated measure providing for a gasoline tax. The court said although the bill did not directly refer to the initiated measure, it nevertheless was legislation on the same subject; changed the method of administration of the initiated law; and to that extent amended certain portions of the initiated measure. The court concluded that the bill it indirectly amended the prior initiated law and was therefore invalid because it was not enacted by the necessary two-third majority vote.

Subsequent opinions of the Attorney General have followed the same reasoning as in the *Strutz* case. The Attorney General has said that a proposed enactment of the Legislative Assembly may effectively amend an initiated measure even though it professes to be a separate and independent act and it would therefore require a two-third majority vote for passage. (Opinion dated February 14, 1979, to Representative Vernon Wagner, Speaker of the House).

Based upon the previously cited legal authority, it appears that legislation does not have to amend the same laws or language as the initiated measure to require a two-thirds vote for passage. Thus, until December 8, 2015, (which effectively means until the 2017 legislative session) any direct or indirect amendment to NDCC Chapter 23-43 or the amended portions of Section 54-27-25 would require a two-thirds vote.

Although the cited legal authority did not specifically address the issue you raised, it could be argued that using tobacco prevention and control trust fund dollars for purposes other than CDC best practices is an indirect amendment to the language of the initiated measure that was passed by the voters and, therefore, would require a two-thirds vote of each use for passage.

Vonette Richter

Vonette Richter
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North Dakota Tobacco Prevention and Control Executive Committee
Center for Tobacco Prevention and Control Policy
4023 State Street, Suite 65 • Bismarck, ND 58503-0638
Phone 701.328.5130 • Fax 701.328.5135 • Toll Free 1.877.277.5090

TO: Honorable Senators Kilzer, Grindberg and Mathern, subcommittee
FROM: Theresa Will, Chair *Theresa Will*, Dr. Beth Hughes, Dr. Kermit Lidstrom -- Executive Committee
DATE: February 19, 2013
RE: SB 2004 Amendment

The amendment to SB 2004, the Department of Health appropriation, approved yesterday in your subcommittee, appropriates $383,000 from the Tobacco Prevention and Control Trust Fund to increase funding for the stroke system of care. The Executive Committee has serious concerns about this amendment's source of funding.

Given that the Tobacco Prevention and Control Trust fund was specifically identified as the funding source for this item, the Executive Committee should have been consulted. N.D.C.C. 23-42-03 states that "The executive committee is responsible for the implementation and administration of the comprehensive plan, including the appropriateness of expenditures to implement the comprehensive plan." We appreciate the relationship we have with the Legislative Assembly, who appropriates funding, while one of the most important roles of the Executive Committee is that of fiduciary responsibility for the Tobacco Prevention and Control Trust Fund dollars.

The law establishing the Tobacco Prevention and Control Trust Fund requires the Executive Committee to spend these dollars on CDC Best Practices for Comprehensive Tobacco Control, which the stroke system of care is not. The approved amendment to 2004 creates legal and fiscal concerns for the Executive Committee and for the N.D. Center for Tobacco Prevention and Control Policy, especially considering that we were not asked to provide input into the consideration of this amendment's funding.

The mission of the N.D. Center for Tobacco Prevention and Control Policy, designed with input from many medical professionals with expertise in tobacco control, is to significantly reduce tobacco use in North Dakota over the short period of time the 9 years of Strategic Contribution Fund payments allow. If the stroke system of care is a proven and cost-effective health care program, it certainly merits funding through the General Fund or from revenues generated by the collection of tobacco taxes, as in House Bill 1433. However, we defer to the Department of Health to provide the Legislative Assembly with advice and expertise on these other sources of funding for the department's stroke system of care.

We respectfully ask that you reconsider this amendment, and that you include the Executive Director of the N.D. Center for Tobacco Prevention and Control Policy, Ms. Jeanne Prom, and/or any of the Executive Committee members, in further discussions. Thank you.

www.breatheND.com

#1

13.8154.01003
Title.
Fiscal No. 1

Prepared by the Legislative Council staff for
Senator Kilzer
February 18, 2013

PROPOSED AMENDMENTS TO SENATE BILL NO. 2004

Page 1, line 2, after the semicolon insert "to repeal section 23-46-05 of the North Dakota Century Code, relating to state financial assistance for emergency medical services;"

Page 1, replace lines 12 and 13 with:

"Salaries and wages	$49,351,659	$8,839,585	$58,191,244
Operating expenses	50,272,030	(11,744,473)	38,527,557"

Page 1, replace line 15 with:

"Grants	57,928,038	(443,309)	57,484,729"

Page 1, replace lines 19 through 21 with:

"Total all funds	$189,870,305	($3,083,375)	$186,786,930
Less estimated income	156,956,525	(16,337,612)	140,618,913
Total general fund	$32,913,780	$13,254,237	$46,168,017"

Page 2, after line 20, insert:

"**SECTION 4. TOBACCO PREVENTION AND CONTROL TRUST FUND.** The estimated income line item in section 1 of this Act includes $383,000 from the tobacco prevention and control trust fund, for the biennium beginning July 1, 2013, and ending June 30, 2015."

Page 2, after line 23, insert:

"**SECTION 6. FOLLOWUP COLORECTAL SCREENING GUIDELINES.** The grants line item in section 1 of this Act includes $160,200 from the general fund for recommended followup colorectal screenings. These funds may be spent for the cost of recommended followup colorectal screenings of up to $1,800 per screening for the biennium beginning July 1, 2013, and ending June 30, 2015.

SECTION 7. REPEAL. Section 23-46-05 of the North Dakota Century Code is repealed."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Senate Action

	Executive Budget	Senate Changes	Senate Version
Salaries and wages	$58,149,478	$41,766	$58,191,244
Operating expenses	38,152,557	375,000	38,527,557
Capital assets	2,224,288		2,224,288
Grants	57,316,529	168,200	57,484,729
Tobacco prevention	5,544,251		5,544,251
WIC food payments	24,659,861		24,659,861

Federal stimulus funds	155,000		155,000
Total all funds	$186,201,964	$584,966	$186,786,930
Less estimated income	140,216,701	402,212	140,618,913
General fund	$45,985,263	$182,754	$46,168,017
FTE	354.00	0.00	354.00

Department No. 301 - State Department of Health - Detail of Senate Changes

	Corrects Executive Compensation Package[1]	Increases Funding for Colorectal Screenings[2]	Increases Funding for Statewide Stroke System of Care[3]	Total Senate Changes
Salaries and wages	$41,766			$41,766
Operating expenses			375,000	375,000
Capital assets				
Grants		160,200	8,000	168,200
Tobacco prevention				
WIC food payments				
Federal stimulus funds				
Total all funds	$41,766	$160,200	$383,000	$584,966
Less estimated income	19,212	0	383,000	402,212
General fund	$22,554	$160,200	$0	$182,754
FTE	0.00	0.00	0.00	0.00

[1] Funding is added due to a calculation error in the executive compensation package.

[2] Funding is added for recommended followup colorectal screenings to provide a total of $762,800 from the general fund for the colorectal screening initiative, an increase of $285,200 from the 2011-13 biennium.

[3] This amendment provides funding from the tobacco prevention and control trust fund to increase funding for continued implementation of the statewide integrated stroke system of care to provide a total of $856,324, of which $473,324 is from the general fund.

A section of legislative intent is added to the bill to allow the colorectal screening initiative to provide recommended followup colorectal screenings and to provide that the cost of recommended followup screenings not exceed $1,800 per screening.

A section is added to the bill to repeal Section 23-46-05 relating to a distribution limit on state financial assistance for emergency medical services.

Prepared by the Legislative Council staff
for Senator Mathern
February 25, 2013

LISTING OF PROPOSED CHANGES TO SENATE BILL NO. 2004

Department - State Department of Health

Proposed funding changes:

	Description	**FTE**	**General Fund**	**Special Funds**	**Total**
1	Provides funding for recommended follow-up colorectal screenings to provide a total of $762,800 from the general fund for the colorectal screening initiative, an increase of $285,200 from the 2011-13 biennium		$160,200		$160,200
2	Increases funding for continued implementation of the statewide integrated stroke system of care to provide a total of $856,324 from the general fund		$383,000		$383,000
3	Adds funding due to a calculation error in the executive compensation package		$22,554	$19,212	$41,766
4					$0
5					$0
	Total proposed funding changes		$565,754	$19,212	$584,966

Other proposed changes:

1 Repeals North Dakota Century Code 23-46-05, established by 2011 House Bill No. 1044, relating to a distribution limit on state financial assistance for emergency medical services. The section limits the the first year distributions to $1,250,000.

2 Adds legislative intent to allow follow-up colorectal screenings and provide that the cost of follow-up screenings shall not exceed $1,800 per screening.

3

4

#3

Prom, Jeanne M.

m:	Kissler, Christopher J. (Chris) (CDC/ONDIEH/NCCDPHP) [cpk2@cdc.gov]
nt:	Thursday, February 21, 2013 11:27 AM
To:	Prom, Jeanne M.
Subject:	FW: CDC Best Practices for Comprehensive Tobacco Control Programs

Hi Jeanne,

I accidentally sent to the wrong Jeanne.

Thanks,

Chris

From: Kissler, Christopher J. (Chris) (CDC/ONDIEH/NCCDPHP)
Sent: Thursday, February 21, 2013 12:17 PM
To: Harper, Karalee J. (CDC nd.gov); kheadland@nd.gov; Harmon, Jeanne (CDC doh.wa.gov)
Cc: Jordan, Jerelyn H. (CDC/ONDIEH/NCCDPHP)
Subject: CDC Best Practices for Comprehensive Tobacco Control Programs

Greetings,

CDC has received questions from both the North Dakota Department of Health and the Center for Tobacco Prevention and Control Policy related to CDC's *Best Practices for Comprehensive Tobacco Control Programs*.

I offer the following observations based on my review of the *Best Practices:*

1.) A comprehensive statewide tobacco control program is a coordinated effort to establish smoke-free policies and social norms, to promote and assist tobacco users to quit, and to prevent initiation of tobacco use.

2.) The goals for comprehensive tobacco control programs include: (1) Preventing initiation among youth and young adults; (2) Promoting quitting among adults and youth; (3) Eliminating exposure to secondhand smoke; (4) Identifying and eliminating tobacco-related disparities among population groups.

3.) Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking—and the longer states invest in such programs, the greater and faster the impact. States that invest more fully in comprehensive tobacco control programs have seen cigarette sales drop more than twice as much as in the United States as a whole, and smoking prevalence among adults and youth has declined faster as spending for tobacco control programs has increased.

4.) Each state should fund state tobacco control activities at the level recommended by the CDC. A reasonable target for each state is in the range of $15 to $20 per capita, depending on the state's population, demography, and prevalence of tobacco use. Using tobacco excise tax dollars to fund both tobacco prevention and control and chronic disease prevention and treatment is an example of an activity to reduce the burden of tobacco-related diseases

5.) A "stroke system of care" isn't identified in the CDC's *Best Practices for Comprehensive Tobacco Control Programs* nor does it appear in *The Guide to Preventative Services* produced by the Community Preventive Services Task Force.

I hope you find this information helpful. Please feel free to contact me regarding any questions.

Chris

Christopher J. Kissler, MPH
Project Officer
CDC/NCCDPHP/OSH/PSB
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3005 Chamblee-Tucker Rd.
Atlanta, GA 30341
Phone: 770-488-5323
Fax: 770-488-1220

Sen. Tim Mathern
SB 2004
2-20-13 #4

Mathern, Tim

m:	Richter, Vonette J.
nt:	Monday, February 18, 2013 7:54 PM
To:	Mathern, Tim
Subject:	Your question about tobacco prevention and control trust fund dollars

Senator Mathern,

This email is in response to your request question regarding whether it is permissible for the Legislative Assembly to direct appropriations from the tobacco prevention and control trust fund for purposes that are not CDC best practices.

Initiated measure No. 3, which became effective on December 4, 2008, created the Tobacco Prevention and Control Advisory Committee. The measure, which was codified as NDCC Chapter 23-42, required that committee to develop a comprehensive plan and that the plan must be funded at a level equal to or greater than the CDC's recommended level funding, and funding for the comprehensive plan must supplement and may not supplant any funding that, in the absence of the chapter would be or has been provided for the community health trust fund or other health initiatives. The measure also amended NDCC Section 54-27-25 to create the tobacco prevention and control trust fund that consists of the tobacco settlement dollars obtained by the state and interest earned on the fund. Section 54-27-25 provides that money received into the fund must be administered by the executive committee of the advisory committee for the purpose of creating and implementing the comprehensive plan.

You asked whether the Legislative Assembly could direct appropriations from the tobacco prevention and control trust -d for purposes that are not CDC best practices with a simple majority vote or whether a two-thirds vote would be ired. Article III, Section 8, of the Constitution of North Dakota, provides, in part, that a "measure approved by the electors may not be **repealed or amended** by the legislative assembly for seven years from its effective date, except by a two-thirds vote of the members elected to each house."

Your question raises the issue of whether an appropriation of tobacco prevention and control trust fund dollars for purposes other than CDC best practices, an action that does not directly amend or repeal any section of law that was contained in the initiated measure, but which is closely related to the subject matter of the initiated measure, would require a two-thirds vote of the members of each house. The North Dakota Supreme Court addressed a similar issue in *State el re. Strutz v. Baker*, 299 N.W.574 (1941). In that case the court had to determine whether a bill passed by a majority vote, but which failed to receive a two-thirds majority vote, was invalid although it did not directly amend the initiated measure providing for a gasoline tax. The court said although the bill did not directly refer to the initiated measure, it nevertheless was legislation on the same subject; changed the method of administration of the initiated law; and to that extent amended certain portions of the initiated measure. The court concluded that the bill it indirectly amended the prior initiated law and was therefore invalid because it was not enacted by the necessary two-third majority vote.

Subsequent opinions of the Attorney General have followed the same reasoning as in the *Strutz* case. The Attorney General has said that a proposed enactment of the Legislative Assembly may effectively amend an initiated measure even though it professes to be a separate and independent act and it would therefore require a two-third majority vote for passage. (Opinion dated February 14, 1979, to Representative Vernon Wagner, Speaker of the House).

Based upon the previously cited legal authority, it appears that legislation does not have to amend the same laws or uage as the initiated measure to require a two-thirds vote for passage. Thus, until December 8, 2015, (which ectively means until the 2017 legislative session) any direct or indirect amendment to NDCC Chapter 23-43 or the amended portions of Section 54-27-25 would require a two-thirds vote.

Although the cited legal authority did not specifically address the issue you raised, it could be argued that using tobacco prevention and control trust fund dollars for purposes other than CDC best practices is an indirect amendment to the language of the initiated measure that was passed by the voters and, therefore, would require a two-thirds vote of each use for passage.

Vonette Richter

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Testimony
Senate Bill 2004
House Appropriations Committee
Human Resources Division
Monday, March 11, 2013
North Dakota Department of Health

Good morning, Chairman Pollert and members of the Human Resources Division of the House Appropriations Committee. My name is Dr. Terry Dwelle, and I am the State Health Officer of the North Dakota Department of Health. I am here today to testify in support of Senate Bill 2004. Before we go into our budget details, we feel it is important to give you a brief overview of the department and status of health in North Dakota.

Mission

The mission of the North Dakota Department of Health is to protect and enhance the health and safety of all North Dakotans and the environment in which we live.

Department Overview

While most people know public health is important, they aren't always sure what it is or how it affects their lives. In fact, the efforts of public health touch every North Dakotan every day:

- The Department of Health's environmental scientists monitor the quality of North Dakota's air and water, ensuring that we breathe clean air, drink clean water and enjoy our beautiful environment.
- Tobacco use, unhealthy diets and poor exercise habits all contribute to chronic diseases and early death. Department of Health personnel work with local public health units and other partners across the state to promote healthy lifestyles and timely medical screenings.
- From H1N1 influenza to norovirus to tuberculosis, disease detectives from the department work hard to identify and contain disease outbreaks. Their efforts to educate the public and track down sources of illness help to protect us all.
- Department of Health personnel work to educate the public and enhance the ability of the state's public health and medical personnel to respond to emergencies such as a new influenza virus, tornadoes, fires or floods.

- Department of Health personnel travel across the state conducting inspections of nursing homes, hospitals and hospice programs in an effort to ensure that the people of North Dakota receive quality care when they are most vulnerable.
- Access to health care has become a challenge for many rural residents in North Dakota. To address this issue, the department works with communities to help them sustain and support local health-care services and attract health-care providers.

The funding and staff included in the Department of Health's budget provide the resources we need to carry out our strategic plan. As you can see, the department's strategic plan is guided by our overall mission. In order to accomplish our overall mission, we focus on the following major goals:

- Improve the health status of the people of North Dakota
- Improve access to and delivery of quality health care and wellness services
- Preserve and improve the quality of the environment
- Promote a state of emergency readiness and response

We have also incorporated cross-cutting goals, meaning they are goals that impact the department as a whole. Those deal with enhancing our capability to manage emerging activities, such as oil impact and flooding; achieving strategic outcomes using all available resources; and strengthening and sustaining stakeholder engagement and collaboration through the Healthy North Dakota Program.

Each of our goals is supported by a list of objectives and outcome performance measures to assess our progress toward our goals. In our submitted budget document, we report how we are performing on each objective. Following on the next page is the department's strategic plan detailing our goals and objectives.

Strategic Plan: 2011–2015

JUNE 22, 2012

Protect and Enhance the Health & Safety of All North Dakotans & the Environment in Which We Live

Improve the Health Status of the People of North Dakota

- Decrease Vaccine-Preventable Disease
- Achieve Healthy Weights Throughout the Lifespan
- Prevent & Reduce Chronic Diseases & Their Complications
- Prevent and Reduce Intentional & Unintentional Injury
- Prevent & Reduce Tobacco Use & Support Other Substance Abuse Prevention
- Reduce Infectious & Toxic Disease Rates

Improve Access to & Delivery of Quality Health Care & Wellness Services

- Promote & Maintain Statewide Emergency Medical Services
- Enhance the Quality of Health-Care
- Improve Access to & Utilization of Health & Wellness Services
- Improve Health Equity

Preserve and Improve the Quality of the Environment

- Preserve & Improve Air Quality
- Ensure Safe Public Drinking Water
- Preserve & Improve Surface & Ground Water Quality
- Manage Solid Waste
- Ensure Safe Food & Lodging Services

Promote a State of Emergency Readiness & Response

- Prepare Public Health & Medical Emergency Response Systems
- Maintain Hazard Identification Systems
- Maintain Emergency Communication & Alerting Systems
- Coordinate Public Health & Medical Emergency Response

Enhance Capabilities to Manage Challenges, Such as Oil Impact, Flooding & Other Emerging Activities

Achieve Strategic Outcomes Using All Available Resources

Healthy North Dakota
Strengthen & Sustain Stakeholder Engagement & Collaboration

As state health officer, I'm proud of North Dakota's public health professionals at both the state and local levels who work hard every day to safeguard the health of all North Dakotans.

The role the Department of Health and our partners take in safeguarding the health and safety of North Dakotans ties directly back to the goals indicated in our strategic plan. Let me share several examples and major accomplishments from the past couple of years. You may recognize the following examples from media coverage they received.

- In 2012, several cases of active tuberculosis were identified in the Grand Forks area. Department of Health epidemiologists, working with Grand Forks Public Health and local health-care providers, soon found through their investigations that these cases were linked to earlier cases in the area. Extensive investigations followed, which included finding close contacts of the cases and testing those contacts. To date, 16 active cases have been identified since October of last year. Three of those cases were in school-age children. Public education and consistent messages among state and local public health, private providers, and school officials ensured that parents and community members had access to important information they needed. Early identification of this outbreak and a thorough response helped to contain any further spread of the disease, and ensured proper treatment for those already infected.
- The increase in energy development in the western part of the state has impacted many different parts of the Department of Health. Our Food and Lodging Division has seen a dramatic increase in licensing for food and housing establishments, including mobile food vendors. Our Environmental Health Section has responded to an increase in many different areas, including waste disposal, sewer-related issues, air and water quality, and emergency response to spills and other environmental incidents. Department of Health environmental inspectors are at those spills that you hear about on the news, ensuring that companies properly clean-up and restore the environment.
- Emergency Medical Services have been struggling with a shortage of volunteers and finding a way to sustain services since before the growth in population in our state. The Department of Health has played a vital role in coordination of the EMS system across the state, including providing grants and training to help sustain services at the local level. A new initiative in 2012 was a coordinated effort with the University of North Dakota that resulted in the award of a $4.98 million grant from the Helmsley Charitable Trust. The grant will be used to launch the SIM-ND

program, which will bring mobile simulators to the state that can travel to all areas in North Dakota and provide valuable training for EMS and emergency room workers.

- The floods of 2011 were devastating for many communities across North Dakota. Planning for a public health response started early in the year with the major concern being the Red River Valley, but as we all know, the focus later became Bismarck/Mandan and then Minot. The Department of Health worked in partnership with local public health units across the state to plan for the evacuation of medical facilities if needed. Throughout the flood response, the department played a key role in coordinating the transfer and placements of evacuees from flood-affected areas. This included helping place patients from Valley City, and the entire evacuation of Trinity Nursing Home in Minot and dialysis patients from Trinity Hospital in Minot. The Department of Health activated its Department Operations Center in March and it was still activated late into the summer. The department also assisted communities with environmental issues such as water and sewer contamination, mold, and waste disposal. Important public health information messages were disseminated through the state's joint information system focusing on topics such as proper clean-up after the flood, immunizations and safe drinking water.

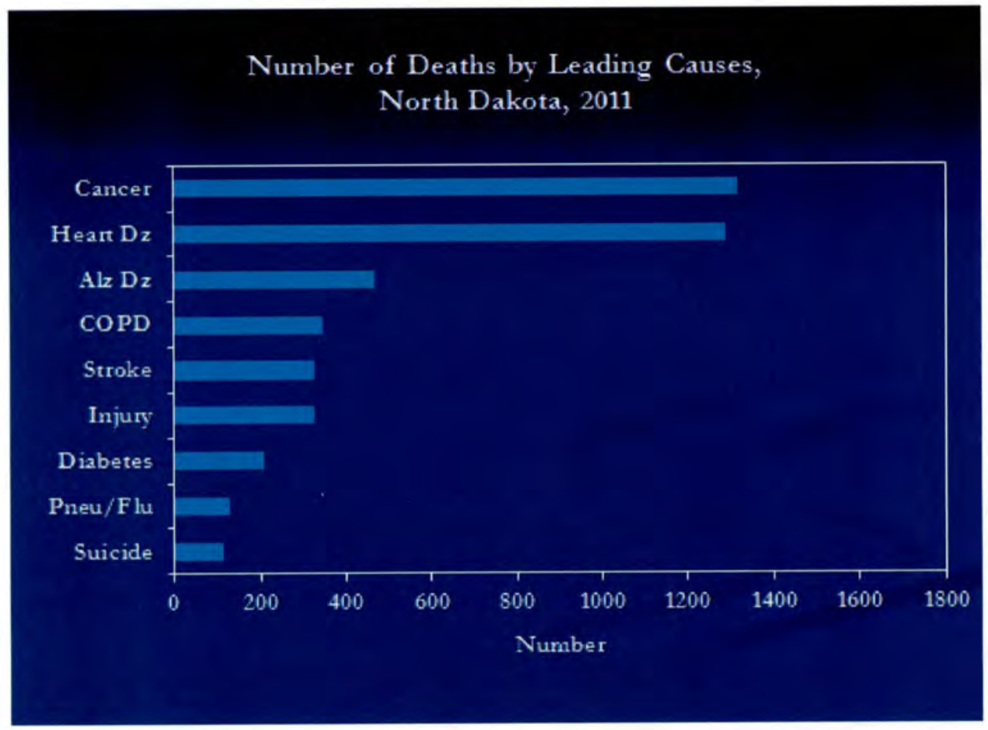
Major accomplishments include:

- Received more than 9,500 calls to the Tobacco Quitline (approximately an 18 percent increase) and achieved a 33 percent 6-month quit rate in fiscal year 2012.
- Screened 110 uninsured/underinsured North Dakotans as part of the state funded colorectal cancer screening initiative project and of those screened, 58 had polyps removed which could have progressed to colorectal cancer.
- Exceeded the *Women's Way* Program screening goal of 3,200 women, having reached and provided breast and cervical cancer screenings to more than 3,300 women.
- The Healthy North Dakota Worksite Wellness Program developed and offered 8 Gearing Up for Worksite Wellness trainings reaching 147 people representing approximately 90 businesses and organizations.
- Maintained a 90 percent or higher rate of compliance with permit requirements or standards in the air, water discharge and public water supply programs.

- Placed 18 health professionals in shortage areas around the state through the medical and dental loan repayment program.
- Achieved a 77.6 percent primary series vaccination rate for children ages 19 through 35 months compared to 71.5 percent for all of the United States.
- Investigated three foodborne outbreaks, resulting in over 100 people reporting illness.

Status of Health

Although the accomplishments are many, public health still faces many challenges. As a whole population the six most common causes of death in North Dakota are cancer, heart disease, Alzheimer's disease, chronic obstructive pulmonary disease, stroke, and injury.



Communities are comprised of individuals across the age spectrum. The chart on the next page shows the leading causes of death in North Dakota by age. This information is important in developing appropriate health-related strategies for policymakers, clinicians and public health professionals to improve the health and wellness of all North Dakota citizens.

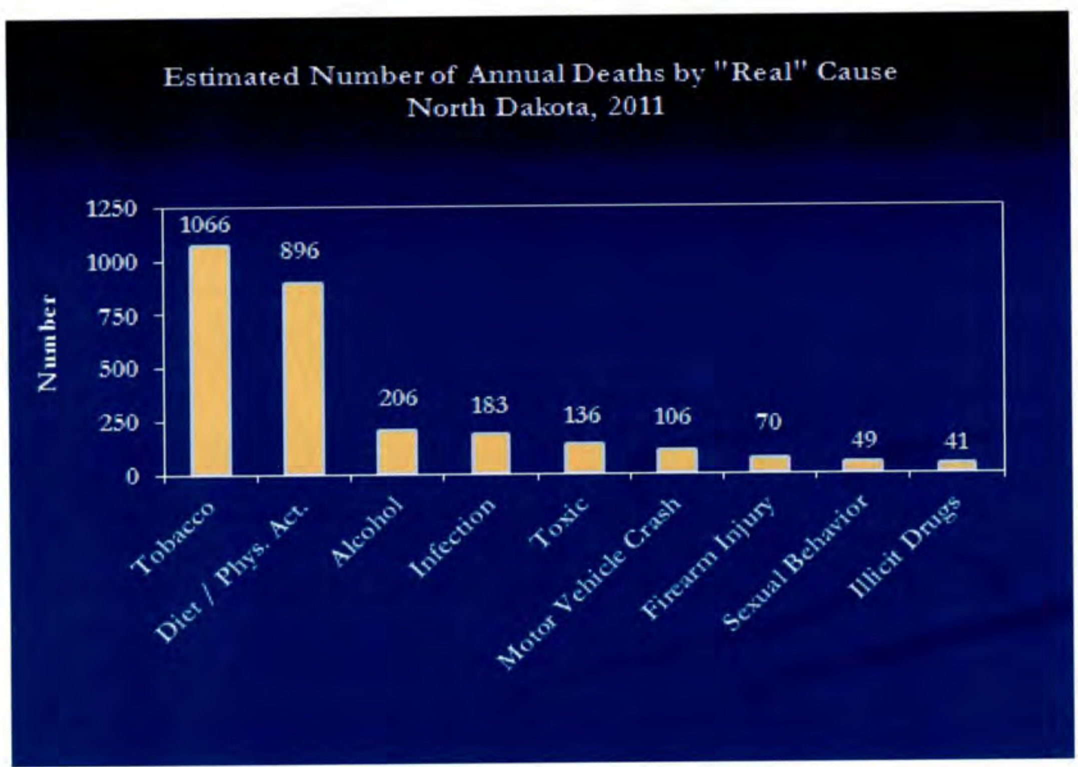
Unintentional injury accounts for the greatest number of deaths to people between the ages of 1 and 44. Suicide is the number two cause of death between the ages of 15 and 34. The diseases listed on the first graph, heart disease and cancer, don't become common killers until the middle of life raising to the number one and two slots at 45 years and older.

Leading Causes of Death by Age
North Dakota, 2010-2011

<1	1 to 4	5 to 9	10 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65+
Anomaly 24	Unint. Injury 6	Unint. Injury 7	Unint. Injury 4	Unint. Injury 81	Unint. Injury 70	Unint. Injury 65	Cancer 168	Cancer 385	Heart 2243
SIDS 16	Anomaly 3	Cancer 2	Cancer 2	Suicide 46	Suicide 29	Heart 42	Heart 115	Heart 239	Cancer 1983
Prematurity 15	Cancer 2	Anomaly 1	Anomaly 2	Cancer 6	Heart 10	Cancer 40	Unint. Injury 75	Diabetes 62	Alzheimer's 883
Comp Preg 8			Pneu/Influ 1	Heart 3	Cancer 9	Suicide 34	Cirrhosis 48	COPD 58	Stroke 641
Resp NB 4				Diabetes 1	Cirrhosis 4	Cirrhosis 23	Suicide 45	Unint. Injury 57	COPD 630
Unint. Injury 3				Stroke 1	COPD 3	Diabetes 4	Diabetes 21	Cirrhosis 42	Diabetes 320

Public Health and Risk Factors

Public Health's primary mission is the prevention of the risk factors and behaviors that cause death and disease in North Dakota across the whole age spectrum of the whole population. Clinical colleagues are primarily trained to diagnose and treat individuals with disease and in clinical settings are valuable partners with public health to encourage health and wellness behaviors of individual patients and families. The next slide shows the underlying risk factors that lead to disease in North Dakota. As you can see, tobacco remains the number one risk factor associated with various cancers and cardiovascular disease followed closely by poor diets and lack of physical activity, which are associated with diabetes, heart disease, stroke and some cancer.



We heard from Governor Dalrymple in his state of the state address that economic development, education and infrastructure continue to be major strategic goals for this administration. I would like to briefly discuss how the Department of Health supports some of those strategic goals.

A major strategy of the Department of Health to change risky behaviors is to focus on comprehensive wellness at worksites and schools, with schools being viewed as a specialized workplace. Comprehensive worksite wellness has been shown to decrease health-care costs by 26 percent, decrease workers' compensation expenses by 32 percent, decrease absenteeism by 26 percent and decrease presenteeism. Presenteeism is when workers or students are present, but due to illness or a medical condition, are not able to be truly attentive and productive. For every dollar invested in comprehensive worksite wellness, there is a $5.81 return for the workplace.

If we can change risky behaviors in worksites and schools in North Dakota, we will impact a significant portion of our population. Consistent messages for parents at their workplaces and for students in schools will reinforce and encourage healthy behaviors in our society. Healthy students are in a better position to learn, which will positively impact their lives, including their ability to find adequate employment in the workforce.

Health is much broader than just the physical absence of disease. It also includes the emotional, social, spiritual and economic well-being of individuals and families. We have an incredibly bright economic future in this state. We must provide the necessary infrastructure to adequately support the well-being of families and communities as they stretch with economic development. These infrastructure challenges include energy development in the west, flooding in the Devils Lake basin and the almost yearly spring flood challenges impacting not only the Red River Valley but almost every corner of the state. Many sections of the Department of Health are actively engaged in these infrastructure issues, including Environmental Health, which is charged with protecting the environment through permitting, monitoring, and emergency response when needed; and the Division of Food and Lodging, which is working hard to make sure that lodging facilities and food establishments are following correct procedures and regulations. We look forward to working with you during this session as we seek solutions to these infrastructure challenges.

Conclusion

We were faced with several budget challenges when we came to the 62nd Legislative Assembly. We had lost federal funding in some key programmatic areas – emergency medical services and suicide prevention. We also experienced falling tobacco settlement dollars to fund programs. Because you appropriated state general funding for key initiatives, some that lost their existing funding source, we were able to:

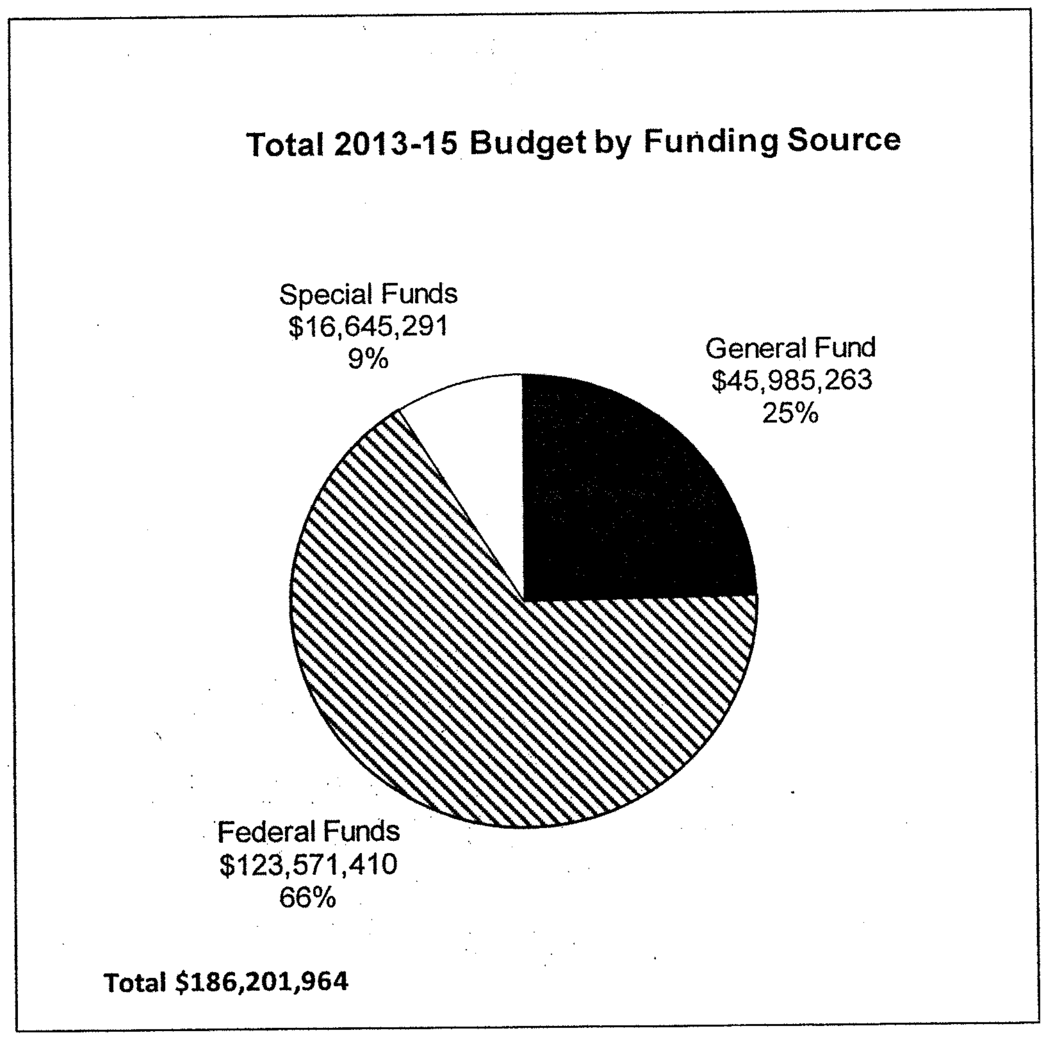
- Administer $3 million in new EMS grants to North Dakota communities.
- Provide suicide prevention funding for 31 projects across the state.
- Approve loan repayments to 6 new physicians, 6 new mid-level practitioners, 6 new dentists, and 6 new veterinarians practicing in North Dakota.
- Continue screening additional women for breast and cervical cancer.
- Continue the stroke registry and stroke system of care.
- Protect children and parents by providing supervised visitation and safe visitation exchange of children by and between parents in situations involving domestic violence, dating violence, child abuse, sexual assault, or stalking.
- Provide universal vaccinations at our local public health units.
- Grant additional funding to local public health units for public health activities.
- Take legal action against the federal government regarding the Regional Haze Program for air quality standards.

I wanted to take the opportunity to thank you for seeing the importance of these projects and approving funding for them.

I'd like to ask Arvy Smith to continue with information about the budget of the Department of Health. Several other members of the department's staff also are here to respond to any questions you might have.

Budget Overview

Chairman Pollert and members of the committee, I am Arvy Smith, Deputy State Health Officer for the Department of Health. The total budget for the North Dakota Department of Health recommended by the governor for the 2013-15 biennium and included in Senate Bill 2004 is $186,201,964.



The recommended general fund budget is $45,985,263 (25%) of the executive budget. That is equivalent to $33 per capita per year. Federal funds are recommended at $123,571,410 (66%), and special funds at $16,645,291 (9%).

A comparison by funding source and FTE of the department's 2011-13 appropriation, the 2013-15 base budget request (which is the legislative appropriation adjusted for one-time expenses, economic stimulus funding, the salary equity adjustment and other items), and the 2013-15 executive recommendation as presented in Senate Bill 2004 is as follows:

	2011-13 Legislative Appropriation	2013-15 Base Budget Request	SB 2004 2013-15 Executive Rec	Inc/(Dec) Leg App to Exec Rec
General	33,878,151	33,577,062	45,985,263	12,107,112
Federal	126,288,123	120,831,913	123,571,410	(2,716,713)
Special	34,660,630	16,245,645	16,645,291	(18,015,339)
Total	194,826,904	170,654,620	186,201,964	(8,624,940)
FTEs	**344.00**	**344.00**	**354.00**	**10.00**

There are several changes to general funding which will be discussed in detail later. Federal funding decreased largely due to the completion of economic stimulus and arsenic trioxide projects, and reductions in the Environmental Protection Agency (EPA) grants and in public health preparedness funding, offset by some grant increases. The significant special fund decrease is the result of removing excess authority for the universal vaccine program, which was defeated last legislative session. FTE increases are largely related to oil impact. Additional detail will be provided regarding budget changes later in my testimony.

The department pursues its goals and objectives through seven departmental sections – Community Health, Emergency Preparedness and Response, Health Resources, Medical Services, Special Populations, Environmental Health and Administrative Support. Each section is composed of several divisions that house the individual programs in place to carry out the work of the section. A copy of our organizational chart can be found at Appendix A. Prepared comments describing all of the sections, divisions and programs are available upon request.

The Community Health and the Environmental Health sections make up 62 percent of our total budget. The Environmental Health section employs almost

half of our employees. Our administrative overhead is only 3.3 percent of our total budget.

A comparison of our overhead rates for the last several biennia is as follows:

2005-07	2007-09	2009-11	2011-13	2013-15
3.23%	2.22%	2.11%	2.60%	3.30%

Our overhead costs to administer around 100 different programs have remained low. The increase is mainly due to the decrease in total funding.

Our goals also are pursued through a network of 28 local public health units and many other local entities that provide a varying array of public health services. Some of the local public health units are multi-county, some are city/county and others are single-county health units. Other local entities providing public health services include domestic violence entities, family planning entities, Women, Infant and Children (WIC) sites and natural resource entities. Grants and contracts amounting to $76 million or 41 percent of our budget are passed through to the local public health units and other local entities to provide public health services. Approximately $21.8 million goes to local public health units, and $23.4 million goes to other local entities. The remaining $30.8 million goes to state agencies, medical providers, tribal units and various other entities.

Budget By Line Item

The executive budget for the Department of Health by line item is as follows:

	2011-13 Legislative Appropriation	SB 2004 2013-15 Executive Rec	Percent of Budget
Salaries and Wages	49,351,659	58,149,478	31.2%
Operating Expenses	50,272,030	38,152,557	20.5%
Capital Assets	1,998,073	2,224,288	1.2%
Grants	58,528,038	57,316,529	30.8%
Tobacco Prevention & Control	6,162,396	5,544,251	3.0%
WIC Food Payments	24,158,109	24,659,861	13.2%
Contingency Appropriation - EPA	864,371	0	0.0%
Federal Stimulus Funds	3,492,228	155,000	0.1%
Total	194,826,904	186,201,964	100%

Salaries and Wages

Salaries and wages make up $58,149,478 or 31 percent of our budget. The majority of the increase to the salaries line item is the recommended salary package, the amount necessary to continue the second year of the 2011-13 biennium 3 percent increase and the new FTE related to oil impact.

Salary levels have been a major issue for the Department of Health (DoH).

- DoH turnover rate is over 10 percent and we continue to face recruitment and retention issues for certain positions, particularly while North Dakota's economy is so strong.
- DoH employee salaries are not equitable with other North Dakota state agency employee salaries for similar jobs in comparable classifications. Based on our review and on materials from Human Resources Management Services, salaries for 47 percent of our employees are more than 10 percent below the average for like classifications in other state agencies. Salaries for 13 percent of our employees are more than 20 percent below the average for like classifications in other state agencies. Many of these employees have been with the department 20 to 30 years.
- Currently 65 percent of our employees are in the 1st or lowest quartile; only 6 percent are in the 3rd or 4th (highest) quartile. Fifty-five (55) percent of the employees in the 1st quartile have over five years of experience and we have five-year employees whose salaries are no more than new hires.
- Many DoH employees classified as environmental engineers, epidemiologists, chemists and human service program administrators are paid significantly less than their counterparts in other states.

The governor included $4,451,685 in our budget to address equity concerns and to allow performance increases. When final deliberations are made regarding the employee salary package, we ask that consideration be given and funding provided for equal pay for equal work among state agencies.

Operating Expenses

Our operating budget of $38,152,557 makes up 21 percent of our budget. The decrease in the operating budget is a result of removal of the excess spending authority for universal vaccine mentioned earlier, offset by some increases in contracts, travel and other expenses.

Capital Assets
Capital assets of $2,224,288 make up only 1 percent of our total budget. The bond payment on our laboratory, the state morgue and a storage building, and equipment more than $5,000 make up a majority of this line item. The increase is related to several pieces of laboratory equipment for oil impact and a digital x-ray machine for the morgue.

Grants
Grants, which are provided to many local entities across the state, are at $57,316,529 and make up 31 percent of our budget. The majority of grants are in the Community Health, Emergency Preparedness and Response, and Environmental Health Sections. At a departmental level, grants are down slightly but this is the net result of several increases and decreases that will be explained later in the testimony.

Special Line Items
There are three special line items included in the executive recommendation. Tobacco Prevention and Control is at $5,544,251, down by 10 percent due to decreased federal and tobacco settlement funding available.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Food Payments make up $24,659,861 or 13 percent of our budget. This is only a 2 percent increase. This line item includes only the actual food payments. Administration by the local WIC sites is included in the grants line item.

The third special line item is for federal economic stimulus funds. In the current biennium, we had $3,492,228 budgeted for economic stimulus projects. In the 2013-15 biennium only $155,000 remains in the budget to complete two economic stimulus projects, most of that for immunization interoperability.

2013-15 Budget

The 2013-15 executive budget will allow the department to meet public health goals in several additional areas.

Energy Development $3,336,094   (9 FTE)
Significant increases in workload have resulted from the increased energy development in the western part of the state. Many of the caseloads for inspection, monitoring, complaint investigation and enforcement activities to minimize the environmental impact and protect the public from environmental

hazards have skyrocketed. There have been 230 new food and lodging establishments inspected and licensed during the first 18 months of the current biennium and 120 more are awaiting licensure once construction is complete. In the 2009-11 biennium we licensed 3,300 facilities and in 2011-13 we are expecting to license 3,750. Due to the large increase in population, local public health units in the west are also seeing increased workloads for public health nursing in areas such as vaccinations, infectious disease, and communicable disease. Environmental impacts to local public health units include on-site sewage treatment permitting, septic tank hauler permitting, non-community water inspections, sewage dumping, and waste burning. Staff retention in this environment at existing wages is also a challenge for LPHUs.

To address this need, the governor's budget provides funding as follows:
DoH Environmental Health

9 FTE	$1,277,131
Associated operating expenses	$602,963
Equipment	$272,000
Local Public Health	$1,184,000
Total	$3,336,094 ($2,945,604 general)

At the close of my testimony we will present you with additional details on the environmental activity in the western part of the state.

LPHU Universal Vaccine $1,000,000

In order to provide the local public health units the ability to universally provide vaccines to children (any vaccine, any place) the department was provided $1.5 million general funding and was able to access a little over $2 million in federal vaccine. A federal ruling no longer allows the federal vaccine to be used for insured children, so that left a gap in our ability to maintain universal vaccination at LPHUs. We requested and the governor approved $1 million in general funding to purchase vaccine and continue LPHU universal vaccination.

Legal Fees $500,000

To continue the legal action against the U.S. Environmental Protection Agency (EPA) regarding the Regional Haze air quality Program, the executive budget provided $500,000 general funding.

Medical Examiner Services $640,000

From 2004 to 2012, the number of autopsies performed by the Medical Examiner's Office has steadily increased by 87 percent, from 196 to 367.

Accreditation standards indicate that one forensic examiner should perform only 225 to 250 autopsies per year. To address this, the governor recommended $640,000 to contract with University of North Dakota Medical School to perform all autopsies for selected counties on the eastern part of the state that total approximately 160 per year. This arrangement will also be helpful to provide back-up for when the state medical examiner is not available or has too many cases.

Loan Repayment Programs $585,000

Again, because of projected reduced tobacco settlement revenue, we were unable to fully fund the loan repayments in the base budget. In order to fund three new professionals per year in each of the loan repayment programs (dental, medical, mid-level, and veterinarian) we requested, and the governor approved, general funding of $585,000. We provided sufficient funding in the base budget to pay for all contracts entered into during the current biennium.

Local Public Health State Aid $750,000

In order to support local public health units in their capacity to 1) protect against and respond to environmental hazards and 2) to continue to function at current capacity in light of decreasing federal pass through funding from the state, due to hold even or slightly decreasing federal funding, the governor approved an increase of $750,000 to local public health state aid. This funding is to be distributed to only those local public health units that are not receiving the oil impact funding.

Community Paramedic /STEMI $276,600 (1 FTE)

The concept of community paramedics is to use portions of the Emergency Medical Services (EMS) workforce to address community health and medical needs that communities currently do not have the resources to address. The program would build on existing skill sets to deliver primary care services such as assessments, chronic disease management, blood draws, diagnostic cardiac monitoring, fall prevention, medication reconciliation and other services in a highly mobile environment. These services could be delivered in many environments such as homes, schools and places of employment where they are currently not available. The 2011 Legislative Assembly appropriated $600,000 of general funds to assist with a match for a Helmsley Foundation grant, in which The Midwest Affiliate of the American Heart Association secured $7.1 million in funding to implement Mission: Lifeline, a community-based initiative aimed at improving the system of care for heart attack patients, throughout North Dakota. The initiative is being conducted over a three-year

period to implement STEMI (ST-Elevation Myocardial Infarction) statewide. The STEMI coordinator would continue the work that has been accomplished by the implementation phase of this project to ensure the statewide STEMI system continues. Of the $276,600 budgeted, $135,000 is for salaries and $141,600 is for training.

Emergency Medical Services Assistance Fund $2,350,000

In the current biennium we had $4,150,000 available for rural EMS assistance and staffing grants. We received grant applications for this assistance totaling $7,365,000. Rural ambulance services are experiencing a shrinking volunteer workforce, increased populations, increases in severity of patients, increases in uncompensated care and increases in the cost of equipment. Since there is no mandate for EMS in the state, there is no one entity charged with the financial support of ambulance services. Most ambulance services do not generate enough revenue to cover expenses. The governor added $2,350,000 for a total of $6,400,000 in grants to rural ambulance services.

Food and Lodging Licensing Management System $110,000

The current food and lodging licensing management system is 20 years old and does not have current electronic capabilities such as inspection scheduling, filing and reporting, credit card payment for annual license fees, and reporting to the general public. Recent audits have suggested that we make inspection results available and accessible to the general public. One-time funding is provided to develop a new system.

Colorectal Cancer Screening $125,000

The department currently has a colorectal cancer screening project funded at $477,600. With this project, our goal is to screen 230 clients during the biennium. Since November, 58 of the 110 individuals screened have had polyps removed, which are the precursor to colorectal cancer. The additional funding would allow us to screen approximately 90 individuals and potentially prevent 36 colorectal cancer cases.

Federal Funding Issues

As indicated earlier, two-thirds of the funding for the Department of Health budget comes from the federal government. The department receives around 80 different federal grants from four major federal agencies: Department of Agriculture, Department of Justice, Environmental Protection Agency (EPA), and the Department of Health and Human Services, which includes the Centers

for Disease Control and Prevention (CDC), Health Resources Services Administration (HRSA), and Centers for Medicaid and Medicare (CMS). In addition, we receive state agency pass through funding from the Department of Transportation and Department of Education. Most of the federal grants our department receives are for specific purposes, while a few are block grants where we have some flexibility as to which services we provide, within certain parameters.

With the uncertainty of the federal funding at the time our budget was prepared, we budgeted federal revenue at hold even levels, unless we were certain otherwise. For example, there are a few grants that either ended or were already scheduled for cuts, like emergency preparedness funding. Those were reflected at the lower levels in our budget.

Now that sequestration is in place, we are being told that cuts will be coming and the cuts to federal programs will be across the board, by line item, with no discretion. This means there is no ability to protect high-priority programs and take bigger cuts in less painful areas. The timing of the cuts means that the cut must be absorbed into the last seven months of the grant period, which turns a 5 percent cut into an effective 9 percent cut for those last seven months. Finally, we do not know what portion of the cuts the federal agency will endure and how much they will pass on to the state agencies.

We are starting to receive letters from federal agencies that cuts will be coming, but the amounts are not yet certain. We are being told by some agencies that some grants may be reduced in scope, delayed, or canceled.

Following are some examples of possible impacts:

- Since Medicaid is exempt and Medicare will have only a 2 percent cut, we expect the Health Resources Section, which includes the hospital and nursing home certification program, to receive a 2 to 3 percent reduction. We are being told that CMS will try to absorb as much of the cuts as possible.
- We expect around $1.25 million in cuts to our environmental programs. We expect that this will mean fewer dollars granted out to various environmental projects.
- CDC is indicating that they will be passing along a higher portion of the cuts to the state agencies and that we could expect 8 to 12 percent cuts. Where there is discretion, they intend to hit direct care services harder,

affecting tuberculosis and sexually transmitted disease programs, immunizations, medical screenings and other direct care.

- If HRSA applies the same philosophy to the Maternal and Child Health (MCH) Block Grant regarding direct services, Children's Special Health Services could be greatly impacted. In addition, less funding would be available for other MCH programs such as oral health, school health, maternal/infant health, nutrition services and injury prevention. Family planning services and reimbursement for HIV services and drugs would also be impacted.
- The Women, Infants and Children (WIC) food program is funded through the Department of Agriculture. At this time we expect to be able to absorb cuts without reducing services to children due to the availability of previous year carryover and spending less than awarded.
- Department of Justice provides funding for violence against women programs. We would expect less funding to local entities for these programs.

There continue to be many unknowns, including what the federal legal definition of a "line item" is, so it is difficult to identify cuts and impacts with any certainty. However, we expect funding cuts to occur and with the continuing resolution and debt ceiling limit looming, we expect cuts to continue into 2014 and beyond. We recognize that we will have to make adjustments to our budget, operations and possibly staffing as the federal funding picture becomes clearer.

Senate Changes to SB 2004

Funding of $41,766 was added to the salaries and wages line item with $22,554 from the general fund to correct the calculation error in the executive compensation package.

Funding of $160,200 from the general fund was added to the grants line item to provide follow-up colorectal cancer screenings for individuals where a follow-up screening is indicated. This provides a total of $762,800 for the colorectal screening initiative. Legislative intent was added to allow that the cost of recommended follow-up screenings not exceed $1,800 per screening.

A section was added to SB 2004 to repeal Section 23-46-05 prohibiting the Department of Health from distributing more than $1,250,000 during the first

year of the biennium for state financial assistance for emergency medical services.

Funding of $383,000 from the tobacco prevention and control trust fund was added for stroke system of care, for a total of $856,324 with $473,324 from the general fund.

Performance Audit Findings

As requested in House Bill 1004 from the 62nd Legislative Assembly, I will review the findings from the performance audit conducted during the interim and our actions to address the recommendations. The performance audit conducted by CliftonLarsonAllen LLP (CLA) included three audit recommendations classified as high risk.

Whistleblower Protection Policy

CLA recommended that the department include a whistleblower protection policy in our personnel policy manual and communicate the policy and methods to report suspicious or unethical behaviors to all employees. In February 2012, a major rewrite of the Department's Personnel Policy Manual had already begun and a whistleblower protection policy and other rules related to reporting fraud and abuse were included. The Department will provide education to all staff on the updated Personnel Policy Manual.

Developmental Trainings for Program Managers and Division Directors

CLA recommended that the department research developmental trainings applicable for program managers and division directors and include training requirements in the department's personnel policy manual. The Department requires all managers to have, at a minimum, the Supervisory Management Development training provided by Human Resources Management Services with Office of Management and Budget either prior to, or shortly after moving into any management position. The Department will add this requirement to the Personnel Policy Manual. In addition, the Department has begun researching additional public health management training strategies for all section chiefs, division directors, and program managers and aspiring managers

Federal Grant Transfers

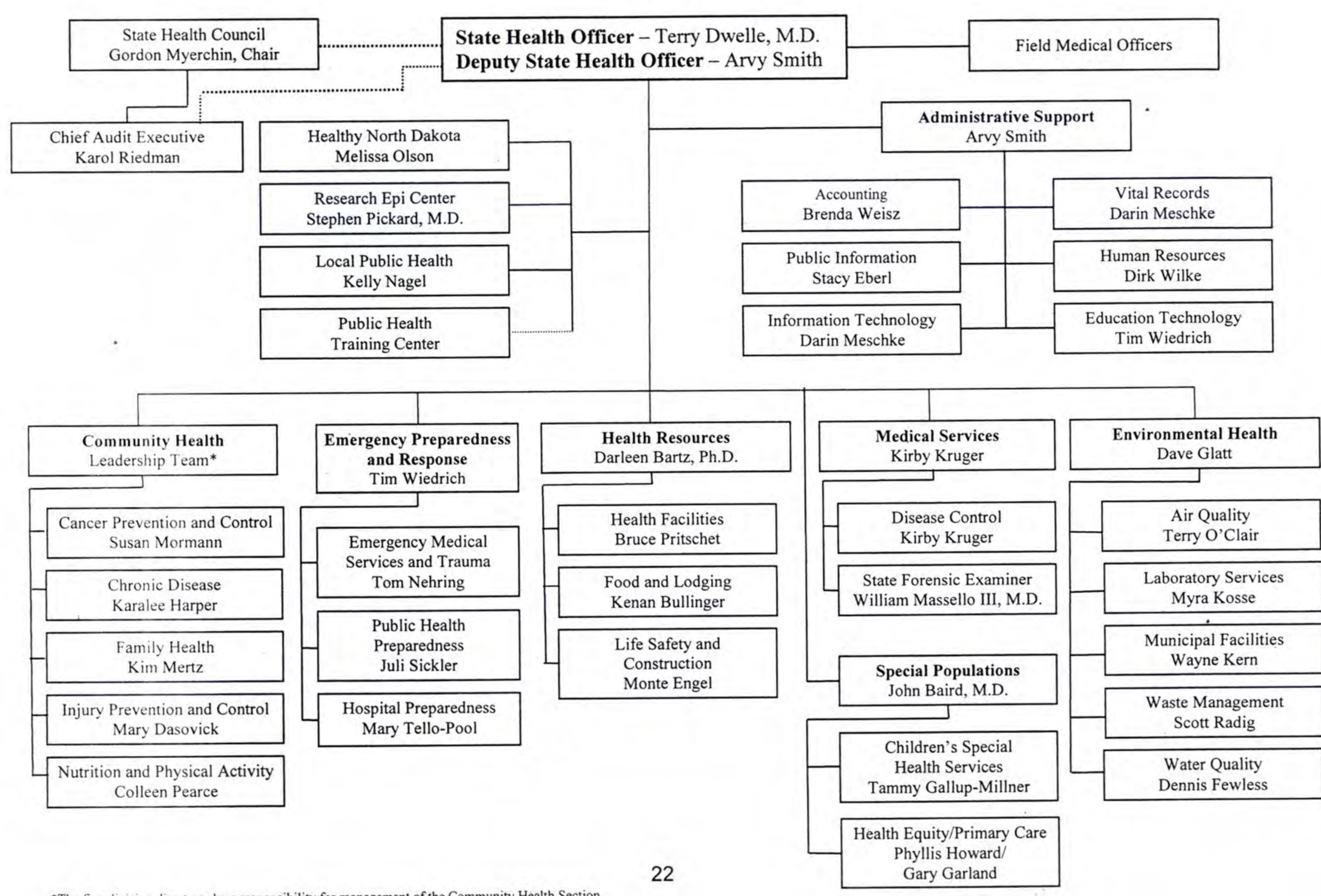
CLA recommended the department implement procedures to centrally track and monitor transfers of expenditures within the same grant or to another grant. This included the reason for the transfer, documented approval of the transfer, and

that transfers be made on a timely basis. The Department will establish policy to require documentation of the reason and approval in writing for any transfers between grants. In addition, the Department will establish a process to monitor and track the allowable budget flexibility between line items within a grant. Federally grants are typically awarded on a yearly basis; hence transfers of expenditures between line items within a grant and between grants can occur throughout the grant cycle and are allowable up to 90 days after the close of the grant period. Although "best practice" for the private sector may be that adjustments be made within 90 days for quarterly reporting purposes, this is not relevant to federal grants management as financial reporting is typically done on an annual basis.

Conclusion

The budget before you for the Department of Health addresses many important community public health needs. It provides much needed funding to deal with impacts of energy development in the west, it provides much needed medical resources in the form of professional loan repayments and emergency medical services grants, and by providing additional resources to the local public health units, it allows us to systematically work together to meet our public health goals.

Chairman Pollert, members of the Committee, this concludes the department's testimony on Senate Bill 2004. I will now invite Dave Glatt, Environmental Health Section Chief, to present to you a report regarding the environmental impacts in the western part of the state. After that our staff and I are available to respond to any questions you may have.



*The five division directors share responsibility for management of the Community Health Section.

Testimony & SB 2004 Mar 11, 2013 7 pages

Testimony
Senate Bill 2004
Monday, March 11, 2013
North Dakota Department of Health

Good morning Chairman Pollert and members of the House Appropriations Committee. My name is David Glatt, Section Chief of the North Dakota Department of Health Environmental Health Section. The Environmental Health Section is responsible for the implementation of many of the environmental protection programs in the State of North Dakota protecting our air, water and land resources. I am here to provide background information regarding the budget request to fund an additional 9 FTEs in the Environmental Health Section to address the workload increase associated with the recent oilfield development in northwest North Dakota. The request identified in the Governor's budget is for a total of $2,012,031 of general and special funds.

To assist in my presentation, I have provided you with a document titled "Oilfield Impacts and the North Dakota Department of Health Environmental Health Section" updated January 2013. The document briefly identifies the responsibilities of the Environmental Health Section; Impacts of Oil Growth; and Assistance Needed to Meet Increased Workload. I will refer to the document and relevant information as I discuss the workload impacts on each of the Divisions in the Section.

Division of Air Quality – (Requested 1.0 FTE – Environmental Scientist)

The Division of Air Quality (AQ) implements the Clean Air Act (CAA), indoor air, radiation control, lead, radon, asbestos and air quality monitoring programs. Technical staff ensure protection of our air quality and public health through permit review, inspections, compliance outreach, enforcement, complaint investigations and monitoring activities. The development of oil resources in North Dakota has resulted in significant workload increases in many areas, resulting in delays in permit approvals, less frequent inspections at specific locations, and requiring additional monitoring activities. Some of the workload increases have been identified as follows:

- **Increase in Air Quality Industrial Construction Permits: (Page 6, Figure 2)** The number of industrial construction permits has increased from a historical annual average of 20 per year to over 90 per year in 2012. These permit requests, typically associated with new or expanded industrial or energy generation facilities, require a technical

review of the proposed facility, evaluation of its potential impact on air quality and a technical evaluation of proposed emission controls. These activities are followed by a public comment period and department response. Upon construction completion, these sites are required to be routinely inspected for compliance with permit conditions.

- **Increase in new Air Quality Well Permit Registrations: (Page 7, Figure 3)** Each oil well that is drilled is considered a potential source of air emissions that are controlled through regulations implemented by AQ. Since 2008, the number of wells regulated under the CAA has increased from approximately 3,000 to over 6,000 in 2012. This number is expected to continue to increase in the future. AQ routinely inspects select wells for compliance with the CAA and permit conditions. With the increased drilling activity, the Department of Health has also seen an increase in the use of radioactive material, which requires strict regulation and monitoring.

- **Response to Complaints**: Increased public concern over potential degradation in air quality due to the generation of dust, emissions from drilling activities and increased road traffic has required additional attention from AQ personnel.

It is for the reasons identified above that the department has requested 1.0 FTE to address continued and increasing workload in AQ.

Division of Laboratory Services – 1.0 FTE Administrative Assistant/Lab Tech

The Division of Laboratory Services provides chemical and microbiological analytical support to the department's regulatory programs, during emergency events, and for other public/private needs. Data is used to determine regulatory compliance, environmental quality, identify unknown chemicals in the environment, as well as identify potential issues with individual and community health. Oilfield development has resulted in the overall increase in the number and complexity of samples being submitted for analysis. The laboratory has observed a workload increase in the following areas:

- **Clinics and Hospital Testing: (Page 8, Figure 4)** Combined private and public tests have increased the last 5 years due to demand from medical providers in western North Dakota and Bismarck. Although

the laboratory has experienced a decrease in some testing (i.e., HIV testing due to the use of field testing), increased sample loads have been observed in other areas of the laboratory.

- **Increase in Chemical Analysis for Oilfield-related Compounds:** Chemical Analysis for oilfield-related compounds has increased in response to accidental spills, investigations into illegal dumping, citizen complaint investigations and assessment of overall environmental quality. Many of the chemical analyses require the development of new analytical methods, increased handling, tracking and chemist expertise.

Due to the increasing number and complexity of analytical requests due to oilfield development, the Division of Laboratory Services is requesting 1.0 FTE. The FTE will assist in sample log in, and sample preparation to assist in sample analyses.

Division of Municipal Services – 2.0 FTE Env. Engineers and 1.0 FTE Env. Scientist

The Division of Municipal Facilities (MF) is responsible for the implementation and enforcement of the Safe Drinking Water Act (SDWA), review of new construction for public health and safety, and operation of the State Revolving Loan funds for water and wastewater facilities. Municipal Facilities has seen a significant workload due to oilfield development in the following areas:

- **Increase in Public Water Systems (Page 10, Figure 6)** A significant increase in the number of public water supply systems has occurred in 2011 and 2012, where 94 percent of the increase is associated with systems being constructed in the oil-impacted counties.

- **Increase in SDWA Violations (Page 10, Figure 7)** Since 2010, SDWA violations have increased approximately 33 percent statewide, with a majority of the increase due to violations located in oil-impacted counties. Violations in the oil-impacted counties have almost doubled since 2010.

- **Non-Community Public Water System Inspections (Page 10, Figure 8)** Due to the increase in overall workload and the need to prioritize available resources to more pressing public health needs, some local public health units have had to decrease the number of

non-community inspections. This has required MF to increase inspection activities in some areas.

- **Decrease in Operator Certification – Water Distribution (Page 11, Figure 9)** Operational knowledge and certification is essential for operators of public drinking water supply systems to ensure public safety and compliance with SDWA requirements. Due to pressures of higher paying jobs in the oilfield, the number of certified operators has been decreasing since 2010. This requires that the department increase its compliance outreach, operator training, enforcement and troubleshooting activities in the oil-impacted counties to reduce the number of SDWA violations and increase public health protection.

- **Increase in Plans and Specification Approvals (Page 11, Figure 10)** All plans and specifications for new public water supply and wastewater systems must be reviewed and approved by MF prior to construction. Plans are reviewed for compliance with design standards and overall public/health safety. In addition to the number of plan review/approval requests doubling in the last two years, they have become more complicated due to the type of treatment and the large number of out-of-state consulting firms. Out-of-state firms are typically not familiar with North Dakota design standards and climate, necessitating considerable oversight by MF staff.

- **Increase in State Revolving Loan Fund (SRF) Use (Page 12, Figure 11)** MF evaluates infrastructure proposals for water and wastewater for potential participation in the SRF loan program. Proposals identified for participation are provided low interest loans to assist in their construction. Since 2010, MF has experienced a significant increase in water and wastewater infrastructure requests. The division not only evaluates proposals, but must also inspect and track all construction activities to ensure the proper use of loan funds.

For the reasons indentified above resulting in significant workload increases in compliance outreach, enforcement, technical engineering review and complaint investigations, MF has requested 2.0 Env.Engineers and 1.0 Env.Scientist.

<u>Division of Waste Management – 1.0 Env. Scientist</u>

The Division of Waste Management (WM) is responsible for the implementation of programs designed to ensure the proper handling and

disposal of municipal, industrial and hazardous wastes. In addition, they regulate the storage of petroleum products through the Underground Storage Tank Program and implement remediation activities for abandoned properties with environmental contamination. Oilfield activity has significantly increased the workload on WM from facilities directly operated by oilfield-related businesses to peripheral businesses supporting the increasing population. Workload increases have been observed in the following areas:

- **Increase in Waste Management Activities: (Page 12-13, Figures 12 through 15)** These figures indicate an increase in the number of Large Quantity Waste Generators, number of municipal and special waste landfills, new or expanded underground storage tank (UST) facilities and new waste transporter permits from 2009 to December 2012. Increasing special waste landfill proposals, which require technical review and appropriate approvals; increased number of facilities requiring inspection and potential enforcement; identification of new waste streams requiring regulation; updating of existing regulations; compliance outreach for municipal/special waste landfills; and complaint investigations have all increased resulting in diminished regulatory oversight and the potential for decreased compliance.

For the reasons identified above, the Division of Waste Management has requested 1.0 FTE Environmental Scientist to address waste issues in the oil-impacted counties.

<u>Division of Water Quality – 3.0 FTE Env. Scientists</u>

The Division of Water Quality (WQ) is responsible for the implementation of the Clean Water Act, which includes the NPDES (or wastewater treatment/discharge), TMDL (total maximum daily load) and Storm water programs, the Underground Injection Control Program, Septic Tank Pumper Licensing, 319 Non Point Program, Ground Water Quality Monitoring, Oil Spill Remediation, responding to citizen complaints, and ambient Water Quality Monitoring. The development of the North Dakota oilfield has resulted in a significant workload increase affecting all areas of the Division of Water Quality. Some of the areas that have seen significant impacts include:

- **Spill Reporting and Spill Response (Page 14, Figures 16 and 17)** The number of reported accidental, intentional and unknown spills has almost tripled since 2009. The majority of reported spills are

associated with oilfield development and typically include crude oil, oilfield brine, chemicals associated with well development and septic wastes. A significant number of the spills require department personnel to evaluate for water quality, public health and domestic livestock impacts. Several spills require extensive remediation necessitating department involvement and oversight taking several months or longer to complete. Spill reports are received daily.

- **Increase in NDPDES Permit Workload (Page 15, Figure 18)** The North Dakota Pollution Discharge Elimination System program in part includes regulation of municipal, large private and industrial wastewater discharges, septic tank waste, storm water runoff and dewatering permits. This program is designed to allow appropriate development through the safe handling and treatment of wastewater. The department has observed an overall 31 percent increase in permit requests from 2011 to 2012. These requests require technical review of the treatment technologies, ability of the environment to assimilate treated wastewater, and follow up inspection/compliance review.

- **Ambient Water Quality Monitoring.** The increased industrialization and urbanization in the oil-impacted counties has elevated concern regarding potential impacts on surface and ground water quality. The department is looking to expand environmental monitoring activities to identify overall water quality trends and potential impacts. This will require increasing the number of sample locations, sample collections and chemical parameters analyzed.

- **Increasing Enforcement Activities**: Over the past two years, the department has seen a significant increase in environmental regulation and enforcement. This has included increased complexity and number of field investigations, coordination with federal agencies investigating criminal activities, investigating citizen complaints, initiation of formal enforcement and collection of penalties.

Oilfield development has resulted in significant impacts on all programs designed to protect and maintain environmental quality in North Dakota. The Governor's request for an additional 9.0 FTE will assist the Department of Health in addressing these impacts and increasing our response to public concerns.

This concludes my testimony and I will answer any questions you may have regarding this matter.

Testimony 3
SB 2004
Mar 11, 2013
18 pages

Oilfield Impacts and the North Dakota Department of Health Environmental Health Section

January 2013

Environmental Health Section
North Dakota Department of Health
918 East Divide Avenue
Bismarck, North Dakota

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Oilfield Impacts and the North Dakota Department of Health Environmental Health Section

I. Background

The Environmental Health Section of the North Dakota Department of Health is responsible for safeguarding North Dakota's air, land and water resources. The section, which has 159 employees, works closely with local, state and federal entities to address public and environmental health concerns and implement protection policies and programs. The section has a Chief's Office and five divisions: Air Quality, Laboratory Services, Municipal Facilities, Waste Management and Water Quality.

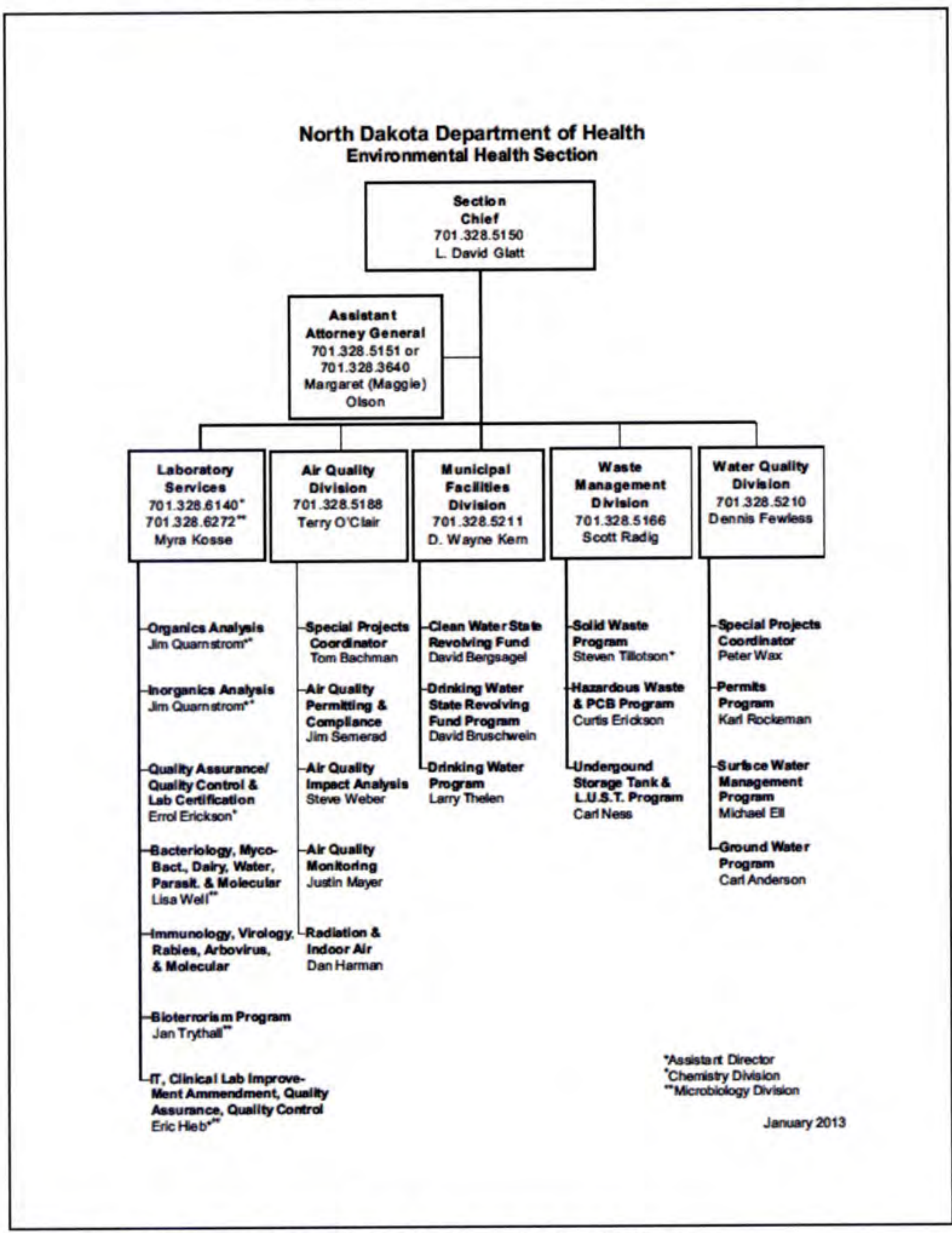

Figure 1. Environmental Health Section Organizational Chart

A. Division of Air Quality

The Division of Air Quality consists of two major programs with 31 full-time positions and one half-time position. There are 19 environmental scientists, one environmental sciences administrator, and six environmental engineers, which all require the minimum of a four-year degree. In addition, there are four electronic technicians who have two-year technical degrees and two administrative support staff.

Air Pollution Control Program
This program promotes clean air activities and initiates enforcement actions to correct air pollution problems. Program staff responsibilities include implementing the Clean Air Act, evaluating permit applications, conducting computer modeling of potential impacts to air quality, issuing permits that restrict emission levels to ensure standards are met, and operating an ambient air quality monitoring network.

Radiation Control and Indoor Air Quality Program
This program performs two major functions: (1) regulating the development and use of ionizing and non-ionizing radiation sources to protect North Dakotans and the environment, and (2) evaluating and mitigating asbestos, radon, lead and other indoor air quality concerns, as well as implementing a public awareness and education program concerning these health risks.

Field activities supporting the programs include inspecting facilities to ensure compliance, enforcing laws, investigating air pollution complaints and operating a statewide ambient air quality monitoring network.

B. Division of Laboratory Services

The Division of Laboratory Services has two principal support programs. There are 36 full-time employees. Twenty-six are professional microbiologists or chemist positions requiring the minimum of a four-year degree, and 10 are support staff, including four medical laboratory technicians and two chemistry laboratory technicians who have two-year degrees.

Chemistry
The chemistry laboratory provides analytical chemistry data to environmental protection, public health, agricultural and petroleum regulatory programs in the state. The laboratory also maintains a certification program for North Dakota laboratories that provide environmental testing services. The department's environmental protection programs use laboratory data to monitor and/or regulate air quality; solid and hazardous waste; municipal wastewater; agricultural runoff; surface, ground and drinking water quality; petroleum products; and other media of environmental or public health concern.

Microbiology
The microbiology laboratory (i.e., the public health laboratory) performs testing in the areas of bacteriology, mycology, parasitology, immunology, virology, molecular diagnostics, bioterrorism response, and dairy and water bacteriology. The laboratory is responsible for providing rapid, accurate detection and identifying organisms that may threaten public health.

C. Division of Municipal Facilities

The Division of Municipal Facilities administers three programs. There are 27 full-time employees. Fifteen are environmental scientists and nine are environmental engineers requiring the

minimum of a four-year degree. There is one grants/contract officer position, which also requires a four-year degree, and two administrative support personnel.

Public Water Supply Supervision (PWSS)
This program works with the public water systems (PWS) in North Dakota (currently 607) to ensure drinking water meets all standards established by the Safe Drinking Water Act (SDWA). This is accomplished by monitoring drinking water quality and providing technical assistance. Currently, 95.3 percent of community water systems are meeting all applicable health-based standards under the SDWA – one of the highest compliance rates in the region and country (EPA goal for 2013 is 90 percent nationwide).

Training and certification are provided for operators of water treatment and distribution facilities and wastewater collection and treatment plants. There are about 1,400 certified operators in the state. A total of 91 percent of public water systems are meeting operator certification requirements for water treatment (no EPA goal). There are 66 percent of community water systems meeting operator certification requirements for water distribution (no EPA goal).

Staff administer the fluoridation program and provide technical assistance to private systems. A total of 78 communities add fluoride to their drinking water. Of the population served by these communities, 95.3 percent (555,300) receive optimally fluoridated drinking water (no EPA goal).

Drinking Water State Revolving Loan Fund (DWSRF)
This program provides low-interest loans to help public water systems finance the infrastructure needed to comply with the SDWA. Since program inception (1997) through June 30, 2012, loans totaling about $320 million have been approved. Staff members also review drinking water projects to ensure compliance with state design criteria before construction and provide technical assistance.

Clean Water State Revolving Loan Fund (CWSRF)
This program provides low-interest loans to fund conventional wastewater and nonpoint source pollution control needs. Since program inception (1990) through June 30, 2012, loans totaling about $323 million have been approved. Staff members also review wastewater projects to ensure compliance with state design criteria before construction and provide technical assistance.

Field activities supporting the above programs include: (1) inspecting about 400 public water and wastewater systems to ensure compliance with all public health standards, (2) inspecting State Revolving Loan Fund construction projects to ensure they meet state and federal requirements, and (3) investigating complaints.

D. Division of Waste Management
The Division of Waste Management works to safeguard public health through four programs. There are 20 full-time positions and one part-time position, consisting of 12 environmental scientists, five environmental engineers, one environmental sciences administrator (all of which require the minimum of a four-year degree) and three administrative support staff.

Hazardous Waste Program
This program regulates 702 facilities that generate, store, treat, dispose of or transport hazardous waste. The program also coordinates assessments and cleanups at Brownfield sites (properties underdeveloped due to actual/perceived contamination) and performs inspections at sites known or suspected to have equipment containing polychlorinated biphenyls (PCBs).

Solid Waste Program
This program regulates the collection, transportation, storage and disposal of nonhazardous solid waste. Resource recovery, waste reduction and recycling are promoted. The program helps individuals, businesses and communities provide efficient, environmentally acceptable waste management systems. There are 417 facilities regulated under this program and 531 permitted waste transport companies.

Underground Storage Tank Program
This program regulates petroleum and hazardous substance storage tanks, establishes technical standards for the installation and operation of underground tanks, maintains a tank notification program, establishes financial responsibility requirements for tank owners and provides for state inspection and enforcement. The program works with retailers and manufacturers to ensure specifications and standards for petroleum and antifreeze are met. There are 914 facilities regulated under this program.

Abandoned Motor Vehicle Program
The Abandoned Motor Vehicle Program focuses on assisting political subdivisions in the cleanup of abandoned motor vehicles and scrap metal.

Field work for the programs includes compliance assistance, sampling, training, site inspections and complaint investigations.

E. Division of Water Quality
The Division of Water Quality protects water quality through four programs. There are 33 full-time positions and one part-time position, consisting of 26 environmental scientists, three environmental sciences administrators, four environmental engineers (all of which require the minimum of a four-year degree) and one administrative assistant.

North Dakota Pollutant Discharge Elimination System (NDPDES) Permit Program
The program has issued about 500 wastewater discharge permits (25 percent industrial and 75 percent municipal). A total of 2,002 facilities are covered by general permits for stormwater discharges, and the program has approved permits for the operation of 792 livestock facilities. This program also licenses septic tank pumpers regulating the collection and proper disposal of domestic wastewater. In addition, the program issues general permits for pesticide application into waters of the state.

Nonpoint Source Pollution Management Program
In 2009-2011, the program maintained more than $7 million in federal Section 319 financial commitments with 40 local projects to help control nonpoint source pollution.

Surface Water Quality Monitoring and Assessment Program
In 2009-2011, this program participated in many surface water quality assessments which included (1)

maintaining 34 monitoring sites on 19 rivers, (2) completing a biological assessment of the Red River, and (3) monitoring water quality in Devils Lake and Lake Sakakawea.

Ground Water Protection Program
This program includes the (1) Wellhead and Source Water Protection Programs to define the susceptibility of public water systems to contaminant sources, (2) Underground Injection Control (UIC) Program which helps prevent contamination of drinking water by injection wells, and (3) Ambient Ground Water Monitoring Program which assesses the quality of ground water resources with regard to agricultural chemical contamination. In addition, trained personnel provide immediate response to emergency spills and continued investigation/enforcement if necessary to fully address environmental impacts.

Field activities supporting the programs include inspecting wastewater treatment facilities and septic tank pumpers, and compliance audits/sampling to ensure permit requirements are met; inspecting construction site stormwater controls; meetings with local/state entities to assess nonpoint source project goals; ambient monitoring of lakes and rivers; evaluating domestic water sources for potential contaminant sources; annual collection/analysis of samples from vulnerable aquifers; overseeing remediation of spills with potential to reach water sources; and responding to complaints.

F. Section Chief's Office

Division activities are coordinated by the Section Chief's Office, which has nine employees and an attorney assigned by the Office of Attorney General. Employees oversee quality assurance procedures; help coordinate public information efforts; assist with staff training; and coordinate computer and data management activities, emergency response efforts, enforcement of environmental regulations and funding requests.

II. Impacts of Oilfield Growth

A. Division of Air Quality

Expanded activity in the oilfield has increased the workload in the division due to the number of licensing/permitting and inspection activities. The number of air quality industrial construction permits issued has increased from a historical average of approximately 20 per year to more than 90 per year (see Figure 2). Compounding the increase in the sheer number of permits is the fact that new federal regulations have increased the complexity of these permits. In addition to permits for industrial facilities, all producing oil wells are required to go through a permit/registration process with the division. Well permit registrations have risen from 3,000 to approximately 6,000 (Figure 3) and are expected to increase with continued oilfield development. Similar increases have been seen in the number of crude oil storage tanks, compressor stations and gas plants.

Figure 2. Air Quality Industrial Construction Permits

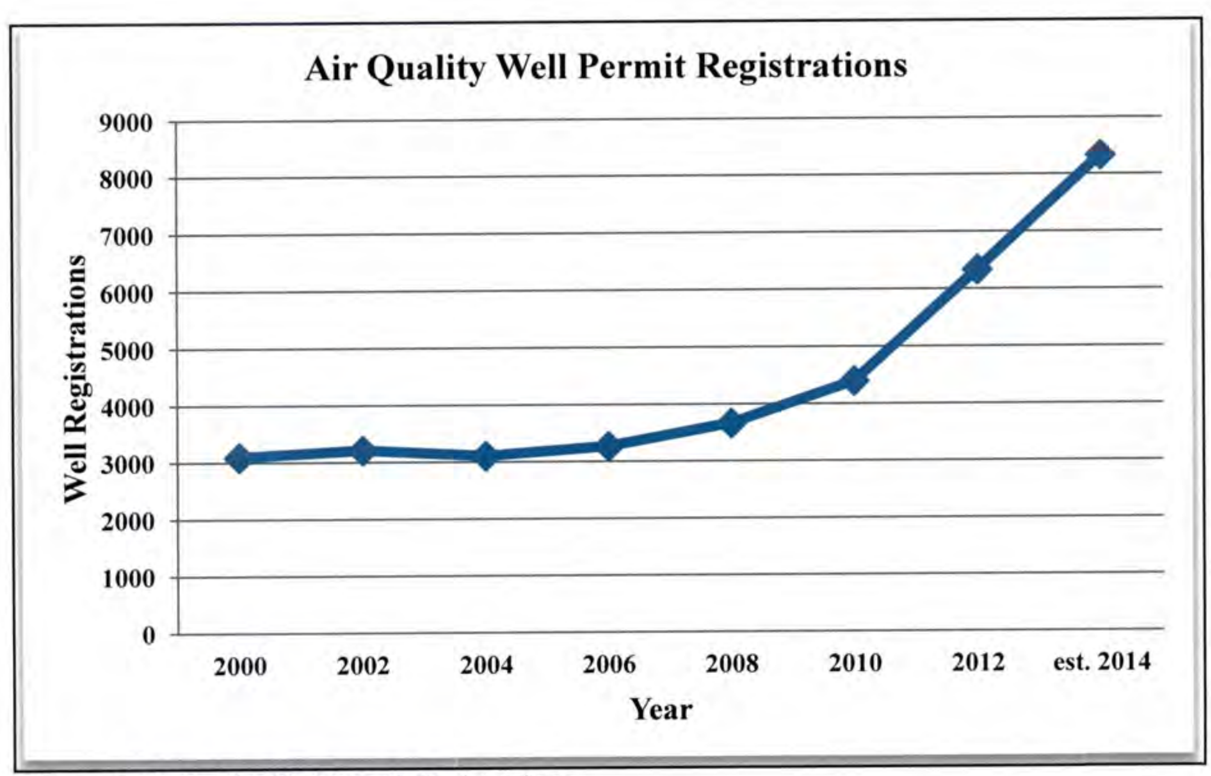

Figure 3. Air Quality Well Permit Registrations

Many companies in the oilfield use instrumentation technologies containing radioactive material, and there has been a large increase in the number of companies actively using such materials. Several operators have been identified as improperly using these materials, potentially placing members of the public at risk. North Dakota serves as an Agreement State in cooperation with the U.S. Nuclear Regulatory Commission (NRC). Through that agreement, the NRC has notified the department of a number of allegations regarding improper handling of radioactive materials. Oilfield-related licenses (and inspection activity) have more than doubled in the last five years from roughly 50 to 96 licenses. Licensing requirements adopted by the NRC have become more complex due to increased control tracking. Working with an oil industry task force, the division is evaluating the need to change the disposal rule for naturally occurring radioactive material associated with oilfield activities. Additional direct and indirect impacts on the division include:

- Expansion of the Tesoro Refinery, plus permitting work for proposed diesel refineries.
- Extensive effort on Bakken Pool Permitting and Compliance Guidance Document for oil wells.
- Increased telephone and e-mail inquiries pertaining to air pollution control requirements.
- Increased oil- and gas-related complaints and inquiries from the public.
- Installation of a new Williston monitoring site to measure air quality.
- Inspections and study of radiation from frack sand and drilling mud.
- Increased permitting activity, along with increased particulate control inspections of more rock, sand and gravel plants (three times higher than in the past), due to greater demand for these materials in the oilfield.
- Permitting for fiberglass plant that changed to major source status when it switched from making cattle tanks to oil storage tanks.
- Road dust has become a significant source of air pollution.
- New Environmental Protection Agency regulations directed at energy development.

B. Division of Laboratory Services

Microbiology

Testing volumes from 2007-2011 were evaluated from oil-impacted communities in western North Dakota. These communities included principal private (clinics and hospitals) and public health entities in the Dickinson, Williston, Watford City, Minot, Bismarck, Hettinger, Mott and New England areas. Figures 4 and 5 show the trends in private and public testing.

Private health sector testing done at the state public health laboratory increased by 2,083 samples, likely due to an increasing number of medical providers in western North Dakota and in Bismarck and Minot. Public health sector testing conducted at the state laboratory decreased by 743 samples. This decrease is assumed to be caused from instituting rapid HIV screenings in many public health facilities in the area, eliminating the need to send samples to the state laboratory. Combined private and public tests steadily increased over the five-year period from 22,670 to 24,010 samples.

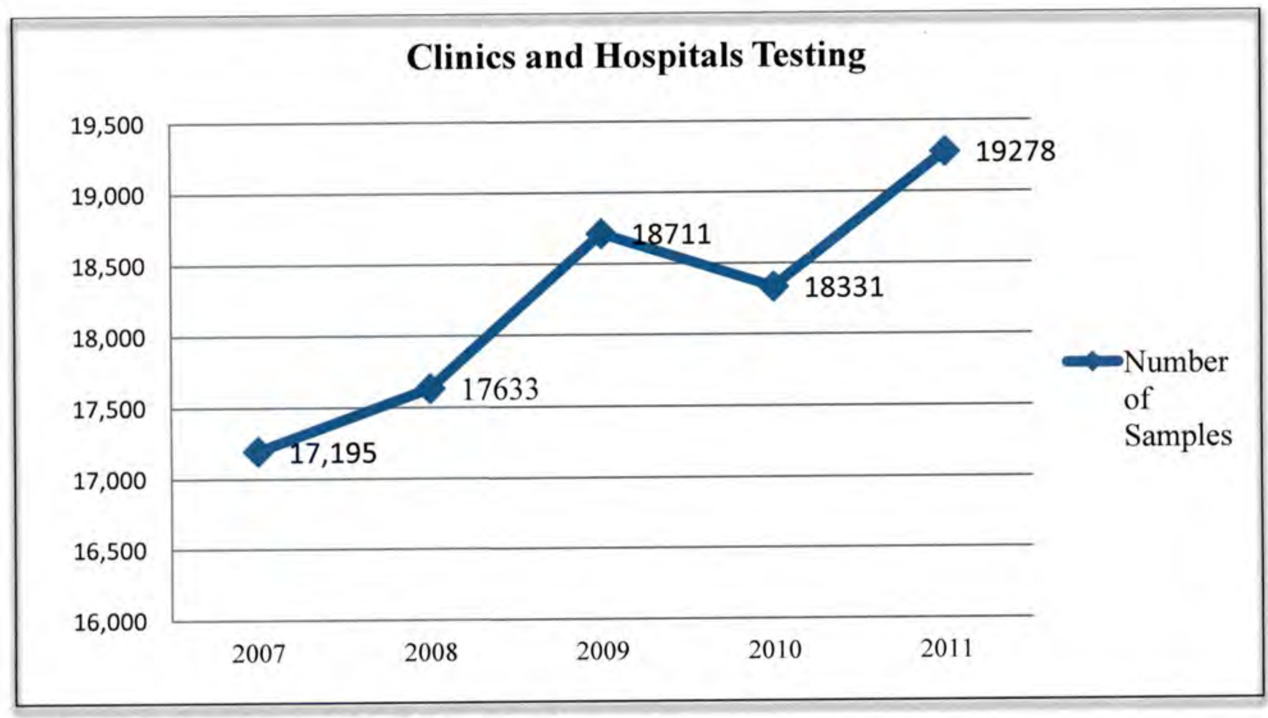

Figure 4. Clinics and Hospitals – Oil-impacted Communities

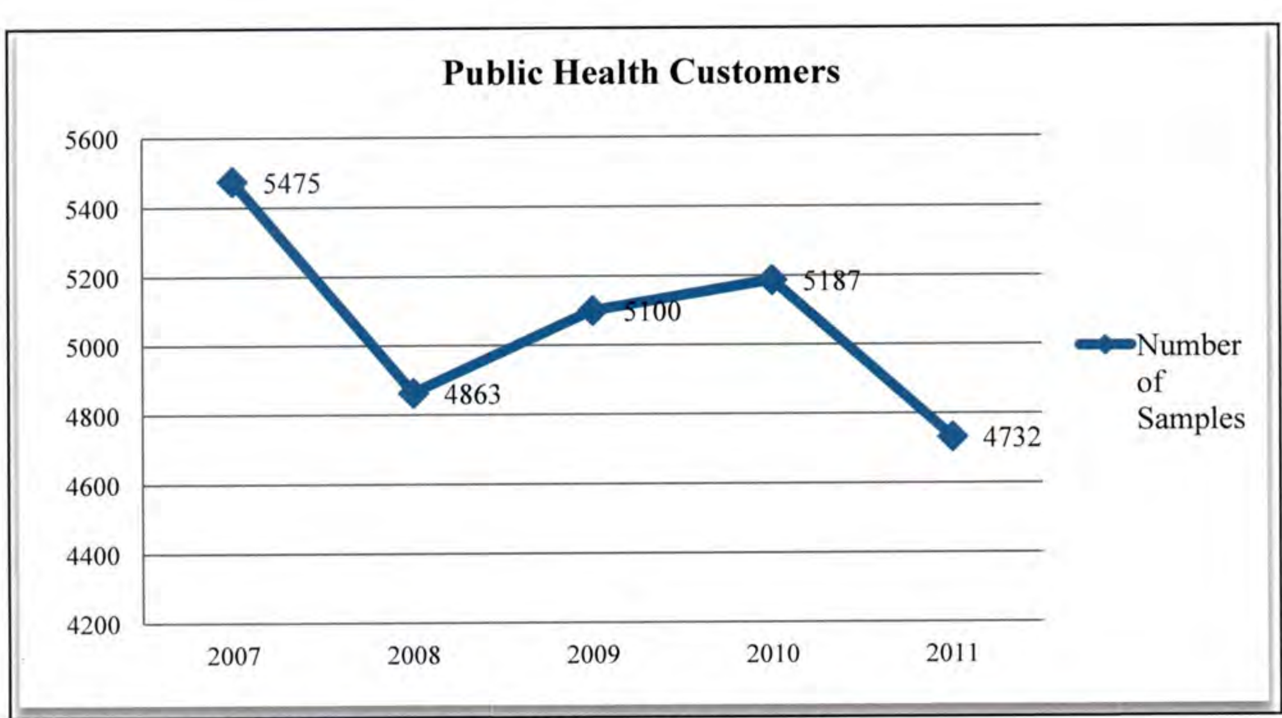

Figure 5. Public Health Customers Testing - Oil-impacted Communities

Chemistry

Since the beginning of 2012, 159 samples have been collected by Environmental Health Section personnel. A total of 77 samples also were received from other agencies or private entities. Nineteen associated quality control samples were analyzed for a grand total of 255 oilfield-related samples. These numbers represent an increase over previous years. Tests requested for most of these samples were for complete chemistry; benzene, toluene, ethylbenzene, and xylene (BTEX); diesel range organics (DROs); and semi volatile organic compounds (VOCs). Samples also were received for six new public drinking water systems associated with temporary housing in the oilfield. These systems are mandated by law to conduct specific chemical and microbiological testing.

C. Division of Municipal Facilities

An ever-expanding challenge is keeping pace with new drinking water and wastewater facilities in oil-impacted areas. Figure 6 shows the total number of PWS significantly increased in 2011 and 2012; 94 percent (of the increase) are in oil-impacted counties.

Figure 7 shows the total number of SDWA violations increased in 2011 and 2012. About one-half of this increase is due to new PWS in oil-impacted counties. Implementation of new and revised rules further impacts workload and compliance rates, both compounded by the increasing number of PWS.

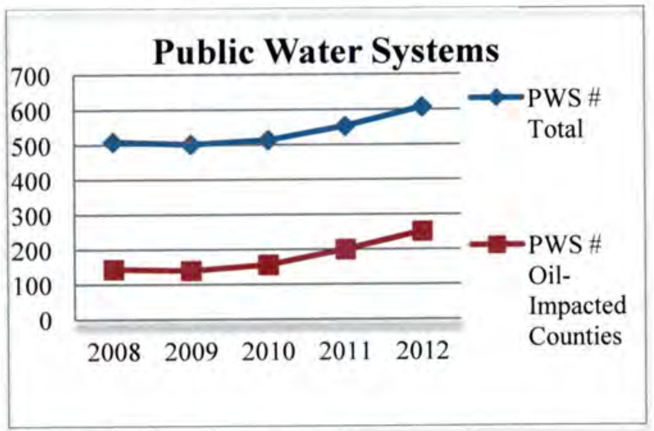

Figure 6. Public Water Systems

SDWA Violations

350
300
250
200
150
100
50
0
2008 2009 2010 2011 2012

Total SDWA Violations

SDWA Violations in Oil-Impacted Counties

Figure 7. SDWA Violations

Figure 8 shows that public health unit inspections of non-community PWS have decreased in oil-impacted counties, while division inspections have increased. (To date, public health units serving non-oil-impacted areas have kept pace with their assigned inspections.) As oil activity expands, it is anticipated the health units may not be able to complete these inspections, adding to division workload.

FDHU = First District Health Unit (Minot); SWDHU = Southwestern District Health Unit (Dickinson); and UMDHU = Upper Missouri District Health Unit (Williston).

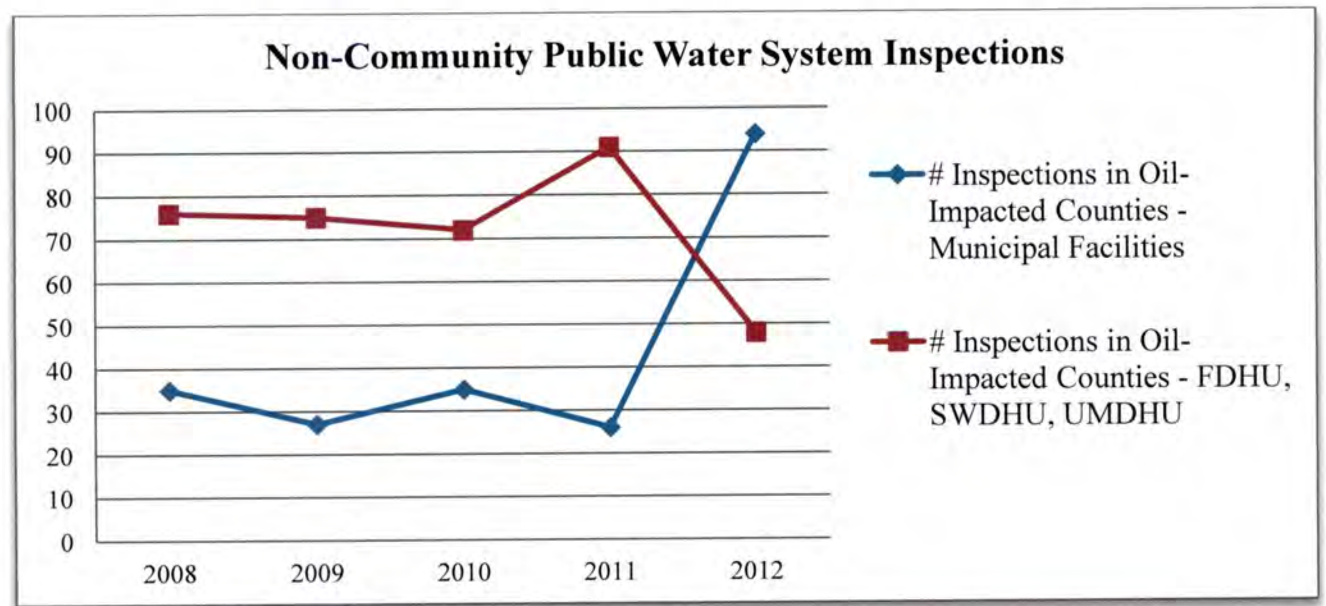

Figure 8. Non-Community Public Water System Inspections

Under state law (NDCC 23-26), all persons operating water and wastewater systems, with some exceptions, must be certified by the department. Figure 9 shows decreased numbers of water distribution operators being certified due to two principal factors: (1) operator turnover (certified operators leaving for higher paying jobs in the oilfield); and (2) new systems that do not have a certified operator. Additional new systems have increased the workload of the division's operator certification and training program. In oil-impacted counties, the primary need has been for water distribution operators because most new systems obtain drinking water from other regulated sources (no treatment required) and either

haul wastewater to another permitted system or provide on-site wastewater disposal. Compliance with operator certification requirements for water treatment and wastewater collection/treatment will likely decrease if more systems choose to develop/treat their own drinking water sources or treat/discharge wastewater.

Figure 10 shows a large increase in plans and specifications submittals/approvals, largely due to projects in the oilfield. Many have been submitted by out-of-state engineering firms (60 to date) unfamiliar with North Dakota requirements, resulting in extended review time. Mechanical wastewater treatment and/or large on-site disposal systems require additional time for review/approval. As-built situations require more time to resolve design and construction issues. The division has spent considerable time developing new design policies and standards to address issues primarily related to projects in the oilfield. A memorandum of agreement has been executed with the UMDHU for division review of on-site wastewater disposal systems serving 25 or more people, further increasing workload in an area not historically addressed by the division.

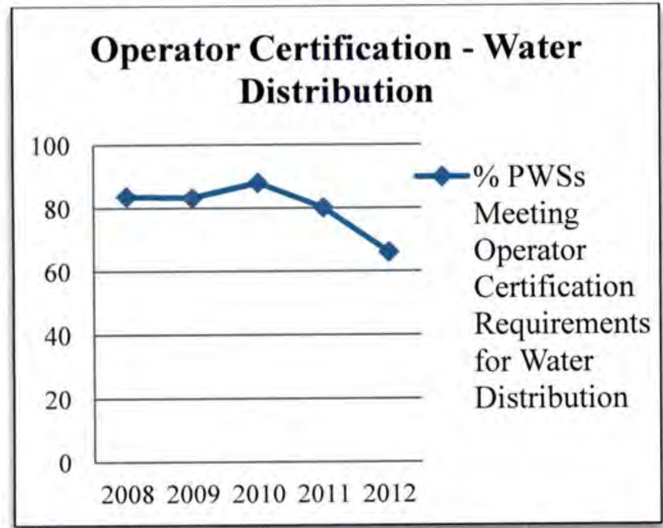

Figure 9. Operator Certification - Water Distribution

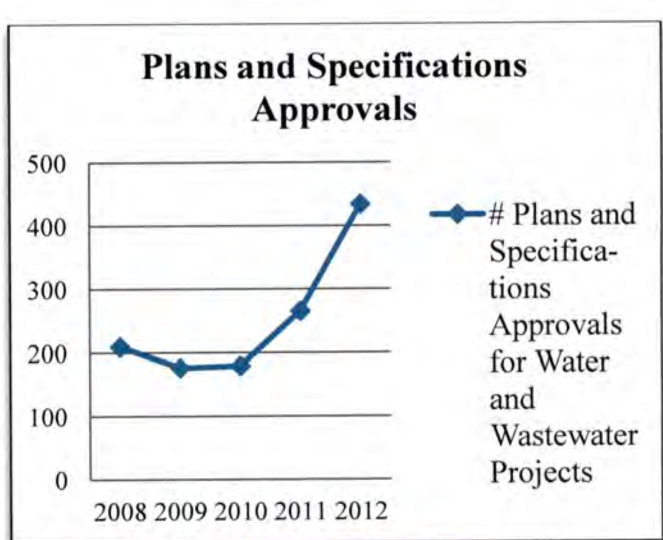

Figure 10. Plans and Specifications Approvals

Figure 11 shows the number of projects/dollar value on the CWSRF and DWSRF lists increased significantly in 2011-2013. This will result in a large number of SRF projects to implement, increasing workload on top of attempting to keep pace with more technical reviews for non-SRF and oilfield projects. (For 2008, note that $64 million of the total $95 million for CWSRF represents a loan to Fargo still in progress.)

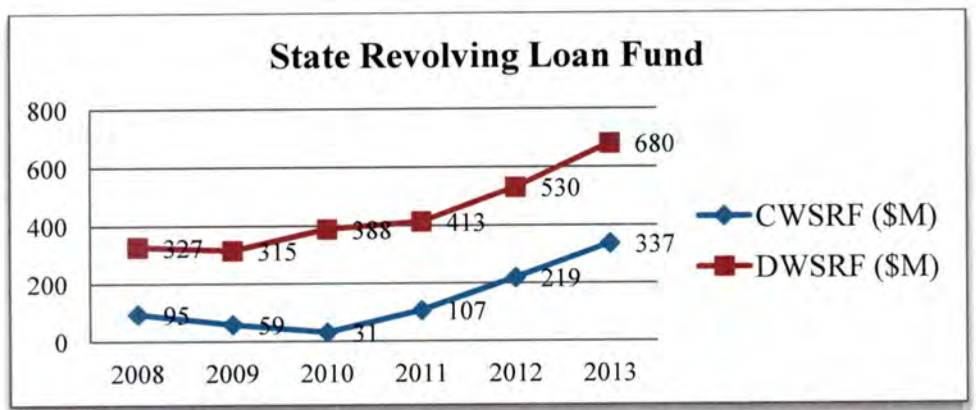

Figure 11. State Revolving Loan Fund – Total Project Amount from Intended Use Plans

Additional workload impacts to those shown in the above tables include: educating systems on SDWA requirements, implementing/enforcing the requirements, and compliance/technical assistance in addressing SDWA violations; responding to complaints; answering calls and e-mails about proposals for new/expanded housing facilities; addressing vendor/engineer inquiries; and conducting visits and presentations on alternative wastewater treatment systems.

D. Division of Waste Management

Oilfield activity has significantly increased the workload, from facilities directly operated by oilfield-related businesses and from peripheral businesses supporting the increasing general population. There are more oilfield service companies generating large quantities of hazardous waste and other support businesses, such as tank manufacturers generating more hazardous waste. New gas stations and truck stops are being built or expanded. Both municipal landfills and oilfield special waste landfills are dealing with new types and greatly increased volumes of waste. Figures 12 through15 show the increase in hazardous waste large quantity generators (LQGs), municipal solid waste (MSW) and special waste landfills, new or expanded underground storage tank (UST) facilities, and new waste transporter permits from 2009 to December 2012.

Figure 12. Hazardous Waste Large Quantity Generators

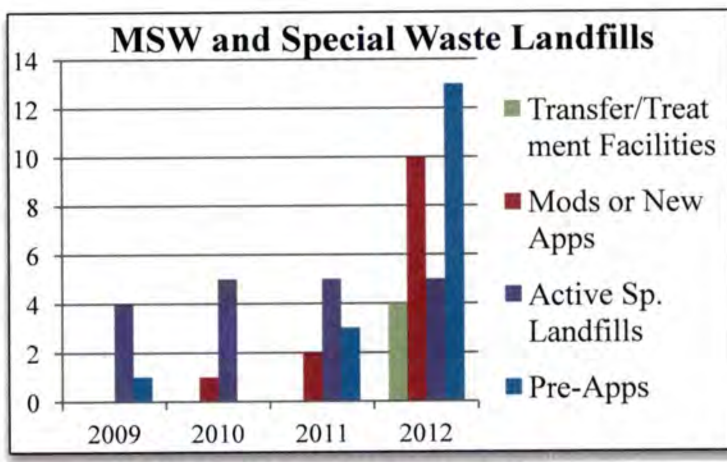

Figure 13. MSW and Special Waste Landfills

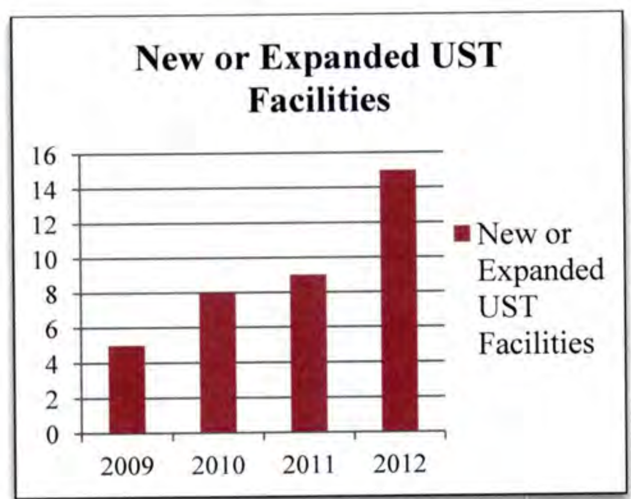

Figure 14. New or Expanded UST Facilities

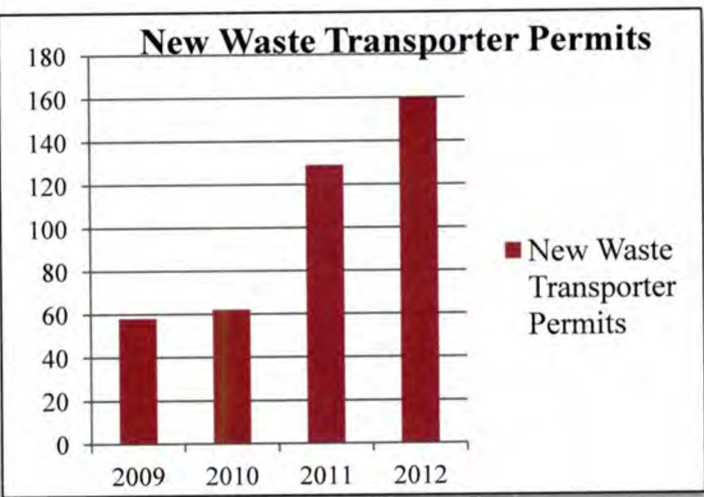

Figure 15. New Waste Transporter Permits

The significant increase in the number of pre-applications and applications for new or expanding landfills, both municipal solid waste and oilfield special waste, has greatly increased the workload of the Solid Waste Program. These applications are very detailed, highly technical documents, usually more than a thousand pages in length, that require expertise in soils, hydrogeology, plant science and engineering to review. North Dakota solid waste rules have a 120-day limit in which the department is required to complete the review. However, that has been increasingly difficult to achieve due to the volume of applications and inquiries received. At the same time, there is an increased need for inspections at the existing facilities and site visits to the new facility locations, which also takes significant staff time. All of the programs in the Division of Waste Management have been affected by oilfield activities, but the Solid Waste Program has been affected the most.

E. Division of Water Quality

With increased oilfield activities in the northwestern part of the state, the division has been actively involved in many related issues. This division is primarily responsible for responding to oil spills with the potential to impact waters of the state and following up on appropriate remediation. Figures 16 and 17 illustrate the large increase in number of spills reported and response by staff.

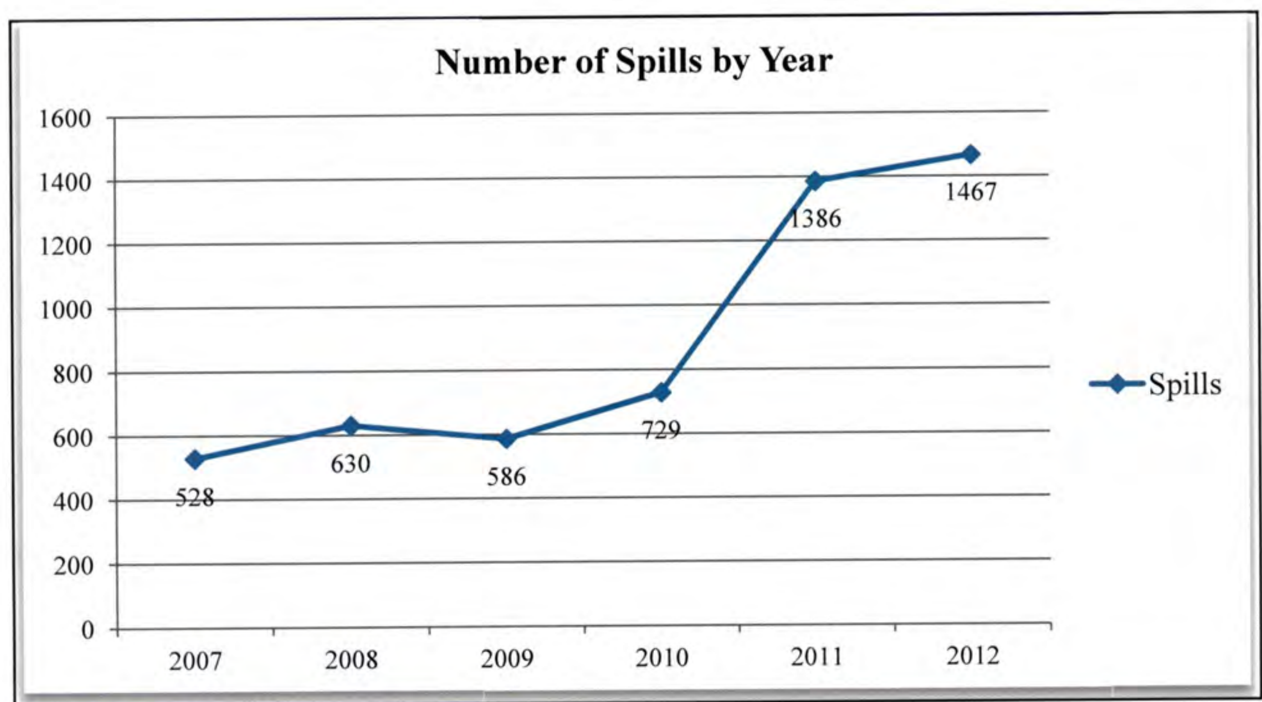

Figure 16. Number of Spills by Year

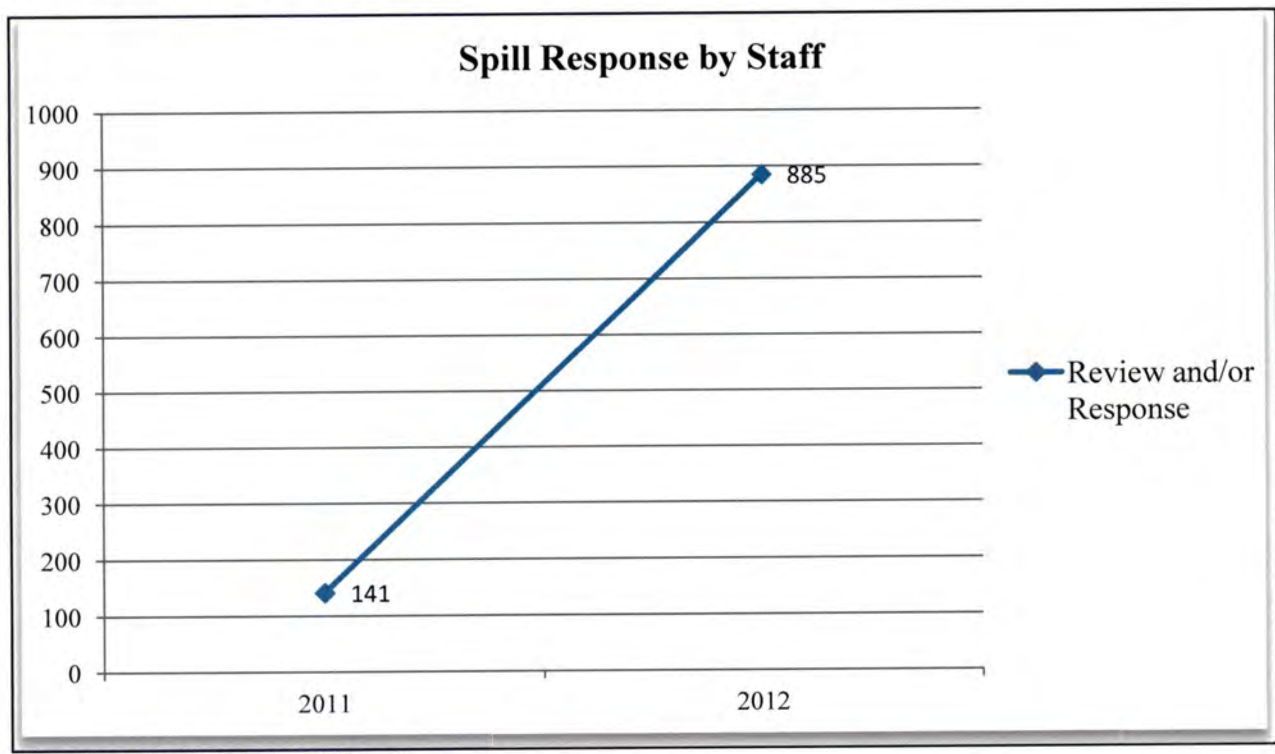

Figure 17. Spill Response by Staff

<u>NDPDES Program</u>

The program has provided assistance to and/or permitted more than 40 temporary housing systems. Figure 18 shows there has been a significant increase in permits issued. All of the following, except for septic pumpers, are federally required permits.

- New individual dischargers issued or awaiting permits: Five (compared to one last year)
- New coverage under general wastewater permits: Five (two last year)
- New stormwater construction permits: 770 (620 last year) (This does not include approximately 50 applications that have yet to be entered into the database.)
- New stormwater industrial permits: 40 (28 last year)
- New dewatering/hydrostatic testing permits: 66 (37 last year)
- Septic pumper licenses: 298 units (265 last year)

This increase in permits has resulted in additional inspections of septic tank pumpers, crew camp wastewater treatment facilities and construction site storm water controls. Increased commercial development in the oil field has resulted in a 300 percent increase in inspections to evaluate on-site disposal of wastewater (e.g., industrial solvents/cleaners etc.). In addition, there has been a considerable increase in office work associated with site reviews for landfills, water appropriation reviews and public inquiries from private well owners.

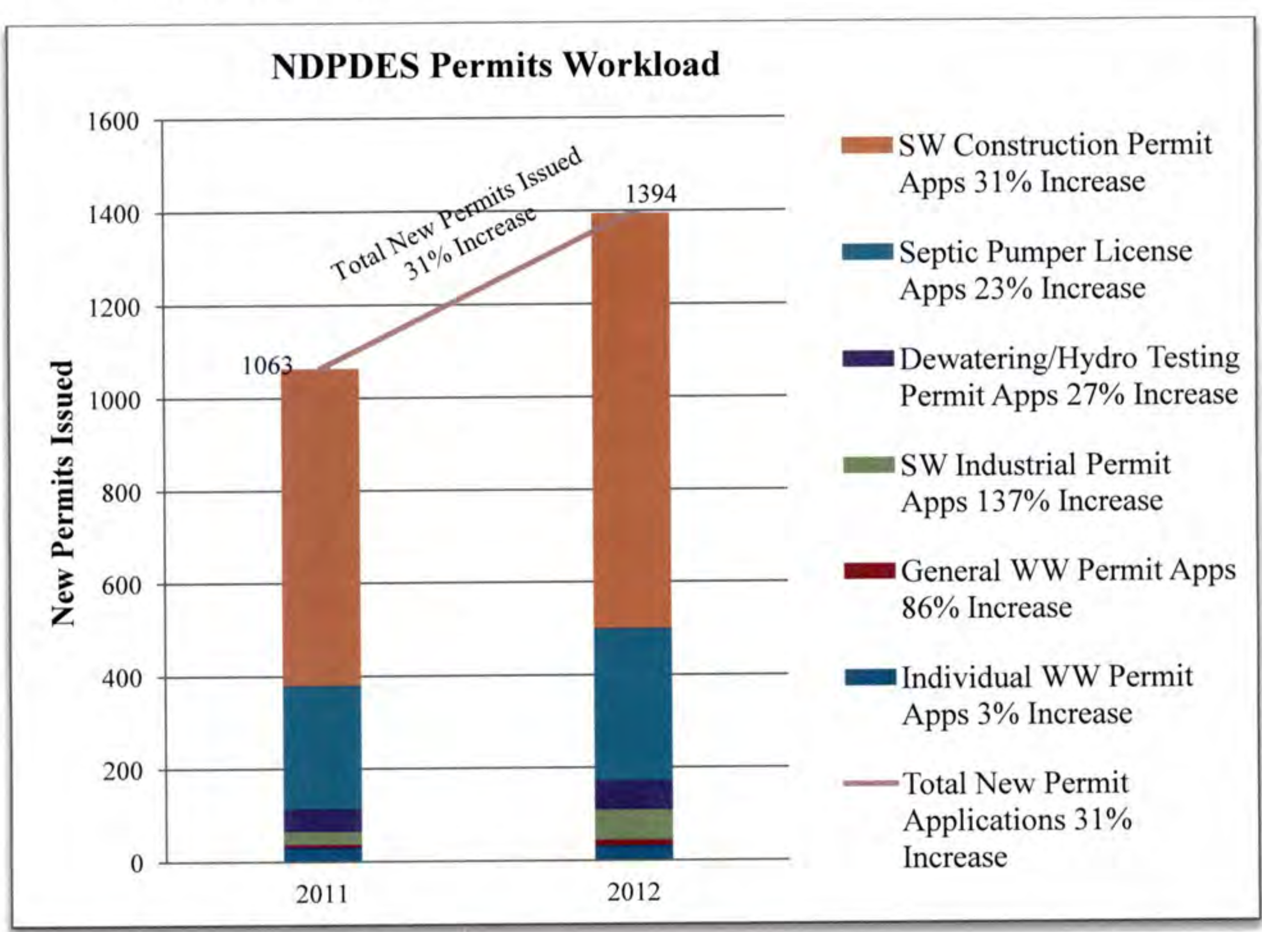

Figure 18. NDPDES Permits Workload

Ground Water Protection Program

To address the increased number of spills, one of the staff has become the team leader for the oilfield response team. This full-time effort means the program is short one full-time position. Existing staff assumed other duties of this position, which are extensive.

The program reviews and comments on water appropriation applications received by the State Water Commission. The oil boom has significantly increased the applications for review (Figure 19), primarily related to industrial uses of groundwater. About two new applications are received each week.

The number of public water systems in the oilfield has significantly increased, and each system requires the completion of a Wellhead Protection Area report (Figure 19). In the last year, 19 reports have been prepared for new systems, and there is a backlog of 92 systems needing WHPA delineation. Notifications are being received for about two new systems per week.

Figure 19 also shows the significant impact on the UIC Program. The number of potential UIC sites (crew camps, oil service companies, vehicle repair businesses, etc.) increases daily. Approximately 250 businesses in western North Dakota may have Class V wells and therefore require inspection. Additional potential UIC sites have yet to be evaluated. The program has responded to many requests for information about Class I injection wells and is in the process of permitting one Class I well. Several new Class I wells are projected for permitting in 2013. Many of the proposed oilfield waste disposal sites are also considering Class I wells, and some facilities are evaluating the injection of treated wastewater as a disposal option.

A significant number of calls have come from the public related to sampling of private wells (e.g., how to sample, where to send samples, what to analyze, perceived impacts to wells, etc.). Workload related to landfill and facility siting reviews has increased significantly (Figure 20). Before the oil boom, one or two landfill pre-applications were received per year. In the last 12 months, 15 oilfield special waste landfill pre-applications have been received. If the facilities obtain zoning approval, they will move through the application process requiring review by program staff.

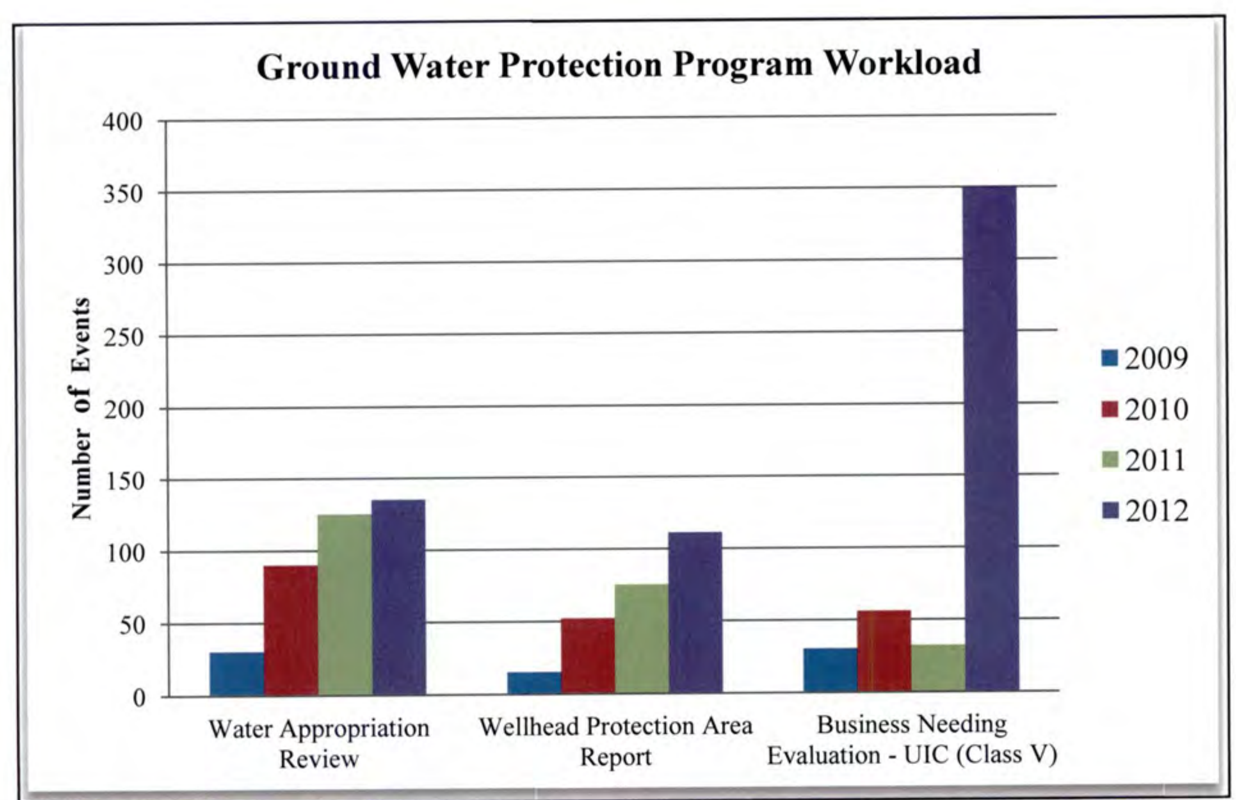

Figure 19. Ground Water Protection Program Workload (2009-Present)

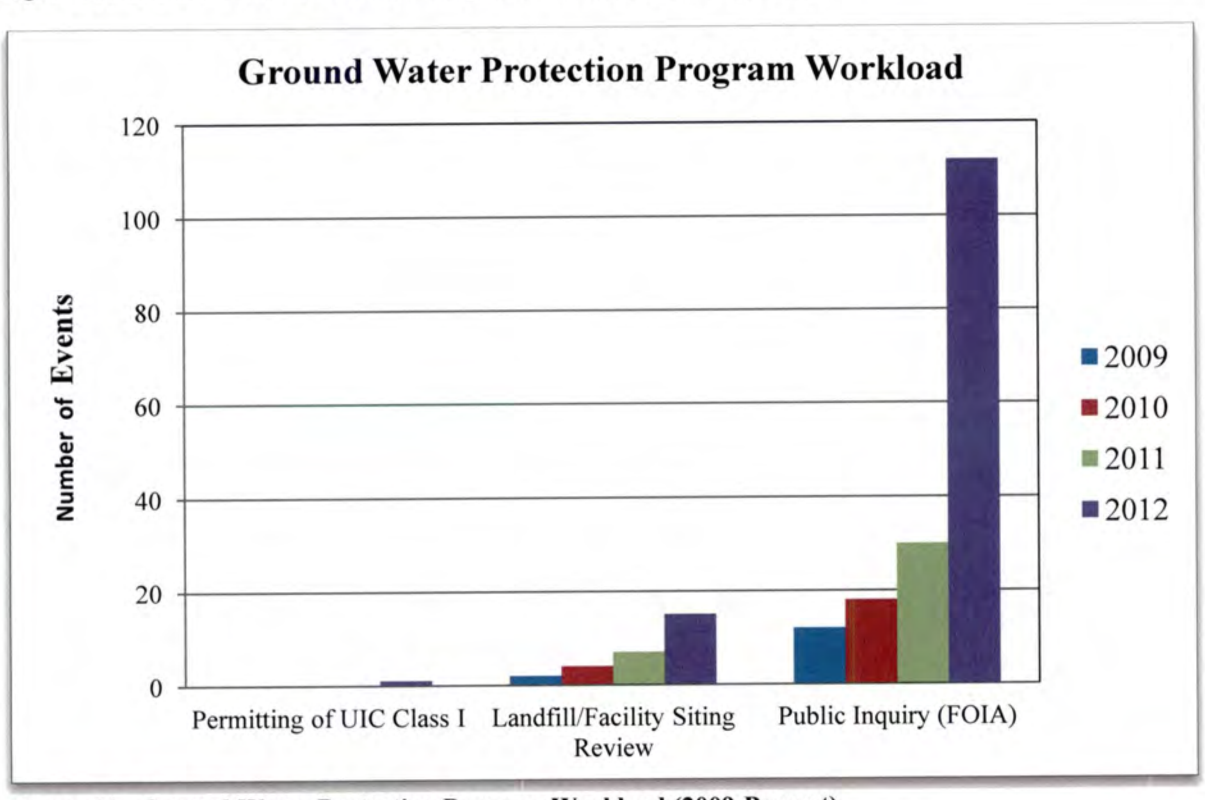

Figure 20. Ground Water Protection Program Workload (2009-Present)

III. Assistance Needed to Meet Increased Workload

A. Division of Air Quality
To meet the increased workload demands, the division requests to add one full-time employee (FTE) (environmental scientist) to the Radioactive Materials Branch. Funding for such a position can be met with fees that are being generated and no General Fund support is needed.

B. Division of Laboratory Services
Additional funds are being requested to address the increase in workload due to activities in the oilfield. One FTE (Administrative Assistant II/Lab Tech IV) is needed to help with the administrative support functions in the lab. Responsibilities will include sample receipt and log-in, as well as data entry, proofing, helping with telephone calls, and some sample preparation. In addition to the FTE, the division is requesting new instruments to add redundancy, as well as some new technologies that will improve the testing processes. Additional funds are being requested for supplies for the increased testing and new instrumentation. Funds also are being requested to purchase instrument maintenance agreements crucial to the continued operation of the lab's instruments.

C. Division of Municipal Facilities
An ongoing challenge is the implementation of new and revised SDWA requirements and policies for the State Revolving Loan Fund Programs. This impacts workload and compliance rates/activity for the PWSS Program, a problem compounded by the increasing number of public water systems. In addition, there is heightened community interest in using the DWSRF and CWSRF Programs for financial assistance. The ability of the division to maintain state delegation for its programs could be significantly impacted, if not totally compromised, by future cuts in federal funding. These challenges are not short-term but long-term challenges. To better address these challenges, the Governor's Executive Budget recommends the need for three additional FTEs (two environmental engineer positions and one environmental scientist position). Due to pending reductions in federal funding, these positions will need to be funded using state general funds.

D. Division of Waste Management
The Division of Waste Management has received 15 pre-applications (as of June 8, 2012) for oilfield waste landfills. This increase requires additional staff for inspections and permitting activities. The Governor's Budget recommends the need for one FTE (Environmental Scientist II).

E. Division of Water Quality
The Division of Water Quality has experienced a considerable increase in work load from oilfield activities. These impacts include responding to a 500 percent increase in spills and complaints regarding infrastructure shortfalls. The division needs to add three additional environmental scientists to meet the growing need for oversight of wastewater treatment and spill cleanups.

Testimony 4
SB 2004
Mar 11, 2013

June 6, 2012

2012 Performance Audit Report

North Dakota Department of Health - Family Health Division

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Executive Summary

On behalf of the North Dakota Department of Health, CliftonLarsonAllen LLP ("CliftonLarsonAllen or CLA") performed a control environment performance audit of the Family Health Division (the "Division"). The control environment has a pervasive influence on the way business activities are structured, objectives established and risks assessed. It also influences control activities, information and communication systems, and monitoring activities.

The State of North Dakota, acting through the office of the State Auditor, engaged CLA to perform a control environment performance audit related to the Family Health Division. CLA performed the control environment audit to address potential fiscal irregularities.

The control environment performance audit was driven by the commitment that the Family Health Division has to ensuring their internal processes and controls are designed appropriately and operating as intended. The performance audit was performed from March 5, 2012 to June 1, 2012 in accordance with the timeline agreed to by The State of North Dakota in the Contract for Audit Services dated February 15, 2012.

The performance audit was conducted in two phases. The purpose of the first phase was to gain an understanding of the control environment of the Family Health Division. CLA interviewed all current employees in the Family Health Division, select Community Health Section ("CHS") employees, and select previous employees no longer employed by the Community Health Section. The second phase of our performance audit focused on performing effectiveness testing and validation based on our risk assessment derived from the interviews and specific areas of risk identified.

Objectives and Scope

The objectives of the performance audit were the following:

- Gain an understanding of the control environment.
- Assess whether the control environment has been properly designed and implemented.
- Interview key individuals including each employee of the Family Health Division to identify potential problems.
- Perform necessary audit work to establish the legitimacy of potential problems identified.
- As determined necessary, based on risk assessment procedures performed, judgmentally select transactions for testing.
- Perform the work necessary to provide sufficient, appropriate evidence to support the findings and conclusions.
- If applicable, develop recommendations for corrective action.

The scope of the performance audit included the following for the Family Health Division:

- Control environment areas discussed during the interviews: Integrity and ethical values, commitment to competence, governance and oversight of the board of directors or audit committee, management's philosophy and operating style, organizational structure, assignment of authority and responsibility, and human resource policies and practices.
- Effectiveness testing and validation based on the results of the interviews focused on four areas of concern that were noted as themes in several of the interviews: employee expense reimbursement requests, annual leave, compensatory time, and grant management.

Approach

Our approach includes initial action plans and steps to support the development of a tailored performance audit related to the overall control environment. Our approach was the following:

- Reconfirm existing understanding of the Division's background – locations / people / operations, current control environment, and general operations.
- Conduct structured, facilitated sessions with identified leadership and stakeholders to gain an understanding of the organization's control environment risks and how they are managed.
- Perform audit procedures to validate our understanding obtained during interview sessions.
- Finalize results of the assessment and develop action plans.
- Present final work results to the Division's leadership and/or staff within a mutually agreeable timeframe.

With the assistance of Family Health Division management, CLA identified 32 key stakeholders that included all current employees from the Family Health Division, select Community Health Section employees, and select previous employees no longer employed by the Community Health Section.

Key stakeholders were interviewed for the purpose of assessing the inherent and specific risks associated with the overall control environment. Based on the results of the interviews, CLA judgmentally selected four employees from the Family Health Division to perform effectiveness testing and validation on specific areas of risk identified in the Objectives and Scope section above (employee expense reimbursement request, annual leave, and compensatory time). Effectiveness testing was performed by selecting transactions from January 2010 through April 2012. Tests of sample transactions were performed to validate the existence and operational effectiveness of internal controls.

Based on the discussions and results of the test procedures, CLA completed an assessment report that will focus on and address the following:

- Key themes and observations noted during interviews and effectiveness testing.
- Recommended action plan for remediation.
- Family Health Division and/or Department responses.
- Risk ranking per individual key theme and observation.

Conclusion

Overall, we noted that key stakeholders in the Family Health Division were very knowledgeable of the processes and procedures in which they are responsible and were able to provide the information needed to complete our procedures in a timely and efficient manner. The documentation received for testing was well organized and easily obtained.

There was disparity in the individuals' opinions addressing Division leadership. For example, several individuals stated they are comfortable and happy with their relationship with senior leadership in the Division and also stated they feel there is always an open door policy, communication is clear and articulated, and senior leadership leads with a direction and tone that is in the employee's best interests. These employees also felt that the morale of the Division has been directly affected by the accusations made over the last couple of years related to potential fiscal irregularities. Several other individuals interviewed have felt intimidated by Family Health leadership in certain situations; did not feel appropriate action would be taken by management if personnel issues and significant accusations made on another employee or division processes were brought to their attention; and having five Division leaders rotate responsibilities as the Section lead creates lack of consistency in day-to-day operations, lack of consistency in long term strategic planning, and does not promote independence in the chain of command reporting. There were also employees that felt neutral related to the topics described above or felt that one or all of the topics above are handled appropriately.

In addition, the results of the effectiveness testing in the areas of grants management, employee expense reimbursement requests, annual leave, and compensatory time should encourage the Family Health Division to describe in more detail reasons for compensatory time accrual, re-evaluate the approval process for annual leave to ensure appropriate individuals are approving annual leave and policy is being followed, perform more detailed reviews for expense reports submitted, and consider the use of a credit card when paying for a taxi fare in certain circumstances (i.e. major city destinations), submitting the credit card receipt. In addition, the Family Health Division should implement a procedure to centrally track and monitor transfers of expenditures within the same grant or to another grant. Federal requirements for cost transfers require they are timely, supported, reasonable, allocable, allowable, and that grant accounts have adequate internal controls so they can be tracked and monitored.

Observations for Committee Attention

Based on our performance audit we identified three high risk observations. This determination was made based on our key stakeholder interviews, review of applicable policies and procedures, and effectiveness testing activities. The following table details the high risk observations identified.

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
A whistleblower policy is not in place for the North Dakota Department of Health to allow employees to report suspicious or unethical behaviors.	The North Dakota Department of Health should include a whistleblower protection policy in the Department's Personnel Policy Manual. In addition, communication related to the updated policy and the appropriate method(s) to report suspicious or unethical behaviors should be provided to all employees on a periodic basis.	The Department concurs with the recommendation. About a year ago, the Department began drafting a whistleblower policy. In February 2012, a major rewrite of the Department's Personnel Policy Manual was started and the whistleblower protection policy and other rules related to reporting fraud and abuse were included. The policy allows an employee who is uncomfortable or otherwise reluctant to report to his/her supervisor, the ability to report fraud and abuse or retaliation related to reporting the activity to higher levels of management including the State Health Officer, the Deputy State Health Office, the Human Resources Director, or the Internal Auditor. The Department will provide education to all staff on the updated Personnel Policy Manual.	High

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
Additional leadership and manager training (i.e. leadership best practices, how to manage conflict, communication, fiscal administration review, etc.) should be required of program managers and division directors.	Research developmental trainings applicable for program managers and division directors (or anyone that supervises others) and include training requirements in the Department's Personnel Policy Manual.	The Department concurs with the recommendation. The Department requires all managers to have, at a minimum, the Supervisory Management Development training provided by Human Resources Management Services with Office of Management and Budget either prior to, or shortly after moving into any management position. The Department will add this requirement to the Personnel Policy Manual. In addition, the Department has begun researching additional public health management training strategies for all section chiefs, division directors, and program managers. The Family Health Division director has recently developed and provided training on department policies, processes and expectations for all Family Health staff.	High

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Effectiveness Testing Results			
The process of transferring expenditures to alternate expense categories within the same grant or to another grant is not thoroughly documented to leave a thorough audit trail. Transfers are typically approved via email and verbal conversations between the Family Health Division and liaison Accountant. When selecting transfers of expenditures for testing, documented evidence was unavailable related to the purpose of the transfer and CLA had to rely on inquiry to understand the purpose of the transfer. In addition, noted that salary and operating expense transfers from one grant to another as requested and approved via email in November 2011 were for expenses incurred anywhere from December 2010 to August 2011. Noted another email from October 2011 approving operating expense transfers from one grant to another; however, the original expenses incurred were from June 2011. Transfers do not always appear to be timely.	A procedure should be implemented in the Division to centrally track and monitor transfers of expenditures within the same grant or to another grant. Information such as the following should be documented for all transfers of expenditures: (1) reason(s) for transferring the expenditure must be sufficiently stated to establish that the transfer is within the approved guidelines of the budget to be charged and is in direct support of the project objectives; (2) reason an expenditure was initially charged to the original grant; (3) transfers of expenditures should be made on a timely basis; and (4) approvals of transfers.	The Department concurs with this recommendation except for #3. All grants within the Family Health Division are awarded on a yearly basis; hence transfers of expenditures between line items within a grant and between grants occur throughout the grant cycle and are allowable up to 90 days after the close of the grant period. Although "best practice" for the private sector may be that adjustments be made within 90 days for quarterly reporting purposes, this is not relevant to federal grants management as reporting is typically done on an annual basis. The Department will establish policy to require documentation of the reason and approval in writing for any transfers between grants. In addition, the Department will establish a process to monitor and track the allowable budget flexibility between line items within a grant.	High

Detailed Observation Listing

The following table details the observations identified during the performance audit.

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
A whistleblower policy is not in place for the North Dakota Department of Health to allow employees to report suspicious or unethical behaviors.	The North Dakota Department of Health should include a whistleblower protection policy in the Department's Personnel Policy Manual. In addition, communication related to the updated policy and the appropriate method(s) to report suspicious or unethical behaviors should be provided to all employees on a periodic basis.	The Department concurs with the recommendation. About a year ago, the Department began drafting a whistleblower policy. In February 2012, a major rewrite of the Department's Personnel Policy Manual was started and the whistleblower protection policy and other rules related to reporting fraud and abuse were included. The policy allows an employee who is uncomfortable or otherwise reluctant to report to his/her supervisor, the ability to report fraud and abuse or retaliation related to reporting the activity to higher levels of management including the State Health Officer, the Deputy State Health Office, the Human Resources Director, or the Internal Auditor. The Department will provide education to all staff on the updated Personnel Policy Manual.	High

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
Additional leadership and manager training (i.e. leadership best practices, how to manage conflict, communication, fiscal administration review, etc.) should be required of program managers and division directors.	Research developmental trainings applicable for program managers and division directors (or anyone that supervises others) and include training requirements in the Department's Personnel Policy Manual.	The Department concurs with the recommendation. The Department requires all managers to have, at a minimum, the Supervisory Management Development training provided by Human Resources Management Services with Office of Management and Budget either prior to, or shortly after moving into any management position. The Department will add this requirement to the Personnel Policy Manual. In addition, the Department has begun researching additional public health management training strategies for all section chiefs, division directors, and program managers. The Family Health Division director has recently developed and provided training on department policies, processes and expectations for all Family Health staff.	High

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
Several employees have felt intimidated by Family Health leadership in certain situations which has caused tension among employees in the Division.	Evaluate management's oversight and leadership skills regularly. In addition, perform regular surveys of individuals in the Family Health Division to evaluate changes in employee's morale and perception of the Family Health Division.	The Department of Health management respects staff feelings and appreciates the feedback given. The Department will conduct staff interviews and/or employee surveys within the next six months, and again one year later, to evaluate concerns and to measure morale and perceptions within the Family Health Division. Strategies for improvement will be implemented as appropriate. Oversight and leadership skills will be given additional emphasis in the Director's performance evaluation if staff interview/employee survey work warrants such. In addition, the Department will research management trainings that include oversight and leadership skills. Department of Health management supports the Family Health Division director's firm stance on holding staff accountable when policies and/or processes are not followed or when expectations are not met.	Moderate

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
Several employees stated that they did not feel appropriate action would be taken by management if personnel issues and significant accusations made on another employee or division processes, were brought to their attention.	Closely evaluate management's approach to handling personnel issues and significant accusations made on another employee or division processes and determine where changes could be made in methods of handling and approaching situations to reduce the concern. In addition, perform regular surveys of individuals in the Family Health Division to measure changes in employee's morale and perception of the Family Health Division.	The Department management respects staff feelings and appreciates the feedback given. The Department will conduct staff interviews and/or employee surveys within the next six months, and again one year later, to evaluate concerns and to measure morale and perceptions within the Family Health Division. Strategies for improvement will be implemented as appropriate. While we recognize that employee perceptions are important, no examples of a Director not taking action on an issue have been brought forward to higher levels of management. The Family Health Division director has addressed all personnel issues and/or accusations that have been reported. Staff members are informed when issues brought to the Director's attention have been handled. However when the issue is a personnel matter, it is Department practice not to release the details of the situation to all staff. The Department will re-educate staff on the chain of command, stressing the point that an employee who is uncomfortable or otherwise reluctant to report to his/her supervisor, has the ability to report to a higher level of management including the State Health Officer and/or Deputy State Health Officer, the Human Resources Director, or the Internal Auditor.	Moderate

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
Several employees have concerns related to the organizational structure of the Community Health Section, specifically the leadership rotation model. Several employees feel that having 5 division leaders rotate responsibilities as the Section lead creates lack of consistency in day-to-day operations, lack of consistency in long term strategic planning, and does not promote independence in the chain of command reporting. Personnel communicated they would not feel comfortable reporting a concern to another division leader as they feel the leaders are not independent of each other.	The Department should closely evaluate how the Community Health Section leadership rotation model affects consistency in day-to-day operations, long term strategic plans, and independence in the chain of command reporting structure and if this model is truly in the best interests of its employees in the Community Health Section.	The Department management respects staff feelings and appreciates the feedback given. The Department will evaluate the Community Health Section leadership rotation model and the pertinent policies and processes in place within the Community Health Section Leadership Team as they relate to consistency in day-to-day operations, long term strategic plans and chain of command. Employee surveys will be conducted to gather information regarding employee concerns of the Leadership Team structure, evaluate those concerns and implement opportunities for improvement. The Community Health Section Leadership Team has an operational manual that contains the following topic areas: Overview, Leadership, Polices and Procedures, Forms, Personnel, Strategic Planning, Accounting Info and Miscellaneous. The manual was developed to assure consistency within the Community Health Section and is continually updated as new polices and processes are developed. The manual is housed on a network shared drive that all Community Health Section employees have access to. (The Family Health Division is one of five divisions within the Community Health Section.) Community Health Section staff will be re-educated on the chain of command, stressing the point that an employee who is uncomfortable or otherwise reluctant to report to his/her supervisor, has the ability to report to a higher level of management including the State Health Officer and/or Deputy State Health Officer, the Human Resources Director, or the Internal Auditor.	Moderate

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Interview Results			
Several employees feel that morale of employees in the Family Health Division is lower than it has been in several years.	Implement a process to regularly assess employee morale to evaluate changes in employee's morale and perception of the Family Health Division.	The Department of Health management respects staff feelings and appreciates the feedback given. The Department will conduct staff interviews and/or employee surveys within the next six months, and again one year later, to evaluate concerns and to measure morale and perceptions within the Family Health Division. Strategies for improvement will be implemented as appropriate.	Moderate

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Effectiveness Testing Results			
Grants Management			
The process of transferring expenditures to alternate expense categories within the same grant or to another grant is not thoroughly documented to leave a thorough audit trail. Transfers are typically approved via email and verbal conversations between the Family Health Division and liaison Accountant. When selecting transfers of expenditures for testing, documented evidence was unavailable related to the purpose of the transfer and CLA had to rely on inquiry to understand the purpose of the transfer. In addition, noted that salary and operating expense transfers from one grant to another as requested and approved via email in November 2011 were for expenses incurred anywhere from December 2010 to August 2011. Noted another email from October 2011 approving operating expense transfers from one grant to another; however, the original expenses incurred were from June 2011. Transfers do not always appear to be timely.	A procedure should be implemented in the Division to centrally track and monitor transfers of expenditures within the same grant or to another grant. Information such as the following should be documented for all transfers of expenditures: (1) reason(s) for transferring the expenditure must be sufficiently stated to establish that the transfer is within the approved guidelines of the budget to be charged and is in direct support of the project objectives; (2) reason an expenditure was initially charged to the original grant; (3) transfers of expenditures should be made on a timely basis; and (4) approvals of transfers.	The Department concurs with this recommendation except for #3. All grants within the Family Health Division are awarded on a yearly basis; hence transfers of expenditures between line items within a grant and between grants occur throughout the grant cycle and are allowable up to 90 days after the close of the grant period. Although "best practice" for the private sector may be that adjustments be made within 90 days for quarterly reporting purposes, this is not relevant to federal grants management as reporting is typically done on an annual basis. The Department will establish policy to require documentation of the reason and approval in writing for any transfers between grants. In addition, the Department will establish a process to monitor and track the allowable budget flexibility between line items within a grant.	High
Compensatory Time – Four Employees were Judgmentally Selected for Testing			
Compensatory time spreadsheets used by employees to document compensatory time accrued and taken do not always provide a level of detail needed in order to understand why the compensatory time was accrued. For example, the description states the name of the grant, but does not state why compensatory time was accrued (i.e. travel for a conference).	When documenting compensatory time on the compensatory time spreadsheets, include detail in the description that fully describes the reason for compensatory time accrual.	The Department concurs with the recommendation and will require the Community Health Section compensatory time policy to include a requirement that the description of the reason for the compensatory time earned be fully described on the compensatory time approval spreadsheet.	Moderate

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Effectiveness Testing Results			
Annual Leave - Four Employees were Judgmentally Selected for Testing			
The Annual Leave Policy states the following: A request for annual leave must be approved by the employee's supervisor before the employee is authorized to take the leave. The following deviations from policy were noted: • In one instance an employee approved their own annual leave on behalf of their direct supervisor, signing their name in the supervisor signature field and stating their signature was on behalf of their supervisor. It appears the supervisor later approved the annual leave; however, it did not appear to be approved prior to the employee taking annual leave. • In two instances an employee approved their supervisor's annual leave, signing their name and stating their signature was on behalf of their supervisor's boss. • In two instances an employee had a colleague approve their annual leave as the colleague had been delegated the responsibility by senior leadership.	Annual leave should be approved by the employee's supervisor before the employee is authorized to take annual leave, per policy. CLA would also recommend in instances where the employee's supervisor is not available, the Director of the Family Health Division should approval the annual leave. In instances where the employee's supervisor is the Director of the Family Health Division, approval should be obtained from the Community Health Section lead. In instances where the Community Health Section lead is not available, the Director of the Family Health Division should obtain approval from another Community Health Section lead.	The Department concurs with this recommendation and has made immediate changes to discontinue this practice. Effective February 2012, the Family Health Division director no longer assigns leadership or signature authority to program staff within the Division. The Community Health Section Lead assumes leadership responsibilities and signature authority in the absence of the Family Health Division director.	Moderate

CliftonLarsonAllen Observation	CliftonLarsonAllen Recommendation	Family Health Division Response	Risk Ranking
Effectiveness Testing Results			
Expense Reporting - Four Employees were Judgmentally Selected for Testing			
The following observations were noted related to taxi fares and related receipts: • Per the OMB policy, tips for taxis are not an accepted reimbursable expense; however, it was noted that most taxi receipts submitted and reviewed by CLA were for round dollar amounts and typically rounded to the nearest 10 (i.e. $20, $30, $40) or 5 (i.e. $25, $35, $45). Although CLA cannot validate that tips were submitted for reimbursement, we can validate that taxi fares charged by taxi companies are not always rounded to the nearest $10 or $5. • When employees were traveling to the same destination (airport and staying in the same hotel), taxi receipts submitted had significant variances in amounts (i.e. $30 vs. $70, $25 vs. $45, etc.). • According to the taxi receipts submitted, the same taxi company was taken very frequently (i.e. airport to hotel and hotel back to airport). In large metro areas, there are several taxi companies, and it would be rare that the same taxi company would continuously be taken to and from airport and hotel for several trips.	In many instances, the use of a credit card is typically acceptable for a taxi fare (i.e. taxi fares from any major city airport to a hotel and hotel back to major city airport). CLA recommends considering the use of a credit card when paying for a taxi fare in certain circumstances (i.e., major city destinations), submitting the credit card receipt. Management review of expense reports should take into consideration the destination of travel and whether it appears a taxi fare could have been paid for via a credit card.	Based on observations as noted by CLA, increased due diligence will be used in reviewing taxi receipts. The Department is reluctant to set policy requiring the use of a credit card for taxi fares which is a higher standard than required by Office of Management and Budget. In addition, staff may be opposed to use of a personal credit card for taxi expenses. The Family Health Division will provide training to staff regarding taxi expense reimbursement. In situations where taxi receipts are being questioned, the use of a credit card will be required on a case-by-case basis. The Department will also explore the appropriateness of assigning P-Cards to staff that travel for payment of hotel and taxi expenses.	Moderate
Original receipts are not always provided for reimbursable employee expenses. It was noted that a few taxi receipts had been photocopied and personal checks provided in place of an original receipt (another employee that incurred the same expense provided a receipt; therefore, an original receipt could have been provided).	Original receipts should always be required for reimbursement. Management review of employee expense reimbursement requests and supporting receipts should validate original receipts are attached.	The Department concurs with this recommendation. It is Department policy to require original receipts to support requests for reimbursement. Education will be provided to ensure increased due diligence on the part of managers when they review reimbursement requests. In addition education will be provided to staff regarding the importance of having original receipts for travel expense reimbursement.	Low

Testimony 1, SB 2004, 03-11-13

Southwestern District Health Unit
Senate Bill 2004
Human Resources Division of the House Appropriations Committee
Local Public Health Oil Impact and State Aid

Good Morning, Chairman Pollert and members of the Human Resources Division of the House Appropriations Committee. I am Sherry Adams, Executive Officer for Southwestern District Health Unit. I am testifying today in support of the Local health unit oil impact and local public health support funding, which were both included in Governor Dalrymple's budget.

1. **Local Public Health Unit Oil Impact**

The local public health units in the oil impact areas are: Southwestern Health District (Dickinson), Upper Missouri Health District (Williston) and First District Health Unit (Minot) are requesting financial resources to supplement operational expenses. Additional funding is necessary to respond to community needs and to address the emerging local public health issues, such as increased demand for nursing and environmental health services in western North Dakota. This oil impact funding will improve the local public health units' (First District Health Unit, Southwestern District Health Unit and Upper Missouri District Health Unit) capacity to respond whether it is protecting against environmental impacts and disease outbreaks, or assisting in helping new and existing residents (individuals and families) in the area live healthy lives. Specifically, the funding will be used for nurse and environmental health FTEs, to retain

staff with more competitive wages, and for public education. The three local public health units serving western North Dakota request a total of $1,184,000 to help protect and provide for the health and safety of community members.

Southwestern District Health Unit (SWDHU) serves eight counties in southwestern ND, including Stark, Dunn, Golden Valley, Billings, Bowman, Slope, Adams, and Hettinger. SWDHU does not have the capacity to generate local revenue to fund the increased need in services. Currently, local government contributes 4.75 mills to the budget with there being a 5 mill cap in state law. I was able to bring to bring the base from $15 to $18 with the mill levy increase, but this is still far below the pay scale in our region. The biggest struggle is to fill open positions at competitive wages, and with two nursing positions still open, and the potential for 10 staff to retire, this challenge will only increase unless I can make salaries more competitive. SWDHU is requesting **$520,000** to increase existing salaries to retain staff and to fill 2 FTE in order to fulfill the increased need for nursing and environmental services.

Upper Missouri District Health Unit is (UMDHU) is a 4-county health unit serving Williams, Divide, Mountrail and McKenzie counties. UMDHU is requesting **$364,000** for 3 FTE and public education materials. With the need for increased nursing services for immunizations, STD checks, chlamydia cases and high risk pregnancies and births a total of 1 nurse FTE will be needed in the oil impact area. Also, due to an increase in septic permits, non-community water inspections, RV licensing, mobile food vendors,

complaints of illegal sewage dumping, food and lodging issues, illegal tattoo operations and illegal trade waste burning an increase of 2 environmental health practitioner FTE in the oil impact area will be needed. More public education is needed to inform the public of what services LPHU's do provide so funding is needed for media.

First District Health Unit (FDHU) provides public health services to seven counties in north central North Dakota. Offices are located in Bottineau County, Burke County, McHenry County, McLean County, Renville County, Sheridan County, and Ward County. FDHU is requesting **$300,000** for two additional FTE, one public health nurse and one environmental health practitioner. FDHU is also in need of funding for public education materials to inform their growing population and for travel to the rural counties.

2. **Local Public Health Support**

The public health challenges resulting from population growth in Western North Dakota are being seen in other areas of the state, also. The Governor's recommended budget includes $750,000 to support local public health operations. This funding would be divided among the remaining Local public health units not located in oil country. This support will help to cover the current day to day activities and operations, continuation of services provided by programs experiencing federal budget cuts, etc. Again, addressing the public health challenges related to the statewide growth and resulting transient population. As you are aware, Local Public Health Units are essential parts of our ND infrastructure and therefore, LPH State Aide is so important for the following reasons:

A. Local public health units (LPHU's) are the foundation of North Dakota's public health system and the lead organizations providing community based programs and services that assure and protect the health of our citizens. Specifically, local public health staff:

    i. Serve as the primary organizing and mobilizing forces ("boots on the ground")
    ii. Protect the health of the community by being the local resources that are key to respond and implement state health department policies and programs

B. LPH funding sources are generally from local government, state government and federal pass-through funds. The majority of the flexible funding source is from local governments so in order to respond to community needs such as the changes in demography and health status, increase health care costs, and latest health care trends (such as under-funded or unfunded mandates) it requires a continual burden on local tax payers. In addition, there is a barrier to generate additional local tax dollars as health districts' budgets may not exceed the amount that can be raised by a levy of five mills as mandated in state statute. Presently, health districts average a 4.2 mill appropriation.

C. Environmental health infrastructure throughout the state is imperative in our response to any public health threat. Public Health threats may include food borne outbreaks, water supply contamination or natural disasters such as floods and tornados and other hazards such as train derailments that impact air quality. Only eight of the larger multi-county local public health units have environmental health practitioners (EHPs). $400,000 per biennium of the current state aid allocations is earmarked for the provision of environmental health services. This is only $.59 per capita dedicated to protect local communities against environmental health hazards and an estimated six hours a month of services provided to counties outside of the EHP's jurisdiction. Many of the smaller health units do not have the financial means to contract for additional services which results in many unmet needs and unfulfilled community expectations. State aid funding appropriated for regional environmental health services has not changed since 2007.

I appreciate the opportunity to share this detailed information and thank you for being supportive of local public health in North Dakota. This concludes my prepared testimony. I am happy to answer any questions you may have.

Testimony 2, SB2004, 03.11.13

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Testimony
Senate Bill 2004
House Appropriations – Human Resources Committee
Monday, March 11 2013; 2:30 p.m.
North Dakota Emergency Medical Services Association

Good afternoon, Chairman Pollert and members of the committee. My name is Tim Meyer, and I am the Co-Chair of the North Dakota Emergency Medical Services Association's Advocacy Committee. I am here today in support of SB 2004.

The Health Department's budget includes $6.6 million for grants to ambulance services to primarily assist with staffing costs that they unable to fund locally. This grant program began as the Staffing Grant established by the 2007 Legislature. Since that time many volunteer ambulance services have come to rely on this grant. In the second year of the current biennium 76 ambulance services made over $7.3 million in grant requests and 64 received an award. This project is vital for rural ambulance services and helps fill the gap so that EMS can remain a viable part of our public safety system.

We are aware that there will likely be reconciliation between the funding provided in SB 2004 and the EMS related funding identified in HB 1358. The Health Department has a long history with grant funding for ambulance services. If possible we would prefer to keep ambulance grants within the Health Department.

This concludes my testimony, I am happy to answer any questions you may have.

Testimony 3, SB2004, 03.11.13

North Dakota Stockmen's Association
Testimony to the Appropriations Committee on SB 2004
March 11, 2013

Good morning, Mr. Chairman and members of the Appropriations Committee. For the record, my name is Julie Ellingson and I represent the North Dakota Stockmen's Association.

I appear here in support of SB 2004 and, specifically, the Environmental and Rangeland Protection Fund appropriation, which supports the Stockmen's Association's Environmental Services Program. The Environmental Services Program is a statewide program that was launched in 2001 to help cattle producers minimize air and water quality impacts and comply with state and federal environmental regulations associated with feeding. The program does so by helping producers identify and implement cost-effective solutions that both enhance the environment and their potential for profitability.

Since its debut and with the support of the Health Department and the State Legislature, the Stockmen's Association's Environmental Services Program has been very effective. Our Environmental Services director has been invited onto 657 beef cattle operations – at least one in every county – to conduct a free, confidential assessment of the animal feeding operation and to determine how it fits with state and federal regulations. From those on-site assessments, the director has also developed 146 Stockmen's Stewardship Support Program and Environmental Quality Incentive Program contracts for cost-share assistance to help producers install appropriate animal waste handling systems and other environmentally friendly best management practices.

Even more impressive is how the program has helped producers reduce the amount of pollutants, such as suspended solids, nitrogen, phosphorus and fecal coli-form, from entering into waters of the state. Since 2001, the Stockmen's

Association's Environmental Services Program has helped permit more than 98,000 head of cattle and, more significantly, reduce nitrogen and phosphorus runoff levels by 83 percent on those permitted livestock operations.

The Stockmen's Association enjoys a strong working relationship with the Health Department. Because of our daily contact and close affiliation with the state's beef cattle producers, we are able to administer services and answer questions for folks who may not be inclined to contact a regulatory agency directly.

Cattle producers' livelihood and legacy depend on the way they care for their animals, the land they graze and the water they drink. Your support of this budget will help cattle producers be good stewards of their environment, which benefits this and future generations of North Dakotans.

We would also like to acknowledge our strong support of the Veterinary Loan Repayment program, which incentivizes large-animal veterinarians to practice in North Dakota. There continues to be vet shortages in parts of the state, and this program is helping us recruit some of the brightest.

For these reasons, we ask for your favorable consideration of these programs as you work through this budget.

Testimony 4, SB 2004, 03-11-13

North Dakota Tobacco Prevention and Control Executive Committee
Center for Tobacco Prevention and Control Policy
4023 State Street, Suite 65 • Bismarck, ND 58503-0638
Phone 701.328.5130 • Fax 701.328.5135 • Toll Free 1.877.277.5090

Testimony
Senate Bill 2004, Public Comment
March 11, 2013, House Appropriations Committee, Human Resources Division

Good afternoon, Chairman Pollert and members of the House Appropriations Committee, Human Resources Division. I am Theresa Will, chair of North Dakota Tobacco Prevention and Control Executive Committee.

The Executive Committee supports SB 2004 but it does not support the portion of SB 2004 which uses the Tobacco Prevention and Control Trust Fund for chronic disease management and treatment.

The Tobacco Prevention and Control Trust Fund is dedicated to significantly reducing tobacco use in the most cost-effective way -- prevention, and immediate cessation before disease sets in.

A stroke system of care is not a CDC Best Practice for Comprehensive Tobacco Control Programs as the attached email from the CDC states.

Thank you for your support of the important work of tobacco use prevention by leaving the Tobacco Prevention and Control Trust Fund for its intended purpose – a tobacco-free future for the next generations of North Dakotans.

Prom, Jeanne M.

From: Kissler, Christopher J. (Chris) (CDC/ONDIEH/NCCDPHP) [cpk2@cdc.gov]
Sent: Thursday, February 21, 2013 11:27 AM
To: Prom, Jeanne M.
Subject: FW: CDC Best Practices for Comprehensive Tobacco Control Programs

Hi Jeanne,

I accidentally sent to the wrong Jeanne.

Thanks,

Chris

From: Kissler, Christopher J. (Chris) (CDC/ONDIEH/NCCDPHP)
Sent: Thursday, February 21, 2013 12:17 PM
To: Harper, Karalee J. (CDC nd.gov); kheadland@nd.gov; Harmon, Jeanne (CDC doh.wa.gov)
Cc: Jordan, Jerelyn H. (CDC/ONDIEH/NCCDPHP)
Subject: CDC Best Practices for Comprehensive Tobacco Control Programs

Greetings,

CDC has received questions from both the North Dakota Department of Health and the Center for Tobacco Prevention and Control Policy related to CDC's *Best Practices for Comprehensive Tobacc Control Programs.*

I offer the following observations based on my review of the *Best Practices:*

1.) A comprehensive statewide tobacco control program is a coordinated effort to establish smoke-free policies and social norms, to promote and assist tobacco users to quit, and to prevent initiation of tobacco use.

2.) The goals for comprehensive tobacco control programs include: (1) Preventing initiation among youth and young adults; (2) Promoting quitting among adults and youth; (3) Eliminating exposure to secondhand smoke; (4) Identifying and eliminating tobacco-related disparities among population groups.

3.) Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking—and the longer states invest in such programs, the greater and faster the impact. States that invest more fully in comprehensive tobacco control programs have seen cigarette sales drop more than twice as much as in the United States as a whole, and smoking prevalence among adults and youth has declined faster as spending for tobacco control programs has increased.

4.) Each state should fund state tobacco control activities at the level recommended by the CDC. A reasonable target for each state is in the range of $15 to $20 per capita, depending on the state's population, demography, and prevalence of tobacco use. Using tobacco excise tax dollars to fund both tobacco prevention and control and chronic disease prevention and treatment is an example of an activity to reduce the burden of tobacco-related diseases

5.) A "stroke system of care" isn't identified in the CDC's *Best Practices for Comprehensive Tobacco Control Programs* nor does it appear in *The Guide to Preventative Services* produced by the Community Preventive Services Task Force.

I hope you find this information helpful. Please feel free to contact me regarding any questions.

Chris

Christopher J. Kissler, MPH
Project Officer
CDC/NCCDPHP/OSH/PSB
University Office Park
Rhodes Building, Room 2119
3005 Chamblee-Tucker Rd.
Atlanta, GA 30341
Phone: 770-488-5323
Fax: 770-488-1220

Testimony 5, SB 2004, 03.11.13

Good afternoon Chairman Pollert and members of the House Appropriations Committee Human Resources Division.

My name is Jay Taylor.

I am a Registered Respiratory Therapist and Tobacco Treatment Specialist from Durbin, North Dakota, and I work in a large hospital as a Tobacco Education Coordinator.

I was appointed by Governor Dalrymple to both the North Dakota Tobacco Prevention and Advisory Committee, where I am serving my 2nd term, and the North Dakota State Board of Respiratory Care.

I also serve on the board for Tobacco Free North Dakota.

I am testifying today concerning the amendment to SB 2004 which, as you know, would take money from the Tobacco Prevention and Control trust fund, money dedicated by the people of North Dakota to be solely used toward the goal of preventing North Dakota's young people from ever using tobacco, in order to fund a stroke system of care.

I am certainly **not** against this legislature funding a stroke system of care if you find it worthy of such funding. There would seem to be enough money in the general fund - the fund where this state's tobacco taxes currently go - to pay for a program like this.

I am, however, against using funds from the Tobacco Prevention and Control Trust Fund for any reason outside of the Centers For Disease Control and Prevention Best Practice guideline. The CDC Best Practice guideline is the structure for implementing interventions proven to be effective and provides the recommended level of annual investment to prevent tobacco use initiation among youth and young adults, promote cessation among adults and young people, eliminate exposure to secondhand smoke, and identify and eliminate tobacco-related disparities. This guide determines all spending from the Center.

The Center was created, as you know, by a vote of the people of North Dakota (known then, in 2008, as Measure 3) to fund these programs, and these funds are finite. They run out in about 10 years, which is about enough time to significantly reduce youth and adult tobacco rates to the low single digit range.

It is my wish, as both a citizen of North Dakota and as one who has dedicated my 45 year professional career to health care and more recently to the prevention and cessation of tobacco use along with its harmful effects, that these funds be left alone to carry out this important work in our state.

I am respectfully asking you to take action within this committee to fix this amendment, and then to pass the Department of Health budget once that change is reflected.

Thank you for this opportunity. I would be happy to answer any questions you may have.

Jay Taylor, RRT, TTS
701-799-4709
Oldactor1@aol.com

Testimony 6, SB 2004, 03-11-13

Senate Bill 2004
House Appropriations – Human Resources Division

Good afternoon Chairman Pollert and Members of the Committee. My name is Drew Lingle and I am a Junior at Century High School here in Bismarck. I am a member of the Students Against Destructive Decisions group, and I'm here with three other classmates and SADD members as well, Jessica Paul, Amber Jordan, and Amanda Jordan, as well as our SADD Advisor, Mrs. Laurie Foerderer.

Did you know that the tobacco industry spends $1 million per hour on advertising specifically targeting youth? The recently released 2012 Surgeon General's report, Preventing Tobacco Use Among Youth and Young Adults, concluded that the scientific evidence "consistently and coherently points to the intentional marketing of tobacco products to youth as being a cause of young people's tobacco use."

One of the newest products released and designed by the tobacco industry to appeal to youth is electronic cigarettes. [Pass around e-cigarette.] This can be bought right across the street from Century High at the gas station where we buy pop, TCBY and Happy Joe's Pizza. Celebrities are endorsing them as a "cool new product" even though studies by the FDA haven't even been completed yet. The scary thing is, you do not have to be 18 years of age to purchase, and often times, these are marketed on displays not even behind the counter with other tobacco products.

While we'd like to believe all that money in advertising is wasted, the numbers from studies conducted in North Dakota high schools and middle schools say otherwise. In 2011, 19.4% of high schoolers had smoked cigarettes on at least 1 day during the 30 days before the survey. That's almost 1 in every 5 North Dakota high schoolers.

The bad news is that the tobacco industry's money clearly isn't being wasted. It's working, and it's working on our friends and classmates here in North Dakota.

But do you know what else is working? Prevention efforts. That 19.4% in 2011 is actually down three full percentages from 22.4% in 2009. Think of the benefits to this state if that trend continues to go down at that rate!

Our point is simple. Prevention works, and it is clearly important to North Dakotans. And there is so much work to be done.

The North Dakota Center for Tobacco Prevention and Control will do that work if you support them by protecting the trust fund set up for it. Please do not take funding away to use for other programs. You hold the key to make sure that fund is spent targeting prevention.

We appreciate the chance to speak with you today and will try to answer any questions.

Drew Lingle, Jessica Paul, Amanda Jordan, Amber Jordan
Century High School SADD students, Bismarck, ND

Question	North Dakota 2011	United States 2011
Ever tried cigarette smoking (even one or two puffs)	44.1 (39.8–48.5)	44.7 (42.3–47.2)
Smoked a whole cigarette for the first time before age 13 years	8.6 (6.9–10.7)	10.3 (9.3–11.5)
Smoked cigarettes on at least 1 day (during the 30 days before the survey)	19.4 (16.6–22.5)	18.1 (16.7–19.5)
Smoked cigarettes on 20 or more days (during the 30 days before the survey)	8.3 (6.5–10.5)	6.4 (5.8–7.1)
Smoked more than 10 cigarettes per day (among students who currently smoked cigarettes, on the days they smoked during the 30 days before the survey)	—	7.8 (6.3–9.7)
Smoked cigarettes on school property on at least 1 day (during the 30 days before the survey)	—	4.9 (4.4–5.4)
Ever smoked at least one cigarette every day for 30 days	—	10.2 (9.2–11.2)
Did not try to quit smoking cigarettes (among students who currently smoked cigarettes, during the 12 months before the survey)	47.2 (41.1–53.3)	50.1 (47.0–53.1)
Usually obtained their own cigarettes by buying them in a store or gas station (among the students who were aged <18 years and who currently smoked cigarettes, during the 30 days before the survey)	9.7 (5.9–15.6)	14.0 (11.5–16.9)
Used chewing tobacco, snuff, or dip on at least 1 day (during the 30 days before the survey)	13.6 (11.1–16.6)	7.7 (6.6–9.0)
Used chewing tobacco, snuff, or dip on school property on at least 1 day (during the 30 days before the survey)	—	4.8 (4.0–5.9)
Smoked cigars, cigarillos, or little cigars on at least 1 day (during the 30 days before the survey)	13.5 (11.3–15.9)	13.1 (12.2–14.1)
Smoked cigarettes; smoked cigars, cigarillos, or little cigars; or used chewing tobacco, snuff, or dip on at least 1 day (during the 30 days before the survey)	28.3 (24.5–32.6)	23.4 (21.8–25.1)

**Source: Centers for Disease Control and Prevention – Youth Online: High School YRBS – North Dakota 2011 and United States 2011 Results
http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?TT=G&OUT=0&SID=HS&QID=QQ&LID=ND&YID=2011&LID2=XX&YID2=2011&COL=&ROW1=&ROW2=&HT=QQ&LCT=&FS=1&FR=1&FG=1&FSL=&FRL=&FGL=&PV=&C1=ND2011&C2=XX2011&QP=G&DP=1&VA=CI&CS=N&SYID=&EYID=&SC=DEFAULT&SO=ASC&pf=1&TST=True

Testimony 7, SB2004, 03.11.13

Good afternoon Chairperson Pollert and representatives of the Human Resources Division.

My name is Jen Mauch and I am a tobacco prevention coordinator in Richland County. I have worked for several years in tobacco prevention, first as a coalition member and for the past 3 years as a tobacco prevention coordinator.

I am here today to speak in opposition to SB2004. I would like to specifically address Section 4, line 23 related to the tobacco prevention and control trust fund.

My number one message to you this afternoon is that the PEOPLE OF ND not only voted for tobacco prevention funding to finally be used for just that.

WE THE PEOPLE also voted to make ND Smoke-Free. I don't understand what the confusion is....the message I get from this is that the vote of the people doesn't matter in the end.

I am not here to argue that the American Heart Association's stroke system of care program isn't a wonderful program. However, I am asking that the funding source for this program come out of the general trust fund. The stroke system of care is not a CDC best practice for tobacco prevention and control.

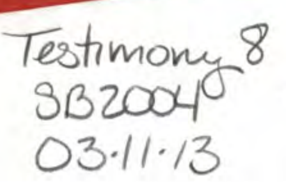
The tobacco industry wants nothing more than to use tobacco prevention funds for something other than tobacco prevention! Those of us working in tobacco prevention have had much success, but our work is far from being done! Locally in Richland County I was able to help the North Dakota State College of Science pass a tobacco-free campus policy. Just last spring, the Richland County Commissioners passed a tobacco-free buildings, grounds, and vehicles policy. These are just a few of the big efforts in which I was able to play an integral role. This work takes many hours of behind the scenes work and we have so much more to do!

NO tax dollars are used to fund our tobacco prevention efforts, ONLY tobacco settlement dollars. In 2008, the votes of North Dakota chose by passing Measure 3 to set aside just a small percent of money to fund a comprehensive tobacco prevention control program. This money helps us to work to keep kids from becoming addicted to tobacco and to help smokers quit smoking. Our work is not done, and we need out funds to stay intact ton continue our work.

There has been much discussion about the amount of funding that we do have in tobacco prevention and control, but again, the people of ND voted the Master Settlement dollars to adequately fund our program. We know that if one group comes in and asks for a relatively small percentage of our money that it will NOT end there.

The tobacco industry will not quit until tobacco settlement funds are depleted. And yes, trust me on this one, the Industry is most definitely involved here.

Please consider funding the stroke system of care program out of the general fund or appropriating current tobacco tax dollars to fund such chronic disease programs.



Senate Bill 2004
Senate Appropriations

AHA Testimony

Good afternoon Chairman Pollert and members of the House Human Resources Appropriation Committee. For the record, I am June Herman, Regional Vice President of Advocacy for the American Heart Association.

One of the elements about my work that I appreciate the most is the ability to advocate for state funding that does not come to us. AHA is not the beneficiary, as by organizational policy, we are unable to receive government funds. Our advocacy is about benefitting state outcomes for heart disease and stroke.

Attached to my testimony are highlights of the impact state funding has made for key systems of care in our state:

- STEMI - Mission: Lifeline – tools and training are saving lives
- Diane and Scott Onstine Letter - ideal system and outcome
- Stroke registry data – identifying trends and opportunities. Stroke has dropped from the number 3 cause of death in our state to number 6, and this past year by one case, number 5. Nationwide, stroke dropped to only number 4.

We support the many elements within the Governor's budget recommendations (SB 2004), especially the community paramedicine/STEMI FTE, rural EMS funding and continued baseline stroke system support. We also encourage your support through general funding these additional critical system support requests.

<u>**Expanded stroke investments (OAR #23)**</u> – This funding proposal was developed by the Stroke System of Care Advisory Committee, established by the legislature and governor to make recommendations for emergency stroke care systems in the state. It builds upon the broad bipartisan and executive branch support for emergency stroke care in our state over the past two sessions. The recommendation includes rural hospital quality network support, public education, and an expanded aphasia program ($383,000).

The Senate did include this expanded stroke funding, although through special funds. The expanded stroke appropriation is worthy of state investment from general funds and would significantly strengthen rural capacity to have stroke victims enter the system more quickly and to get the higher level of care. North Dakota emergency stroke care treatment options have increased through the investments made by our tertiary facilities, and which broadens the window of opportunity for treatment.

State Heart Disease and Stroke Stewardship

We remain gravely concerned about the capacity of the Department of Health to continue with statewide stewardship for heart and stroke programs - its source of federal funding ends this summer. As of December 2012, the state FTE designated for the heart disease and stroke program remains unfilled due to the uncertainty of continued grant funding. The CDC funding history for North Dakota is to be approved, but unfunded the first year of the grant cycle. In addition, we do not know if or in what form, new funding will be offered. Without continued leadership specific to heart and stroke concerns, the work the state has achieved over the past four years could stall or erode the progress made in North Dakota.

At the beginning of the stroke project (June 30, 2009-June 29, 2011), about 75-80 percent of Center for Disease Control (CDC) funded time was being directed to the state stroke registry, the Stroke System of Care Task Force and state designation of primary stroke centers. Please note: systems of care was being supported by CDC and could be in department work plans.

With CDC grant guidance recommending reduced time for system of care work, for the grant period June 30 2011-June 29 2012, about 50 percent of time was being directed to the stroke initiatives. For the period June 30 2012-December 31 2012, about 20-25 percent of time was being directed to the stroke initiatives. The position took on other projects such as the "Million Hearts" initiative addressing issues not part of other funded health department programs.

Our recommendation is for the House Human Resources Division to ensure continued statewide stewardship for heart and stroke by adding into the budget $233,659 for Heart Disease and Stroke funding and general funding the existing Heart Disease and Stroke FTE. Attached to my testimony is the funding request.

We look forward to working with members of this committee and other legislative leaders on efforts to further reduce this state's leading cause of death – heart disease and stroke.

STEMI Systems of Care

Last session, this committee made possible a state match of $600,000 to secure over $4 million in Helmsley Foundation funding for a statewide emergency response system for acute heart events, enabling the Mission Lifeline STEMI initiative. The following is just one "thanks from the heart" of the difference you've made for communities around North Dakota:

Case 1 in September
86 y/o female c/o SOB. Performed a 12 lead, had very slight ST elevation in 3 leads that I called in the field (didn't have transmission capabilities yet). Informed the ED, but ST elevation was gone by the time we got the patient in, however, the ED physician activated the STEMI team prior to our arrival & within a 1/2 hour, she presented with ST elevation again with 80% occlusion & was sent to the cath lab immediately. She met the 90 minute window.

Case 2 on December 21
55 y/o male sudden onset chest pain with significant ST elevation in 3 leads & STagain called in the field & I activated the STEMI team. Upon arrival, the ED was prepared, he was sent to the cath lab with an inferior infarct with 100% occlusion & was opened up within 25 minutes of our arrival.

Case 3 on December 26
68 y/o male sudden onset of shoulder pain (put off calling for 3 hours thinking it was a rotator cuff issue). He had significant ST elevation in 3 leads I called in the field & alerted STEMI team. Upon our arrival, we bypassed ED & took pt. to cath lab where he presented with an inferior infarct with 98% occlusion & was opened up within 15 minutes of our arrival.

I have been so impressed with how our system has worked, and I'm convinced that 2 of these patients may not have survived if there had been 1 element out of place. The patients are all doing great today, and are so thankful for being afforded quick response and intervention.

I just would like to thank you again for all you have done with this program. If such a difference can be made with my small service, imagine what can happen statewide!!!!!

Mona Thompson
Kidder County Ambulance

The Forum of Fargo-Moorhead

Published March 09, 2013, 11:30 PM

Letter: We know FAST can save a life

My husband recently had a stroke. From the moment I called 911 until he came home, we encountered many of our community's finest emergency personnel and medical professionals.

By: Diane and Scott Onstine, Fargo, INFORUM

My husband recently had a stroke. From the moment I called 911 until he came home, we encountered many of our community's finest emergency personnel and medical professionals. The FM Ambulance dispatcher was a calming presence on the line until EMS and the firemen arrived. They were polite and professional and quickly determined my husband needed to be taken to Essentia Hospital, only six blocks from our home.

We learned after arriving that Essentia has the only accredited stroke and interventional neurosciences department in all of North Dakota. From the moment he arrived at the ER and was whisked away for a CT scan, given a clot-busting drug, then to interventional radiology for a brain angiogram, Dr. Darkhabani and the stroke team worked quickly and flawlessly.

We learned that time is the most critical factor in treating strokes, ruptured aneurysms and other debilitating neurovascular conditions. In the past, many people had to be flown out of the area which delayed treatment.

Everyone needs to know the symptoms of a stroke:

• F: facial numbness, weakness or drooping, especially on one side

• A: arm or leg weakness or numbness, especially on one side

• S: speech – trouble speaking or understanding language; can the person repeat a simple sentence?

• T: trouble seeing in one or both eyes, trouble walking, dizziness, loss of balance or coordination

FAST: Time is critical. Call 911 immediately. My husband walked out of Essentia Hospital after four days in ICU and ICCU and is making a remarkable and complete recovery with no lasting disabilities or deficits. Thank you to all of the wonderful professionals who helped make this possible.

Tags: opinion, letters

More from around the web

- The Secret to Warming Your Car in the Winter (Consumer Car Reviews)
- Top Ten Most Lovable Dogs in the World (petMD)
- NeighborhoodLIFT sm Let's invest for tomorrow (YouTube)
- Dead Guy goes to his own funeral (Mevio)
- Sizzling photos of SI Swimsuit model, Anne V. in body paint (SI Swimsuit 2013)

North Dakota Department of Health

Get With the Guidelines - Stroke

1/1/2009 – 9/30/2012

Data retrieved from registry on 11/21/2012

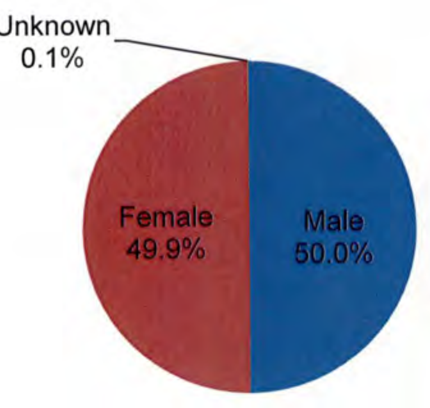
35 North Dakota hospitals are enrolled in the State Stroke Registry.

31 of these hospitals have patient records entered into the department's aggregate database.

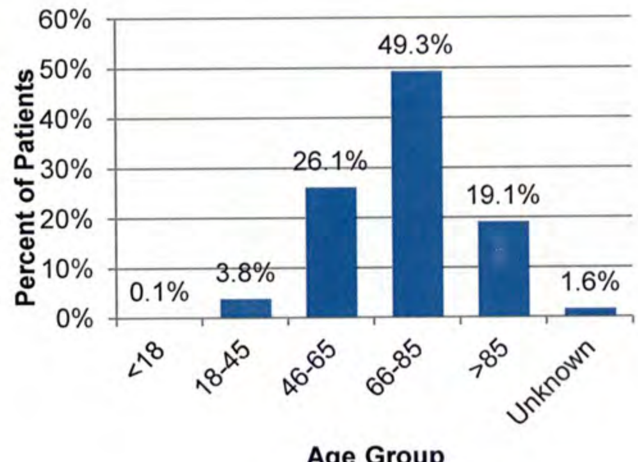
3,348 records of admission have been entered.

Patients by Gender and Age Group
North Dakota Hospitals

Gender	Number of Patients	Percent of Patients
Male	1,675	50.0%
Female	1,671	49.9%
Unknown	2	0.1%
Total	**3,348**	**100%**

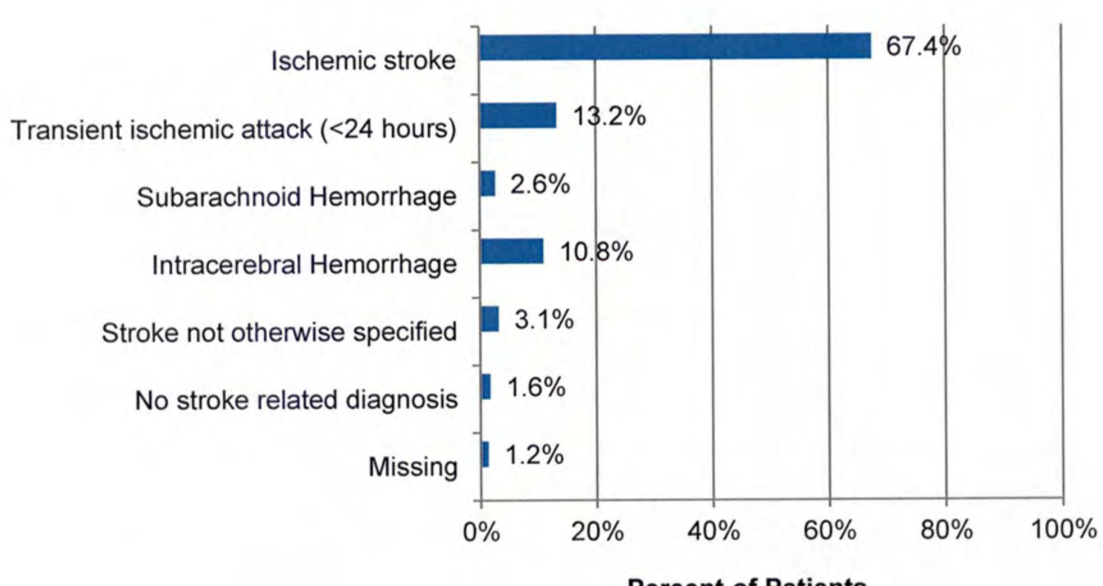


Age Group	Number of Patients	Percent of Patients
<18	2	0.1%
18-45	127	3.7%
46-65	874	26.1%
66-85	1,651	49.3%
>85	641	19.1%
Unknown	53	1.6%
Total	**3,348**	**99.9%**



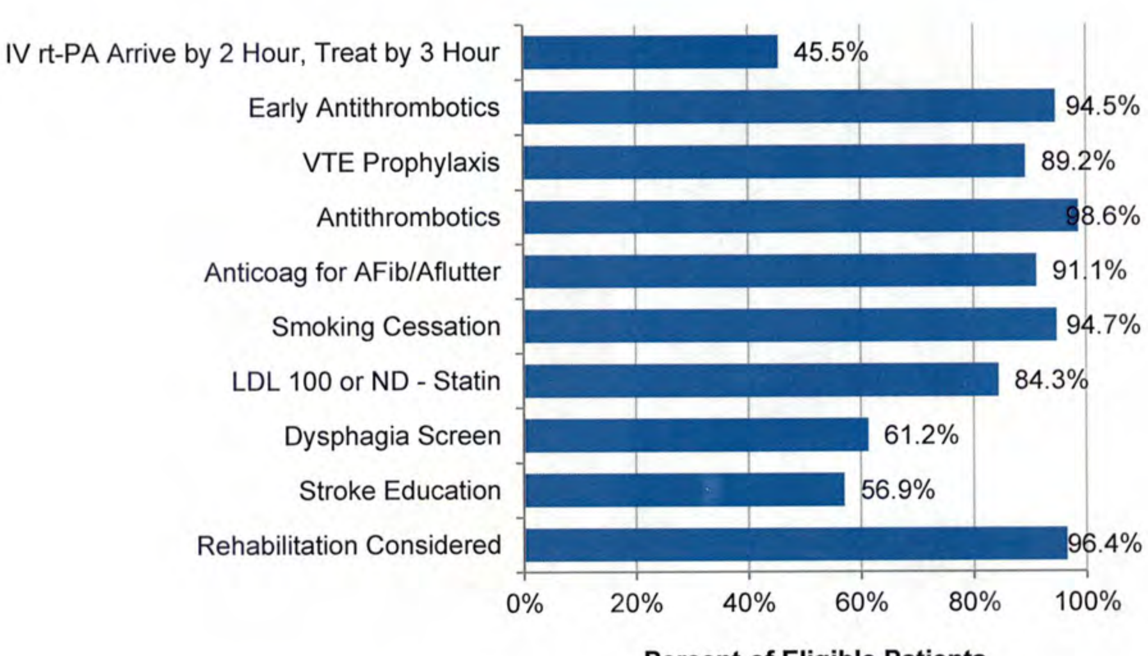
Patients by Diagnosis
North Dakota Hospitals

Diagnosis	Number of Patients	Percent of Patients
Ischemic stroke	2,279	67.4%
Transient ischemic attack (<24 hours)	448	13.2%
Subarachnoid Hemorrhage	89	2.6%
Intracerebral Hemorrhage	367	10.8%
Stroke not otherwise specified	106	3.1%
No stroke-related diagnosis	53	1.6%
Missing	41	1.2%
Total	**3,378**	**99.9%**



Consensus Measures
North Dakota Tertiary Hospitals

Consensus Measure	Percent of Eligible Patients	Numerator	Denominator
IV rt-PA Arrive by 2 Hour, Treat by 3 Hour	40.9%	63	154
Early Antithrombotics	94.0%	1,802	1,918
VTE Prophylaxis	83.0%	1,492	1,797
Antithrombotics	97.3%	2,175	2,235
Anticoag for AFib/Aflutter	86.0%	337	392
Smoking Cessation	93.5%	402	430
LDL 100 or ND - Statin	80.6%	1,249	1,549
Dysphagia Screen	59.8%	1,345	2,248
Stroke Education	58.6%	799	1,364
Rehabilitation Considered	95.5%	2,053	2,150

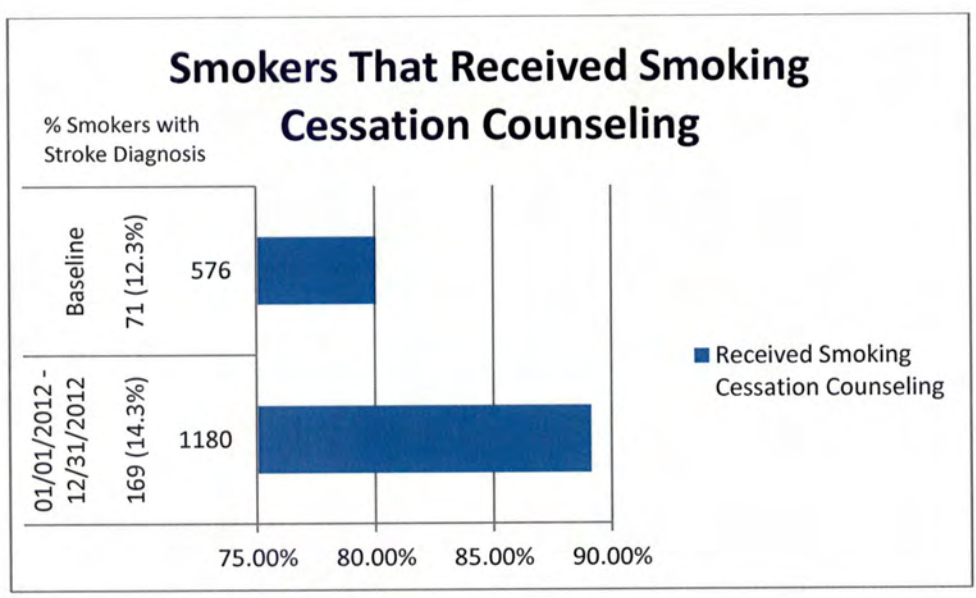


Note: Totals may differ slightly due to missing or unknown information.

Note: Percents may not add to 100% due to rounding.

North Dakota Statewide Stroke Registry Quality Measurement

Stroke patients who smoke receiving smoking cessation counseling increased from pre-registry time period compared to 2012.



North Dakota Heart Disease and Stroke Funding

- Heart Disease and Stroke are the leading cause of death in ND, and represent major drivers to healthcare and long-term care costs. (see reverse side)
- Department of Health statewide stewardship to address heart disease and stroke has only been possible through a CDC funded position.
- CDC funding of ND has been to leverage ND congressional delegation to secure more funding.
    - 1st cycle: 2003 Approved/unfunded; 2004 – 4 yrs grant funded
    - 2nd cycle: 2008 Approved/unfunded; 2009 – 4 yr grant funded, extended 1 yr
    - 3rd cycle: 2013 – grant guidance
- Promotion of HDSP manager to Cancer Division Director opening in Dec 2012
- With the upcoming grant cycle changing a number of CDC projects, and CDC push back on funded positions supporting acute system of care work, North Dakota could be left with no acute stroke leadership support.
- Health Department Division Directors recommend on grants and staffing. Division status based on grants and FTE managed. While Cancer is a recognized Division, Heart Disease and Stroke has always reported to a Division Director (Diabetes, Coordinated Chronic Disease).

Recommended Action:

- SB 2004 inclusion for a Division Director FTE
    - $ 203,659.00 Total Salary/fringe/operating
    - Existing FTE allocation
    - HDSP leadership, including stroke and heart systems of care
    - $30,000 operating costs/convening stakeholders

Total: $233,659

SB 2004 – Testimony against the amendment funding the stroke system of care from the Tobacco Prevention & Control Trust Fund

Recently, there has been consideration of the use of funds directed for tobacco prevention and control to be used for the state stroke system of care. Of course, as a health care provider, I am interested in North Dakotans having such a program available to improve the quality and timeliness of available stroke care. However, there are some points we should consider in discussing funding for the program.

First, the voters of North Dakota in 2008 voted to approve tobacco prevention and control funds to be used for tobacco prevention and control. At that time, 54% of the voters approved what was then called measure 3. Recent reliable polling shows that it's now 89% of those polled feel that these funds should remain with tobacco prevention and control. The message is the same now as it was then- investing in tobacco prevention and control is very cost effective. We explained that in full to the public, and they understand it.

Most recently, the state with the longest track record of investing in tobacco prevention and control, California, demonstrated that for about every $1 spent, about $55 was saved in their health care system. Overall, about $2.4 billion was therefore invested in tobacco prevention and control resulting in savings of about $134 billion. A lot of cost savings in preventing tobacco related disease has to do with large reductions of heart attack and stroke.

Of course North Dakota is not California; however, no other state has collected data for so long to make it statistically sound. North Dakota has only been serious about prevention of tobacco related diseases for less than a decade- it takes many years for tobacco related diseases to develop in people, and someday, we'll also have solid North Dakota data. This is already happening in North Dakota- it's already been shown that limiting secondhand smoke in the city limits in Grand Forks in 2010 reduced heart attacks by 30% and saved many hundreds of thousands of dollars in potential health care costs.

Suppose for a minute that every $1 spent on tobacco prevention and control was used to prevent tobacco related diseases in our present scenario- about $330,000. For this investment, North Dakota would be projected to save about $18 million in health care costs related to tobacco. If we only analyze this from a cost-effective standpoint, this is hard to pass up. In the 2 years of most recent data collection, 2009 and 2010, there were almost 1100 strokes in North Dakota. About 50-80% of all strokes are related to smoking cigarettes, so the potential is that hundreds, or perhaps thousands, of North Dakotans wouldn't have a stroke at all with effective investment in preventing tobacco diseases.

page 2

I've discussed this as a physician, and I provide care to patients with stroke and other cardiovascular diseases. However, the reason I am not testifying in person today is because I am recovering from a stroke I had back in September. Although I received excellent stroke care in a North Dakota hospital, it would have been better if I'd never had one in the first place. The best path here would've been prevention. The cost of my initial care was about $30,000, and that cost clock is still ticking. So, let's go back to the figure of $330,000- that would take care of about 10 or 11 people like me, but instead there are about 500 like me every year in North Dakota, so that is about $1.5 million a year. If we go back to the $330,000 as an investment, we potentially could save $18 million; not only reduce stroke, but we also reduce heart attack, lung disease, and cancer.

With regard to caring for our stroke patients in North Dakota, we absolutely should, and funding the stroke care program is important. But in order to wrap this up, let's use an analogy: suppose these stroke victims were instead trapped in a rushing river drowning; stroke care is like pulling them out of the water one at a time; however, eventually, I'd like to go upstream and see who is pushing them in the river, and stop that process. In this case, that would be the tobacco industry pushing most of them in the river. Preventing tobacco use all together or getting current users to quit would cut down on a lot of them getting pushed in the river.

The people of North Dakota have told us their preference for tobacco prevention and control, and it's because they believe the science, but it's also because North Dakotans are thrifty, and want to invest wisely in tobacco prevention and control to prevent disease, not to wait around to treat everybody who will get sick later.

The message everywhere in health care now is prevention.

If we are serious about containing health care costs, we must consider the cost efficiency of prevention strategies, and that's good for all of us.

Submitted by:
Dr. Eric L. Johnson
Grand Forks, ND
(701) 739-0877
dead734@yahoo.com

References

California's Tobacco Prevention and Control Program Generates Huge Savings
http://www.ucsf.edu/news/2013/02/13533/californias-tobacco-control-program-generates-huge-health-care-savings

North Dakota Stroke Registry
http://www.ndhealth.gov/heartstroke/image/cache/North_Dakota_State_Stroke_Registry_-_January_2011_Report.pdf

recorded on job #19798

Testimony 1
March 12, 2013
SB 2004

Southwestern District Health Unit
Senate Bill 2004
Human Resources Division of the House Appropriations Committee
Local Public Health Oil Impact and State Aid

Attached is the requested information for Southwestern District Health Unit (SWDHU) regarding the Oil Impact Funding for Local Health Units. The amount requested for SWDHU is $520,000 per biennium of the total $1,184,000 requested. Funding will go towards:

- Hiring an additional Environmental Health Person and an additional Registered Nurse
- Increase all staff salaries by $3/hour (which brings the base up to $21.00/hr)

Sheets included:

- Funding breakdown of staff
- Staff turnover/ time to hire
- Breakdown of local public health sources of income (Graphic chart)
- SWDHU 2013 budget

Adding an additional EHP and RN at $21.00/ hour plus benefits would be:

$63708.60/ year or $127417.20 for 2 staff

At an increase of $3.00 hr for each staff person Total = $1,682,365

Current Personnel Budget for 2013= $ 1,548,413

Difference = $133952

$260,000 per year of Biennium = $520,000

2 staff= $127,417
$3/ hr increase for all staff= $ 133,952

Total= $261,369 per year or $522,738 per biennium

Staff Turnover—Normal Fully staffed at 32 persons---currently at 30, would like to go to 34 or 35.

2010 –3

- 1 Nutritionist
- 1 RN
- 1 Accountant

2011 –6

- 3 Nurses
- 1 Environmental Health
- 1 Dietician
- 1 Tobacco Coordinator

2012 - 3

- 2 Nurses
- 1 Tobacco Person

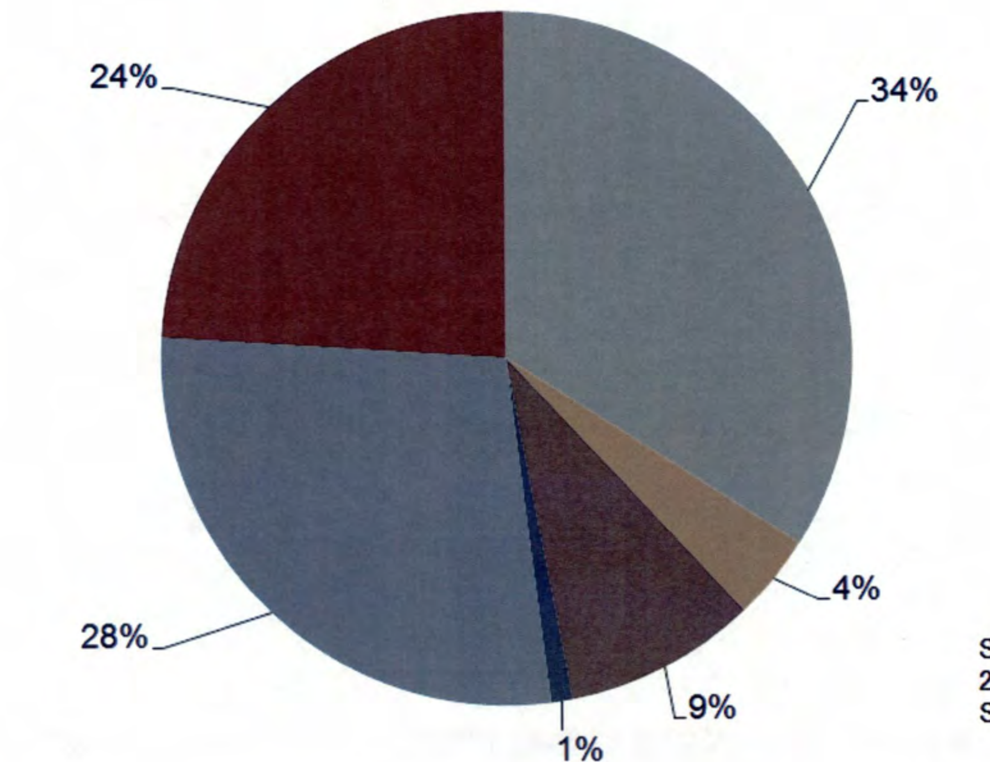
2013-1

- 1 Nurse

General Information

- 2 FTE Nursing Positions open
- Average number of applicants 1 (sometimes none)
- Average time frame to hire(3-6 months)
- Having to utilize more contract staff
- 10 personnel can retire today, if wanted

Percentage of Total Local Public Health Revenues from various sources



Source:
2010 NACCHO Profile –
State Specific Aggregate Data

SOUTHWESTERN DISTRICT HEALTH UNIT			
HEALTH DISTRICT BUDGET			
2013			
	2011 Budget	Estimated BUDGET 2012	BUDGET 2013
RECEIPTS			
PROPERTY TAXES - MILL LEVY	581,537.44	639,642.82	754,778.53
State Aide Admin/Environmental	114,443.00	114,443.00	114,443.00
State Aide Tobacco	50,375.00	50,375.00	50,375.00
TOTAL STATE AIDE TOTAL	164,818.00	164,818.00	164,818.00
TOBACCO PREVENTION State	177,303.20	193,310.00	203,000.00
FEDERAL GRANTS			
TOBACCO PREVENTION CDC	37,668.00	-	-
BABY AND ME	430.99	-	-
EPR Admin	174,265.97	194,080.00	240,000.00
EPR County Allocation	45,335.56	38,058.00	31,000.00
HAN (HEALTH ALERT NETWORK)	10,621.84	7,000.00	7,000.00
WIC & BF Peer Counseling	170,362.96	166,455.00	170,000.00
PATHWAYS TO HEALTH LIVES	140,010.16	110,000.00	-
HEALTH MAINTENANCE	62,000.00	62,853.00	46,500.00
UNITED WAY-HM	12,000.00	12,000.00	12,000.00
PROtect ND Kids Grant	64,198.11	-	-
IMMUNIZATION	9,750.00	-	10,500.00
MCH	26,242.00	26,286.00	26,286.00
WOMEN'S WAY PROGRAM	50,684.52	26,700.00	20,000.00
WATER POLLUTION	7,928.92	5,000.00	8,000.00
WATER SUPPLY	1,668.44	3,600.00	3,000.00
WEST NILE VIRUS	214.35	1,000.00	1,000.00
RADON	1,482.79	1,650.00	-
AIDS & RYAN WHITE Program	3,687.93	2,000.00	2,000.00
TB Nursing and Outreach	304.10	-	500.00
Lead/hemoglobin	370.00	200.00	200.00
HEPATITIS C	167.90	200.00	200.00
TOTAL GRANTS	819,394.54	657,082.00	578,186.00
IMMUNIZATIONS & FLU SHOTS	157,270.00	150,000.00	150,000.00
NURSING SERVICES	4,052.00	3,000.00	4,000.00
WATER ANALYSIS FEES	30,306.00	22,000.00	30,000.00
RESTAURANTS LICENSE FEES	22,274.50	12,500.00	20,000.00
Env Health INSPECTIONS	23,918.71	17,100.00	20,000.00
HEALTH MAINTENANCE Senior mill	54,533.00	54,000.00	60,000.00
TOTAL CONSUMER FEES	292,354.21	258,600.00	284,000.00
American Cancer Society Grant	4,270.28	57,898.65	15,000.00
Car Seats/Donations and sales	518.75	500.00	500.00
Woman's Way Resource/Run/Walk	1,888.29	5,000.00	2,000.00
Health Maintanence	16,443.73	20,000.00	18,000.00
TOTAL DONATIONS	23,121.05	83,398.65	35,500.00
INTEREST EARNED	1,035.65	1,200.00	1,200.00
MEDICAID RECEIPTS	43,318.64	22,000.00	35,000.00
MEDICARE RECEIPTS	27,960.77	20,000.00	25,000.00
YOUTH ED & CESSATION MIP Fees	943.73	2,000.00	1,000.00
RENTAL RECEIPTS	750.00	500.00	500.00
EPSDT	12,713.43	20,000.00	12,500.00
MISCELLANEOUS RECEIPTS	2,740.89	1,000.00	2,000.00
TOTAL OTHER REVENUE	88,427.46	65,500.00	76,000.00
TOTAL RECEIPTS	2,147,991.55	2,063,551.47	2,097,482.53

SOUTHWESTERN DISTRICT HEALTH UNIT HEALTH DISTRICT BUDGET 2013			
	2011 Budget	Estimated BUDGET 2012	BUDGET 2013
DISBURSEMENTS			
SALARIES			
Admin, Acctg, Support	174,620.46	217,646.00	226,017.55
Emergency Preparedness & Response	94,379.46	84,042.00	136,608.00
Environmental Health	85,147.76	78,404.00	112,752.00
Nursing	351,979.57	365,022.00	417,155.79
Nutrition	73,649.03	83,187.00	96,776.00
Pathways to Healthy Lives	63,707.09	41,200.00	-
Tobacco Prevention & Control	85,642.83	95,564.00	90,432.00
Oral Health	7,592.20	8,500.00	9,000.00
TOTAL SALARIES	**936,718.40**	**973,565.00**	**1,058,031.75**
FICA/Workers Comp/SUTA	69,969.84	77,537.72	84,381.93
HEALTH INSURANCE	304,791.30	320,000.00	320,000.00
RETIREMENT-8.26%	51,201.18	49,000.00	49,000.00
RETIREMENT-4%	38,936.58	37,000.00	37,000.00
TOTAL FRINGE	**464,898.90**	**483,537.72**	**490,381.93**
CONTRACTUAL	**42,231.19**	**40,000.00**	**45,000.00**
BOARD OF HEALTH EXPENSES	**7,663.06**	**7,500.00**	**7,800.00**
TRAVEL	**101,212.04**	**100,500.00**	**115,000.00**
OFFICE SUPPLIES	129,135.89	75,000.00	80,000.00
Lab and Media Supplies	4,148.50	3,500.00	4,200.00
NURSING SUPPLIES	39,559.50	45,000.00	50,000.00
VACCINES/ Plus Wastage	83,338.84	75,000.00	80,000.00
COPIER	14,385.78	10,000.00	10,000.00
PAMPHLETS & PUBLICATIONS	9,196.30	5,000.00	5,000.00
Cessation Supplies	3,292.92	-	-
RW-AIDS	1,916.70	2,000.00	2,000.00
TOTAL SUPPLIES	**284,974.43**	**215,500.00**	**231,200.00**
UTILITIES	8,996.56	10,000.00	10,000.00
BUILDING MAINTENANCE & REPR	10,248.29	20,000.00	10,000.00
SPACE/LEASE RENT	26,133.68	27,900.00	28,000.00
TOTAL BUILDING EXPENSES	**45,378.53**	**57,900.00**	**48,000.00**
POSTAGE	7,786.47	10,000.00	10,000.00
ADV & PROMOTIONAL	28,533.04	20,000.00	20,000.00
TELEPHONE	34,484.91	35,000.00	35,000.00
TOTAL COMMUNICATIONS	**70,804.42**	**65,000.00**	**65,000.00**
INSURANCE/BUILDING/RESPONSE VEHICLE	2,518.34	4,000.00	4,000.00
TOTAL INSURANCE	**2,518.34**	**4,000.00**	**4,000.00**
Equip MAINTENANCE & REPAIR	7,439.51	10,000.00	10,000.00
PROTECT ND KIDS	349.00	-	-
Billing Software/Accounting software	-	15,000.00	4,000.00
EQUIPMENT	27,352.78	15,000.00	15,000.00
TOTAL EQUIPMENT	**35,141.29**	**40,000.00**	**29,000.00**
AUDITING	-	6,000.00	6,000.00
PH lab Services	131.84	200.00	200.00
Tobacco Compliance Checks	637.00	500.00	500.00
MISCELLANEOUS	873.09	500.00	500.00
ACH Direct Deposit	86.45	300.00	300.00
PTHL - Evaluator	6,000.00	-	-
TOTAL OTHER EXPENSES	**7,728.38**	**7,500.00**	**7,500.00**
TOTAL DISBURSEMENTS	**1,999,268.98**	**1,995,002.72**	**2,100,913.68**
	2011 Budget	Estimated 2012	Year 2013

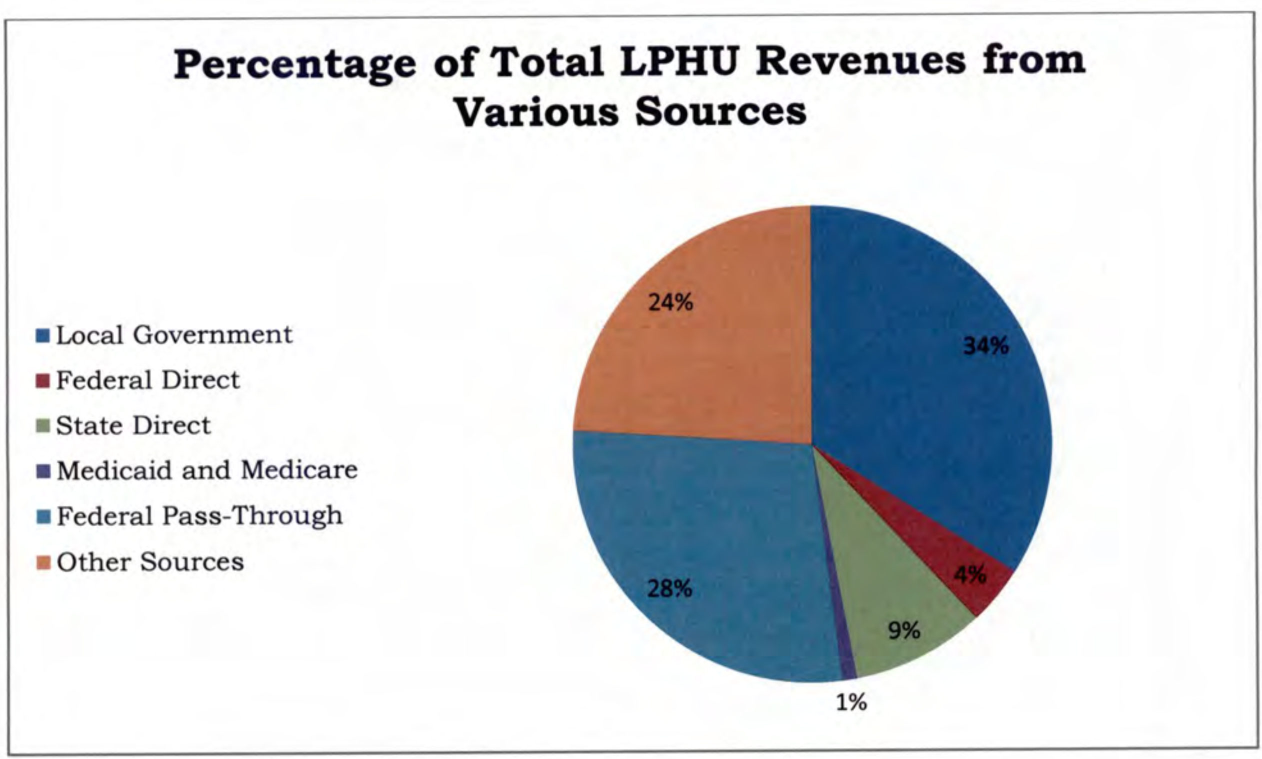
SOUTHWESTERN DISTRICT HEALTH UNIT
HEALTH DISTRICT BUDGET
2013

	2011 Budget	Estimated BUDGET 2012	BUDGET 2013
BUDGET BREAKDOWN			
SUB TOTAL PERSONNEL	1,451,511.55	1,504,602.72	1,601,213.68
SUBTOTAL OPERATING	446,545.39	389,900.00	384,700.00
SUBTOTAL TRAVEL	101,212.04	100,500.00	115,000.00
SUB TOTAL	1,999,268.98	1,995,002.72	2,100,913.68
Added to dollar amount from last year			(3,431.15)
Projected New Mill Levy			754,778.53
Difference			**751,347.38**

North Dakota Local Public Health Unit's Funding Sources

North Dakota's public health system is decentralized with 28 independent local public health units working in partnership with the state health department. The 28 local public health units are organized into single or multi-county health districts, city/county health departments or city/county health districts.

According to the National Association of County and City Health Officials National Profile of Local Health Departments, 34 percent of the total annual revenue sources for all North Dakota local public health units is from local government, 28 percent is federal pass through, 9 percent is state direct with only 5% from state aid, 1 percent is direct from Medicare and Medicaid and 24 percent is from fees and other sources



NDLA, H APP HR - Dinius, Angela

From:	Javayne Oyloe <JOyloe@umdhu.org>
Sent:	Tuesday, March 12, 2013 3:02 PM
To:	NDLA, H APP HR - Dinius, Angela
Cc:	Adams, Sherry L.
Subject:	RE: ATTN: Angela -- UMDHU response to questions in regard to SB2004

I also understand there might be an interest in funding sources.

UMDHU funding sources

Local funding	$398,456
State funding	$373,858
Federal funding	$390,020
Consumer fees	$466,045
Other (interest..)	$ 10,794
TOTAL	$1,639,174

From: Javayne Oyloe
Sent: Tuesday, March 12, 2013 10:01 AM
To: 'happhr@nd.gov'
Cc: Adams, Sherry L. (sladams@nd.gov)
Subject: RE: ATTN: Angela -- UMDHU response to questions in regard to SB2004

I see my signature wasn't attached the first time – just so you know who this is coming from.

Please let me know if any other information is needed.

Thank you,

Javayne Oyloe
Interim Executive Officer
Health Promotion Team Leader
UMDHU
110 West Broadway, Suite 101
Williston, ND 58801
(701) 774-6400

www.umdhu.org

From: Javayne Oyloe
Sent: Tuesday, March 12, 2013 9:52 AM
To: 'happhr@nd.gov'
Cc: Adams, Sherry L. (sladams@nd.gov)
Subject: ATTN: Angela -- UMDHU response to questions in regard to SB2004

Upper Missouri District Health Unit (Divide, McKenzie, Mountrail and Williams Counties)

A minimum of 30 minutes is required for an immunization record review and to vaccinate a student. With a potential increase of 4,000 new students in the area additional nursing services will be needed to assure children are adequately immunized. There also will be a need to provide flu vaccinations for the increased workforce. With the need for increased nursing services for immunizations, partner (healthcare providers and schools) assurance in providing immunizations, STD checks, TB testing, chlamydia cases and high risk pregnancies and births a total of 1 nurse FTE ($60,000) will be needed in the oil impact area.

With the increased workload to protect the public from potential environmental hazards an increase in staffing will be needed to address the issues and eventually be able to proactively minimize risk. Due to an increase in septic permits, non-community water inspections, RV licensing, mobile food vendors, complaints of illegal sewage dumping, food and lodging issues, illegal tattoo operations and illegal trade waste burning an increase of 2 environmental health practitioner FTE (2@ $60,000) in the oil impact area will be needed.

Requested Funding
RN/Public Health Nurse and Enviromental Health Pracitioners $21.21 / hr. x 2080 hrs. = 44,117
Taxes and Fringe is 45% = 19,853
Total annual cost = 63,970 (UMDHU Board of Health approved a 15% increase as of 1/1/13 – we had estimated the salaries at $60,000 and wanted some additional funds for media. Now that salaries have increased our request for $181,800 wouldn't cover the three salaries, but would go a long way to help)

Three positions (2 EHPS and 1 nurse) at current salary = $191,910

UMDHU Employment since January 1, 2011.

	Resigned	Retired	Hired	Unfilled
Public Health Nurse	5 FTE	1 FTE	6 FTE	1 FTE
Environmental Health Practitioner	1 FTE		1 FTE	
Tobacco Prevention Specialist			1 FTE	
Support Staff	5.8 FTE	1 FTE	7.6 FTE	
Nutritionist/Dietician	1 FTE	2 FTE	1.69 FTE	
Executive Officer				1 FTE

UMDHU 2013 Budget

EXPENDITURES:	**2,013**
Salaries	1,099,457
Fringes	473,240
Contractual	25,447
Travel	58,853
Supplies	97,851
Rent	10,785
Utilities	12,000

Janitorial	12,800
Depreciation	20,127
Maintenance	8,000
Interest	0
Copies	6,706
Postage	5,187
Phone	17,206
Equipment	0
Other Expenses	35,047
Total Noncapital Expenditures	1,884,719

#1

Department of Health
Optional Adjustment Summary
2013-15 Budget

Priority	Section		FTE	General Fund	Federal Funds	Special Funds	Salaries	Operating & Equip	Grants	Total
3% Red.	MS	LPHU Universal Vaccine		(1,007,312)				(1,007,312)		(1,007,312)
1	Admin	Oil Impact	12.00	3,245,108		542,542	1,649,131	954,519	1,184,000	3,787,650
2	EH	EPA Legal Fees		500,000				500,000		500,000
3	MS	Medical Examiner Services	1.00	624,145			500,845	123,300		624,145
4	EPR	Volunteer coverage through WSI		84,000				84,000		84,000
5	MS	Universal vaccine		1,000,000				1,000,000		1,000,000
6	Admin	Salary Equity Package		2,737,500	912,500		3,650,000			3,650,000
7	Admin	Healthy North Dakota		345,748	(174,664)		171,084	0		171,084
8	SP	Physician & Mid Level Practitioners Loan Repayment		270,000					270,000	270,000
9	EPR	Nurse Telephone Triage		671,000		3,979,000	10,000	4,640,000		4,650,000
10	SP	Dental Loan Repayment & Dental Non-profit Services		360,000					360,000	360,000
11	MS	ARRA NDIIS Interoperability			130,000			130,000		130,000
11	SP	ARRA National Health Services Corp			25,000				25,000	25,000
12	CH	Healthy Communities		1,364,911			306,211	658,700	400,000	1,364,911
13	EPR	Community Paramedic Pilot Project	1.00	276,600			135,000	141,600		276,600
14	SP	Office of Health Equity		292,263	(27,250)		265,013	0		265,013
15	EPR	Leadership Training for Ambulance Service Directors		220,000				220,000		220,000
16	EPR	Trauma System		709,000				709,000		709,000
17	SP	Early Hearing Detection and Intervention		300,000					300,000	300,000
18	EPR	Rural EMS Assistance Fund for Grants		1,750,000					1,750,000	1,750,000
19	EPR	EMS Database systems		480,000				480,000		480,000
20	CH	Safe Sleep Campaign/Cribs for Kids		475,000				475,000		475,000
21	Admin	Public Health Networks		4,000,000					4,000,000	4,000,000
22	SP	CSHS Client Server Application		647,108				647,108		647,108
23	CH	Stroke System of Care		383,000				375,000	8,000	383,000
24	MS	NDIIS Analytical / Data Quality Support		254,609			116,146	138,463		254,609
25	Admin	State Aid to Locals		1,500,000					1,500,000	1,500,000
26	HR	Food & Lodging Licensing Management System		110,000				110,000		110,000
27	MS	Maven Maintenance		80,000				80,000		80,000
28	SP	Veterinarian Loan Repayment		135,000					135,000	135,000
29	CH	Senior Falls Prevention Program		122,675				82,675	40,000	122,675
30	EH	New Lab Equipment & Replace IT domain		695,680		47,500		743,180		743,180
		Total	**14.00**	**22,626,035**	**865,586**	**4,569,042**	**6,803,430**	**11,285,233**	**9,972,000**	**28,060,663**

Included in Executive Recommendation (yellow)
Partially Funded in Executive Recommendation (blue)

North Dakota Department of Health
Environmental Health Section
2013-15 Executive Budget

3-19-13
#2

	2009-11 Actual Expenditures	Expend To Date Nov 2012	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**156.25**	**156.25**	**156.25**	**165.25**	**9.00**	**6%**
511 Salaries	13,641,262	10,058,806	15,876,090	16,617,510	741,420	5%
513/514 Temporary, Overtime	240,271	160,170	365,450	508,600	143,150	39%
516 Benefits	5,131,430	3,827,221	6,296,110	7,340,483	1,044,373	17%
TOTAL	**19,012,963**	**14,046,197**	**22,537,650**	**24,466,593**	**1,928,943**	**9%**
General Fund	5,085,501	3,397,023	6,503,580	7,699,182	1,195,602	18%
Federal Funds	9,666,955	7,026,163	12,886,255	12,783,911	(102,344)	-1%
Other Funds	4,260,507	3,623,011	3,147,815	3,983,500	835,685	27%
OPERATING EXPENSES						
521 Travel	591,497	552,744	761,304	1,004,442	243,138	32%
531 IT - Software/Supp.	139,567	73,086	168,588	232,941	64,353	38%
532 Professional Supplies & Materials	91,067	73,858	121,769	130,366	8,597	7%
533 Food & Clothing	1,294	5,429	7,438	7,830	392	5%
534 Buildings/Vehicle Maintenance Supplies	146,432	100,331	124,251	132,967	8,716	7%
535 Miscellaneous Supplies	22		0	3,200	3,200	100%
536 Office Supplies	48,522	31,786	50,498	55,245	4,747	9%
541 Postage	131,276	84,753	130,609	143,190	12,581	10%
542 Printing	36,369	26,467	37,789	41,097	3,308	9%
551 IT Equip Under $5000	130,211	62,485	119,050	112,125	(6,925)	-6%
552 Other Equip Under $5000	33,763	26,223	74,100	33,200	(40,900)	-55%
553 Office Equip Under $5000	10,835	10,215	7,337	30,200	22,863	312%
561 Utilities	410,898	264,676	377,215	397,855	20,640	5%
571 Insurance	2,077	575	565	593	28	5%
581 Lease/Rentals - Equipment	39,403	26,537	41,746	43,929	2,183	5%
582 Lease \Rentals-- Buildings./Land	828,983	625,252	873,573	966,046	92,473	11%
591 Repairs	782,883	489,270	636,065	776,840	140,775	22%
601 IT-Data Processing	307,597	209,489	330,871	394,773	63,902	19%
602 IT-Telephone	182,493	127,100	193,094	208,270	15,176	8%
603 IT - Contractual Services	124,255	74,567	194,976	458,000	263,024	135%
611 Professional Development	188,637	118,388	194,320	216,517	22,197	11%
621 **Operating Fees & Services**	**53,736**	**164,183**	**239,814**	**279,679**	**39,865**	17%
623 **Professional Services**	**1,189,641**	**707,368**	**2,031,000**	**3,252,570**	1,221,570	60%
625 Medical, Dental, and Optical	1,680,181	1,105,055	1,631,715	1,995,635	363,920	22%
Operating Budget Adjustment	**0**	**0**	**0**	**0**	**0**	
TOTAL	**7,151,639**	**4,959,837**	**8,347,687**	**10,917,510**	**2,569,823**	**31%**
General Fund	2,424,504	1,574,580	1,877,908	3,121,585	1,243,677	66%
Federal Funds	3,531,141	2,374,277	3,731,962	4,051,928	319,966	9%
Other Funds	1,195,994	1,010,980	2,737,817	3,743,997	1,006,180	37%
CAPITAL ASSETS						
683 Other Capital Payments	390,946	201,345	438,129	402,752	(35,377)	-8%
684 Extraordinary Repairs	71,953	11,680	316,329	319,350	3,021	1%
691 Equipment >$5000	477,564	177,100	528,400	739,250	210,850	40%
693 IT Equip >$5000	9,994	8,716	83,000	18,000	(65,000)	-78%
TOTAL	**950,457**	**398,841**	**1,365,858**	**1,479,352**	**113,494**	**8%**
General Fund	152,989	82,062	174,198	515,820	341,622	196%
Federal Funds	411,941	339,099	962,260	650,369	(311,891)	-32%
Other Funds	385,527	(22,320)	229,400	313,163	83,763	37%
GRANTS\SPECIAL LINE ITEMS						
712 Grants - Non State	15,318,461	6,537,872	16,342,400	12,529,977	(3,812,423)	-23%
722 Grants - In State	1,735,588	421,133	935,000	460,000	(475,000)	-51%
-71 Tobacco Prevention/Control	0		0	0	0	
-72 WIC Food Payments	0		0	0	0	
-78 Cont Approp - CHTF/EPA	0	383,209	864,371	0	(864,371)	
-79 Federal Stimulus Funds	8,951,884	1,934,046	2,600,788	0	(2,600,788)	
TOTAL	**26,005,933**	**9,276,260**	**20,742,559**	**12,989,977**	**(7,752,582)**	**-37%**
General Fund	0	364,371	364,371	0	(364,371)	
Federal Funds	25,740,838	8,668,788	19,363,188	12,489,977	(6,873,211)	-35%
Other Funds	265,095	243,101	1,015,000	500,000	(515,000)	-51%
DEPARTMENT ID TOTAL						
TOTAL	**53,120,992**	**28,681,135**	**52,993,754**	**49,853,432**	**(3,140,322)**	**-6%**
General Fund	7,662,994	5,418,036	8,920,057	11,336,587	2,416,530	27%
Federal Funds	39,350,875	18,408,327	36,943,665	29,976,185	(6,967,480)	-19%
Other Funds	6,107,123	4,854,772	7,130,032	8,540,660	1,410,628	20%

North Dakota Department of Health
Emergency Preparedness and Response Section
2013-15 Executive Budget

	2009-11 Actual Expenditures	Expend To Date Nov 2012	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**13.50**	**14.00**	**14.00**	**15.00**	**1.00**	**7%**
511 Salaries	1,113,349	833,765	1,245,090	1,415,534	170,444	14%
513/514 Temporary, Overtime	539,972	339,937	554,114	720,726	166,612	30%
516 Benefits	544,200	403,690	578,173	695,545	117,372	20%
TOTAL	**2,197,521**	**1,577,392**	**2,377,377**	**2,831,805**	**454,428**	**19%**
General Fund	495,355	458,430	588,712	921,293	332,581	56%
Federal Funds	1,702,166	1,118,962	1,788,665	1,910,512	121,847	7%
Other Funds	0	0	0	0	0	
OPERATING EXPENSES						
521 Travel	130,754	126,237	173,708	251,265	77,557	45%
531 IT - Software/Supp.	279,193	42,088	39,119	35,625	(3,494)	-9%
532 Professional Supplies & Materials	29,144	29,125	35,461	30,308	(5,153)	-15%
533 Food & Clothing	370	0	0	0	0	
534 Buildings/Vehicle Maintenance Supplies	205,464	95,240	66,747	70,079	3,332	5%
535 Miscellaneous Supplies	4,810	9,079	2,488	2,147	(341)	-14%
536 Office Supplies	33,864	15,392	28,660	26,032	(2,628)	-9%
541 Postage	38,543	7,891	13,009	13,658	649	5%
542 Printing	39,047	25,620	45,990	33,890	(12,100)	-26%
551 IT Equip Under $5000	52,837	144,305	62,070	46,000	(16,070)	-26%
552 Other Equip Under $5000	36,356	13,727	21,400	0	(21,400)	
553 Office Equip Under $5000	8,877	9,325	11,500	0	(11,500)	
561 Utilities	23,248	20,209	34,248	35,960	1,712	5%
571 Insurance	6,901	9,888	15,750	99,750	84,000	533%
581 Lease/Rentals - Equipment	5,700	13,730	23,392	8,392	(15,000)	-64%
582 Lease \Rentals-- Buildings./Land	392,898	340,722	489,492	482,393	(7,099)	-1%
591 Repairs	54,884	86,153	14,138	14,795	657	5%
601 IT-Data Processing	275,174	172,341	223,891	262,379	38,488	17%
602 IT-Telephone	132,432	88,919	134,729	139,039	4,310	3%
603 IT - Contractual Services	395,426	334,967	492,133	496,400	4,267	1%
611 Professional Development	42,621	15,243	21,982	26,082	4,100	19%
621 **Operating Fees & Services**	**140,601**	**50,438**	**122,978**	**129,127**	**6,149**	5%
623 **Professional Services**	**265,130**	**88,625**	**457,100**	**415,100**	(42,000)	-9%
625 Medical, Dental, and Optical	2,414,525	647,869	750,828	168,396	(582,432)	-78%
Operating Budget Adjustment	**0**	**0**	**0**	**0**	**0**	
TOTAL	**5,008,799**	**2,387,133**	**3,280,813**	**2,786,817**	**(493,996)**	**-15%**
General Fund	178,059	262,066	601,107	862,935	261,828	44%
Federal Funds	4,822,158	2,120,167	2,669,706	1,923,882	(745,824)	-28%
Other Funds	8,582	4,900	10,000	0	(10,000)	
CAPITAL ASSETS						
683 Other Capital Payments	0		0	0	0	
684 Extraordinary Repairs	0		0	0	0	
691 Equipment >$5000	352,004	163,293	292,500	420,000	127,500	44%
693 IT Equip >$5000	5,870	218,670	18,000	0	(18,000)	
TOTAL	**357,874**	**381,963**	**310,500**	**420,000**	**109,500**	**35%**
General Fund	0		0	0	0	
Federal Funds	357,874	381,963	310,500	420,000	109,500	35%
Other Funds	0		0	0	0	
GRANTS\SPECIAL LINE ITEMS						
712 Grants - Non State	13,521,148	6,167,769	12,727,754	11,850,434	(877,320)	-7%
722 Grants - In State	80,535		0	2,350,000	2,350,000	100%
-71 Tobacco Prevention/Control	0		0	0	0	
-72 WIC Food Payments	0		0	0	0	
-78 Cont Approp - CHTF/EPA	0		0	0	0	
-79 Federal Stimulus Funds	0		0	0	0	
TOTAL	**13,601,683**	**6,167,769**	**12,727,754**	**14,200,434**	**1,472,680**	**12%**
General Fund	940,000	932,862	4,540,000	6,090,000	1,550,000	34%
Federal Funds	9,802,223	4,007,202	6,937,754	6,860,434	(77,320)	-1%
Other Funds	2,859,460	1,227,705	1,250,000	1,250,000	0	0%
DEPARTMENT ID TOTAL						
TOTAL	**21,165,877**	**10,514,257**	**18,696,444**	**20,239,056**	**1,542,612**	**8%**
General Fund	1,613,414	1,653,358	5,729,819	7,874,228	2,144,409	37%
Federal Funds	16,684,421	7,628,294	11,706,625	11,114,828	(591,797)	-5%
Other Funds	2,868,042	1,232,605	1,260,000	1,250,000	(10,000)	-1%

North Dakota Department of Health
Special Populations Section
2013-15 Executive Budget

Professional Services Line Item

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
			-	
CertiFACTS On-Line Service Subsription	2,400	2,646	246	10.3%
Medical Consultant	36,000	36,000	-	0.0%
SSDI MCH Data Contracts	30,000	30,000	-	0.0%
Graphic Design Services	-	10,000	10,000	0.0%
Report and Resource Development	-	25,000	25,000	0.0%
			-	
Total Professional Services	**$ 68,400**	**$ 103,646**	**$ 35,246**	**51.5%**

Information Technology Contractual Services

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
			-	
Total IT Contractual Services	**$ -**	**$ -**	**$ -**	

North Dakota Department of Health
Special Populations Section
2013-15 Executive Budget

Grant Line Item

Description	2011-13 Current Budget	Expend To Date Nov 2012	2011-13 Amount Remaining	2013-15 Executive Budget	2013-15 General Fund	2013-15 Federal Fund	2013-15 Special Fund
Family Support Contracts	40,400	33,108	7,293	49,759	21,396	28,363	
Grants to Multidisciplinary Clinics	400,000	186,236	213,764	378,303	162,670	215,633	
Medical Home Contracts	32,487	19,646	12,841	32,480	13,966	18,514	
Grants for Care Coordination	71,400	42,973	28,427	72,456	31,156	41,300	
Catostrophic Relief	50,000	2,946	47,054	75,000	75,000		
Grants to Individuals	480,500	280,581	199,919	505,500	239,025	266,475	
Grants to Counties	215,000	81,568	133,432	215,000		215,000	
Grant to DHS for MMIS Project	14,751	1,015	13,737	18,451		18,451	
Dental Loan Repayment	440,000	280,000	160,000	520,000	180,000		340,000
Dental New Practice Grant	30,000	5,000	25,000	25,000			25,000
Medical Loan Repayment	420,000	284,289	135,711	576,788	576,788		
Federal Physicians Loan Repayment	52,500	-	52,500	440,000		440,000	
Veterinarian Loan Repayment	445,000	225,000	220,000	485,000	485,000		
Grant to UND for Primary Care	114,000	88,413	25,587	114,000		114,000	
Total Grants	**$ 2,806,038**	**$ 1,530,774**	**$ 1,275,264**	**$ 3,507,737**	**$ 1,785,001**	**$ 1,357,736**	**$ 365,000**

North Dakota Department of Health
Special Populations Section
2013-15 Executive Budget

Summary of Federal & Other Funds

		2013-15 Executive Budget
Federal Funds		
State Partnership Grant Program to Improve Minority Health		298,850
Maternal and Child Health Block Grant (MCH)		1,664,406
State Systems Development Initiative Grant (SSDI)		195,528
Primary Care Coordination		320,821
ARRA Primary Care Coordination		25,000
Federal Loan Repayment Grant		440,000
Total	**$**	**2,944,605**
Other Funds		
Dental Loan Repayment Program (CHTF)		340,000
Dental New Practice Grant Program (CHTF)		25,000
Total	**$**	**365,000**

Department of Health
Loan Repayment Programs
2013 - 2015 Executive Budget

	2011 – 2013 Current Budget			Projected Expenditures 2011 - 2013			2013 – 2015 Executive Budget			Difference From 2011 -13 to 2013 – 15		
	General Fund	CHTF	Total	General Fund	CHTF	Total	General Fund	CHTF	Total	General Fund	CHTF	Total
Dental	180,000	260,000	440,000	180,000	200,000	380,000	180,000	340,000	520,000	-	80,000	80,000
Dental New Practice	20,000	10,000	30,000	10,000	-	10,000		25,000	25,000	(20,000)	15,000	(5,000)
Medical	345,000	75,000	420,000	299,289	-	299,289	576,788		576,788	231,788	(75,000)	156,788
Veterinarians	135,000	310,000	445,000	135,000	300,000	435,000	485,000		485,000	350,000	(310,000)	40,000
Total	680,000	655,000	1,335,000	624,289	500,000	1,124,289	1,241,788	365,000	1,606,788	561,788	(290,000)	271,788

Prepared by the North Dakota Legisla[illegible]ncil staff

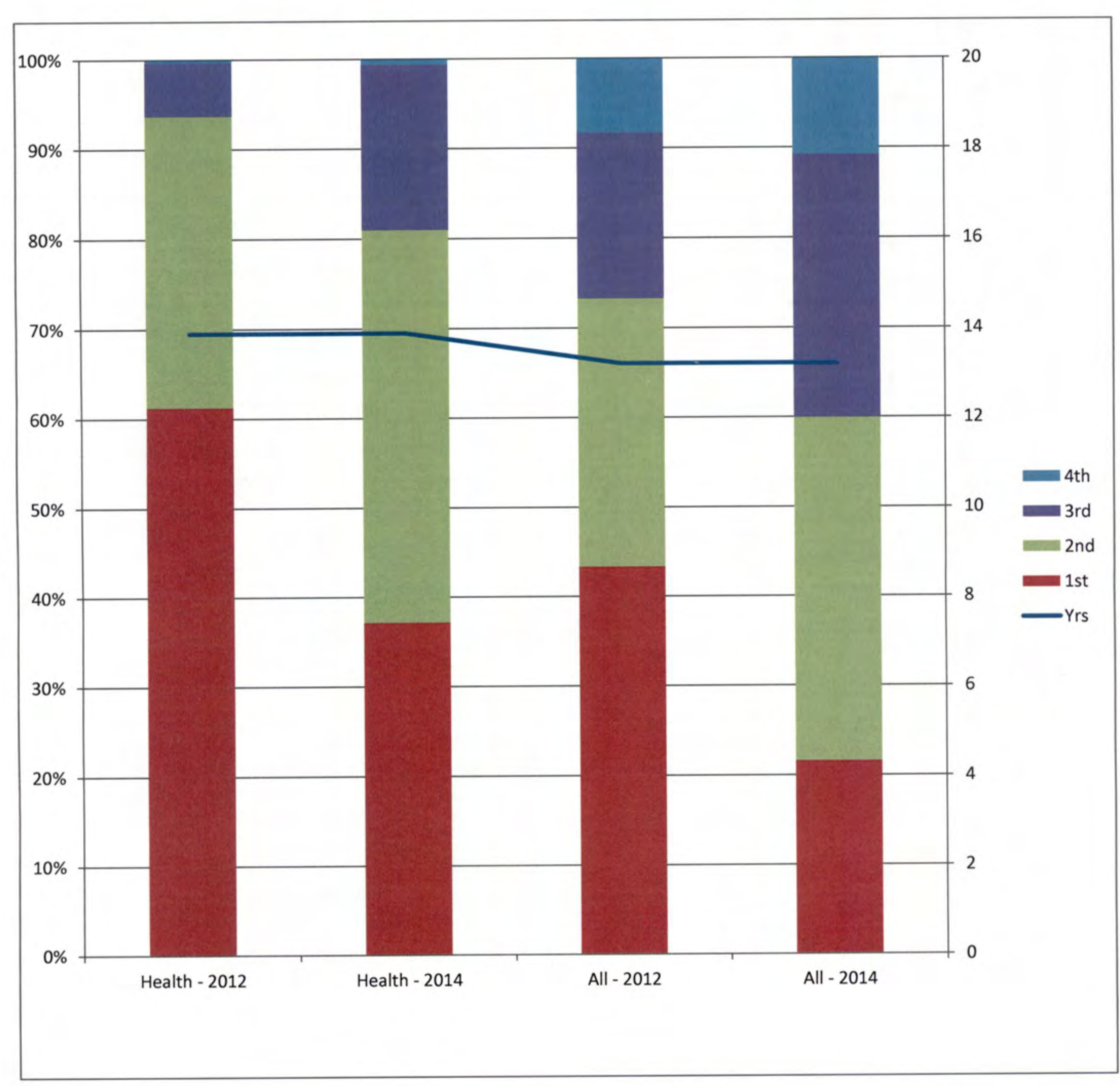
January 2013

NORTH DAKOTA STATE AGENCY AND INSTITUTION VACANT POSITIONS AS OF DECEMBER 31, 2012, INCLUDED IN THE 2013-15 EXECUTIVE BUDGET

Agency/Position No./Description			Date Vacated	Number of Months Vacant January 2013	Date Expected to Be Filled	Current Status/Agency Response	Salary and Fringe Benefit Amounts Included in the 2013-15 Executive Budget General Fund	Special Funds	Total
HEALTH AND WELFARE									
301 - State Department of Health									
33113	1.00	Health Care Facility Surveyor II	7/11	18	1/22/13	Filled		$151,413	$151,413
1697	1.00	Environmental Scientist III	6/12	7		Recruiting	$11,442	179,260	190,702
1733	1.00	Microbioligist III (pending reclassification)	10/12	3		Recruiting	98,013	68,111	166,124
1759	1.00	Chemist II	11/12	2		Recruiting	87,953	38,616	126,569
1761	1.00	Environmental Scientist II	11/12	2		Recruiting	34,832	94,177	129,009
1776	1.00	Envrionmental Engineer II	12/12	1		Recruiting	10,226	160,209	170,435
1909	1.00	Health Care Facility Surveyor II	6/12	7		Recruiting	19,931	112,942	132,873
1967	1.00	HHSPA IV	12/12	1		Recruiting		173,579	173,579
1973	1.00	Data Processing Coord. III	8/12	5		Recruiting		140,588	140,588
3315	1.00	HHSPA III	12/12	1		Recruiting	72,653	61,890	134,543
1734	1.00	Epidemiologist III	10/12	3		Accessing federal grant funding		154,925	154,925
1755	1.00	Environmental Scientist II	12/12	1		Accessing federal grant funding	7,592	118,941	126,533
26235	1.00	Microbiologist I	6/11	19		Reassigned for oil impact - Will be recruiting	134,049	27	134,076
	13.00						$476,691	$1,454,678	$1,931,369

SB 2004
3/19/13
Attachment 3

301 - Health Dept - 2012-14 Quartile Charts



301 - Healt[illegible]t

	Relativity to Market Policy Position *		+ Meet Standards	+ Exceed Standards
MPP +	0%			
2nd Qtl	1 - 2.0%	+	3.0%	5.0%
1st Qtl	2 - 4.0%			

* ALL increases contingent upon Performance Meeting Standards

Current C/R	Projected 2013 C/R	Projected 2014 C/R
0.85	0.88	0.91

EXAMPLE

CURRENT								2013										2014									
								Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2013				Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2014			
Yrs Svc	Job Title	FTE Ann Sal	Grade	Market Policy Point	FTE	C/R (Current)	2012 Qtl	%%	$$	%%	$$	%%	$$	2013 New Salary	New MPP (3% range increment)	2013 New C/R	2013 Qtl	%%	$$	%%	$$	%%	$$	2014 New Salary	New MPP (3% range increment)	2014 New C/R	2014 Qtl
17.8	OFFICE ASSISTANT II	26,892	D	29,046	1.00	0.93	2	2.0%	538	3.0%	807	5.0%	1,345	28,237	29,917	0.94	2	2.0%	565	3.0%	847	5.0%	1,412	29,649	30,815	0.96	2
9.9	OFFICE ASSISTANT II	27,948	D	29,046	1.00	0.96	2	2.0%	559	5.0%	1,397	7.0%	1,956	29,904	29,917	1.00	3	0.0%	-	3.0%	897	3.0%	897	30,801	30,815	1.00	3
37.0	OFFICE ASSISTANT II	28,968	D	29,046	1.00	1.00	3	0.0%	-	3.0%	869	3.0%	869	29,837	29,917	1.00	3	0.0%	-	5.0%	1,492	5.0%	1,492	31,329	30,815	1.02	3
2.5	OFFICE ASSISTANT II	25,464	D	29,046	1.00	0.88	2	2.0%	509	5.0%	1,273	7.0%	1,782	27,246	29,917	0.91	2	2.0%	545	5.0%	1,362	7.0%	1,907	29,153	30,815	0.95	2
22.9	OFFICE ASSISTANT II	28,560	D	29,046	1.00	0.98	2	2.0%	571	3.0%	857	5.0%	1,428	29,988	29,917	1.00	3	0.0%	-	3.0%	900	3.0%	900	30,888	30,815	1.00	3
20.3	OFFICE ASSISTANT II	27,492	D	29,046	1.00	0.95	2	2.0%	550	5.0%	1,375	7.0%	1,925	29,417	29,917	0.98	2	2.0%	588	3.0%	883	5.0%	1,471	30,888	30,815	1.00	3
16.1	OFFICE ASSISTANT II	26,976	D	29,046	1.00	0.93	2	2.0%	540	3.0%	809	5.0%	1,349	28,325	29,917	0.95	2	2.0%	567	5.0%	1,416	7.0%	1,983	30,308	30,815	0.98	2
10.8	OFFICE ASSISTANT II	27,948	D	29,046	1.00	0.96	2	2.0%	559	5.0%	1,397	7.0%	1,956	29,904	29,917	1.00	3	0.0%	-	5.0%	1,495	5.0%	1,495	31,399	30,815	1.02	3
32.6	OFFICE ASSISTANT III	29,400	E	31,724	1.00	0.93	2	2.0%	588	3.0%	882	5.0%	1,470	30,870	32,676	0.94	2	2.0%	617	3.0%	926	5.0%	1,543	32,413	33,656	0.96	2
33.7	OFFICE ASSISTANT III	33,156	E	31,724	1.00	1.05	3	0.0%	-	5.0%	1,658	5.0%	1,658	34,814	32,676	1.07	3	0.0%	-	3.0%	1,044	3.0%	1,044	35,858	33,656	1.07	3
37.5	OFFICE ASSISTANT III	33,600	E	31,724	1.00	1.06	3	0.0%	-	3.0%	1,008	3.0%	1,008	34,608	32,676	1.06	3	0.0%	-	5.0%	1,730	5.0%	1,730	36,338	33,656	1.08	3
14.6	OFFICE ASSISTANT III	31,440	E	31,724	1.00	0.99	2	2.0%	629	5.0%	1,572	7.0%	2,201	33,641	32,676	1.03	3	0.0%	-	5.0%	1,682	5.0%	1,682	35,323	33,656	1.05	3
22.3	OFFICE ASSISTANT III	32,688	E	31,724	1.00	1.03	3	0.0%	-	3.0%	981	3.0%	981	33,669	32,676	1.03	3	0.0%	-	3.0%	1,010	3.0%	1,010	34,679	33,656	1.03	3
1.7	ADMIN ASSISTANT I	41,568	F	34,505	1.00	1.20	4	0.0%	-	5.0%	2,078	5.0%	2,078	43,646	35,540	1.23	4	0.0%	-	3.0%	1,309	3.0%	1,309	44,955	36,606	1.23	4
10.2	ADMIN ASSISTANT I	32,196	F	34,505	1.00	0.93	2	2.0%	644	3.0%	966	5.0%	1,610	33,806	35,540	0.95	2	2.0%	676	5.0%	1,690	7.0%	2,366	36,172	36,606	0.99	2
0.5	ADMIN ASSISTANT I	27,420	F	34,505	1.00	0.79	1	4.0%	1,097	5.0%	1,371	9.0%	2,468	29,888	35,540	0.84	1	4.0%	1,196	5.0%	1,494	9.0%	2,690	32,578	36,606	0.89	2
0.8	ADMIN ASSISTANT I	27,912	F	34,505	1.00	0.81	1	4.0%	1,116	3.0%	837	7.0%	1,953	29,865	35,540	0.84	1	4.0%	1,195	3.0%	896	7.0%	2,091	31,956	36,606	0.87	1
5.8	ADMIN ASSISTANT I	28,860	F	34,505	1.00	0.84	1	4.0%	1,154	5.0%	1,443	9.0%	2,597	31,457	35,540	0.89	2	2.0%	629	3.0%	944	5.0%	1,573	33,030	36,606	0.90	2
4.0	ADMIN ASSISTANT I	29,504	F	34,505	0.75	0.86	1	4.0%	1,180	3.0%	885	7.0%	2,065	31,569	35,540	0.89	2	2.0%	631	5.0%	1,578	7.0%	2,209	33,778	36,606	0.92	2
17.8	ADMIN ASSISTANT I	28,968	F	34,505	1.00	0.84	1	4.0%	1,159	5.0%	1,448	9.0%	2,607	31,575	35,540	0.89	2	2.0%	632	5.0%	1,579	7.0%	2,211	33,786	36,606	0.92	2
8.5	ADMIN ASSISTANT I	28,932	F	34,505	1.00	0.84	1	4.0%	1,157	3.0%	868	7.0%	2,025	30,957	35,540	0.87	1	4.0%	1,238	3.0%	929	7.0%	2,167	33,124	36,606	0.90	2
3.0	ADMIN ASSISTANT I	26,735	F	34,505	1.00	0.77	1	4.0%	1,069	5.0%	1,337	9.0%	2,406	29,141	35,540	0.82	1	4.0%	1,166	3.0%	874	7.0%	2,040	31,181	36,606	0.85	1
13.2	ADMIN ASSISTANT I	34,560	F	34,505	1.00	1.00	3	0.0%	-	3.0%	1,037	3.0%	1,037	35,597	35,540	1.00	3	0.0%	-	5.0%	1,780	5.0%	1,780	37,377	36,606	1.02	3
36.5	ADMIN ASSISTANT I	34,968	F	34,505	1.00	1.01	3	0.0%	-	5.0%	1,748	5.0%	1,748	36,716	35,540	1.03	3	0.0%	-	5.0%	1,836	5.0%	1,836	38,552	36,606	1.05	3
36.4	ADMIN ASSISTANT I	32,400	F	34,505	1.00	0.94	2	2.0%	648	3.0%	972	5.0%	1,620	34,020	35,540	0.96	2	2.0%	680	3.0%	1,021	5.0%	1,701	35,721	36,606	0.98	2
3.0	ADMIN ASSISTANT I	28,428	F	34,505	1.00	0.82	1	4.0%	1,137	5.0%	1,421	9.0%	2,558	30,986	35,540	0.87	1	4.0%	1,239	3.0%	930	7.0%	2,169	33,155	36,606	0.91	2
32.3	ADMIN ASSISTANT I	30,096	F	34,505	1.00	0.87	1	4.0%	1,204	3.0%	903	7.0%	2,107	32,203	35,540	0.91	2	2.0%	644	5.0%	1,610	7.0%	2,254	34,457	36,606	0.94	2
14.5	ADMIN ASSISTANT I	30,492	F	34,505	1.00	0.88	2	2.0%	610	5.0%	1,525	7.0%	2,135	32,627	35,540	0.92	2	2.0%	653	5.0%	1,631	7.0%	2,284	34,911	36,606	0.95	2
0.3	ADMIN ASSISTANT I	28,356	F	34,505	1.00	0.82	1	4.0%	1,134	3.0%	851	7.0%	1,985	30,341	35,540	0.85	1	4.0%	1,214	3.0%	910	7.0%	2,124	32,465	36,606	0.89	2
32.9	ADMIN ASSISTANT I	32,280	F	34,505	1.00	0.94	2	2.0%	646	5.0%	1,614	7.0%	2,260	34,540	35,540	0.97	2	2.0%	691	3.0%	1,036	5.0%	1,727	36,267	36,606	0.99	2
0.3	ADMIN ASSISTANT I	26,400	F	34,505	1.00	0.77	1	4.0%	1,056	3.0%	792	7.0%	1,848	28,248	35,540	0.79	1	4.0%	1,130	5.0%	1,412	9.0%	2,542	30,790	36,606	0.84	1
7.7	ADMIN ASSISTANT I	28,320	F	34,505	1.00	0.82	1	4.0%	1,133	5.0%	1,416	9.0%	2,549	30,869	35,540	0.87	1	4.0%	1,235	5.0%	1,543	9.0%	2,778	33,647	36,606	0.92	2
2.9	ADMIN ASSISTANT I	28,440	F	34,505	0.50	0.82	1	4.0%	1,138	3.0%	853	7.0%	1,991	30,431	35,540	0.86	1	4.0%	1,217	3.0%	913	7.0%	2,130	32,561	36,606	0.89	2
22.1	ADMIN ASSISTANT II	33,048	H	41,612	1.00	0.79	1	4.0%	1,322	5.0%	1,652	9.0%	2,974	36,022	42,860	0.84	1	4.0%	1,441	3.0%	1,081	7.0%	2,522	38,544	44,146	0.87	1
35.8	ADMIN ASSISTANT II	36,324	H	41,612	1.00	0.87	1	4.0%	1,453	3.0%	1,090	7.0%	2,543	38,867	42,860	0.91	2	2.0%	777	5.0%	1,943	7.0%	2,720	41,587	44,146	0.94	2
20.9	ADMIN ASSISTANT II	33,588	H	41,612	1.00	0.81	1	4.0%	1,344	5.0%	1,679	9.0%	3,023	36,611	42,860	0.85	1	4.0%	1,464	5.0%	1,831	9.0%	3,295	39,906	44,146	0.90	2
20.6	ADMIN ASSISTANT II	35,280	H	41,612	1.00	0.85	1	4.0%	1,411	3.0%	1,058	7.0%	2,469	37,749	42,860	0.88	2	2.0%	755	3.0%	1,132	5.0%	1,887	39,636	44,146	0.90	2
8.8	ADMIN ASSISTANT II	32,928	H	41,612	1.00	0.79	1	4.0%	1,317	5.0%	1,646	9.0%	2,963	35,891	42,860	0.84	1	4.0%	1,436	3.0%	1,077	7.0%	2,513	38,404	44,146	0.87	1
26.0	ADMIN ASSISTANT II	34,740	H	41,612	1.00	0.83	1	4.0%	1,390	3.0%	1,042	7.0%	2,432	37,172	42,860	0.87	1	4.0%	1,487	5.0%	1,859	9.0%	3,346	40,518	44,146	0.92	2

301 - Health Dept

*ALL increases contingent upon Performance Meeting Standards

		CURRENT						2013										2014									
								Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2013				Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2014			
Yrs Svc	Job Title	FTE Ann Sal	Grade	Market Policy Point	FTE	C/R (Current)	2012 Qtl	%%	$$	%%	$$	%%	$$	2013 New Salary	New MPP (3% range increment)	2013 New C/R	2013 Qtl	%%	$$	%%	$$	%%	$$	2014 New Salary	New MPP (3% range increment)	2014 New C/R	2014 Qtl
24.6	ADMIN ASSISTANT II	33,144	H	41,612	1.00	0.80	1	4.0%	1,326	5.0%	1,657	9.0%	2,983	36,127	42,860	0.84	1	4.0%	1,445	5.0%	1,806	9.0%	3,251	39,378	44,146	0.89	2
17.3	ADMIN ASSISTANT II	33,900	H	41,612	1.00	0.81	1	4.0%	1,356	3.0%	1,017	7.0%	2,373	36,273	42,860	0.85	1	4.0%	1,451	3.0%	1,088	7.0%	2,539	38,812	44,146	0.88	2
4.5	ADMIN ASSISTANT II	34,368	H	41,612	1.00	0.83	1	4.0%	1,375	5.0%	1,718	9.0%	3,093	37,461	42,860	0.87	1	4.0%	1,498	3.0%	1,124	7.0%	2,622	40,083	44,146	0.91	2
32.7	ADMIN ASSISTANT II	35,376	H	41,612	1.00	0.85	1	4.0%	1,415	3.0%	1,061	7.0%	2,476	37,852	42,860	0.88	2	2.0%	757	5.0%	1,893	7.0%	2,650	40,502	44,146	0.92	2
37.8	ADMIN ASSISTANT II	38,004	H	41,612	1.00	0.91	2	2.0%	760	5.0%	1,900	7.0%	2,660	40,664	42,860	0.95	2	2.0%	813	5.0%	2,033	7.0%	2,846	43,510	44,146	0.99	2
36.4	ADMIN ASSISTANT III	40,596	I	45,938	1.00	0.88	2	2.0%	812	3.0%	1,218	5.0%	2,030	42,626	47,316	0.90	2	2.0%	853	3.0%	1,279	5.0%	2,132	44,758	48,735	0.92	2
33.7	ADMIN ASSISTANT III	39,972	I	45,938	1.00	0.87	1	4.0%	1,599	5.0%	1,999	9.0%	3,598	43,570	47,316	0.92	2	2.0%	871	3.0%	1,307	5.0%	2,178	45,748	48,735	0.94	2
16.7	ADMIN ASSISTANT III	35,328	I	45,938	1.00	0.77	1	4.0%	1,413	3.0%	1,060	7.0%	2,473	37,801	47,316	0.80	1	4.0%	1,512	5.0%	1,890	9.0%	3,402	41,203	48,735	0.85	1
36.9	ADMIN ASSISTANT III	46,236	I	45,938	1.00	1.01	3	0.0%	-	5.0%	2,312	5.0%	2,312	48,548	47,316	1.03	3	0.0%	-	5.0%	2,427	5.0%	2,427	50,975	48,735	1.05	3
36.4	ADMIN ASSISTANT III	41,784	I	45,938	1.00	0.91	2	2.0%	836	3.0%	1,254	5.0%	2,090	43,874	47,316	0.93	2	2.0%	877	3.0%	1,316	5.0%	2,193	46,067	48,735	0.95	2
3.6	DATA PROC COORD III	49,356	K	55,414	1.00	0.89	2	2.0%	987	5.0%	2,468	7.0%	3,455	52,811	57,076	0.93	2	2.0%	1,056	3.0%	1,584	5.0%	2,640	55,451	58,788	0.94	2
18.3	DATA PROC COORD III	57,996	K	55,414	1.00	1.05	3	0.0%	-	3.0%	1,740	3.0%	1,740	59,736	57,076	1.05	3	0.0%	-	5.0%	2,987	5.0%	2,987	62,723	58,788	1.07	3
2.2	DATA PROC COORD III	49,968	K	55,414	1.00	0.90	2	2.0%	999	5.0%	2,498	7.0%	3,497	53,465	57,076	0.94	2	2.0%	1,069	5.0%	2,673	7.0%	3,742	57,207	58,788	0.97	2
4.4	DATA PROC COORD III	50,496	K	55,414	1.00	0.91	2	2.0%	1,010	3.0%	1,515	5.0%	2,525	53,021	57,076	0.93	2	2.0%	1,060	3.0%	1,591	5.0%	2,651	55,672	58,788	0.95	2
32.9	COMPUTER & NETWK SPEC III	63,732	L	60,564	1.00	1.05	3	0.0%	-	5.0%	3,187	5.0%	3,187	66,919	62,381	1.07	3	0.0%	-	3.0%	2,008	3.0%	2,008	68,927	64,252	1.07	3
1.7	MEDICAL CLMS PROC SPC III	28,356	F	34,505	1.00	0.82	1	4.0%	1,134	3.0%	851	7.0%	1,985	30,341	35,540	0.85	1	4.0%	1,214	5.0%	1,517	9.0%	2,731	33,072	36,606	0.90	2
3.9	ACCOUNT TECHNICIAN I	30,648	E	31,724	1.00	0.97	2	2.0%	613	5.0%	1,532	7.0%	2,145	32,793	32,676	1.00	3	0.0%	-	5.0%	1,640	5.0%	1,640	34,433	33,656	1.02	3
28.4	ACCOUNT TECHNICIAN II	36,768	G	37,801	1.00	0.97	2	2.0%	735	3.0%	1,103	5.0%	1,838	38,606	38,935	0.99	2	2.0%	772	3.0%	1,158	5.0%	1,930	40,536	40,103	1.01	3
20.4	ACCOUNT/BUDGET SPEC I	44,712	J	50,985	1.00	0.88	2	2.0%	894	5.0%	2,236	7.0%	3,130	47,842	52,515	0.91	2	2.0%	957	3.0%	1,435	5.0%	2,392	50,234	54,090	0.93	2
9.0	ACCOUNT/BUDGET SPEC II	45,828	K	55,414	1.00	0.83	1	4.0%	1,833	3.0%	1,375	7.0%	3,208	49,036	57,076	0.86	1	4.0%	1,961	5.0%	2,452	9.0%	4,413	53,449	58,788	0.91	2
1.9	ACCOUNT/BUDGET SPEC III	56,460	L	60,564	1.00	0.93	2	2.0%	1,129	5.0%	2,823	7.0%	3,952	60,412	62,381	0.97	2	2.0%	1,208	5.0%	3,021	7.0%	4,229	64,641	64,252	1.01	3
26.5	ACCOUNT/BUDGET SPEC III	61,752	L	60,564	1.00	1.02	3	0.0%	-	3.0%	1,853	3.0%	1,853	63,605	62,381	1.02	3	0.0%	-	3.0%	1,908	3.0%	1,908	65,513	64,252	1.02	3
34.2	ACCOUNT/BUDGET SPEC III	62,376	L	60,564	1.00	1.03	3	0.0%	-	5.0%	3,119	5.0%	3,119	65,495	62,381	1.05	3	0.0%	-	3.0%	1,965	3.0%	1,965	67,460	64,252	1.05	3
28.1	ACCOUNTING MANAGER I	69,756	N	73,130	1.00	0.95	2	2.0%	1,395	3.0%	2,093	5.0%	3,488	73,244	75,324	0.97	2	2.0%	1,465	5.0%	3,662	7.0%	5,127	78,371	77,584	1.01	3
24.1	ACCOUNTING MANAGER II	85,800	P	85,799	1.00	1.00	3	0.0%	-	5.0%	4,290	5.0%	4,290	90,090	88,373	1.02	3	0.0%	-	5.0%	4,505	5.0%	4,505	94,595	91,024	1.04	3
3.3	AUDITOR III	70,011	L	60,564	1.00	1.16	4	0.0%	-	3.0%	2,100	3.0%	2,100	72,111	62,381	1.16	4	0.0%	-	3.0%	2,163	3.0%	2,163	74,274	64,252	1.16	4
30.9	GRANTS/CONTRACTS OFR I	47,064	K	55,414	1.00	0.85	1	4.0%	1,883	5.0%	2,353	9.0%	4,236	51,300	57,076	0.90	2	2.0%	1,026	3.0%	1,539	5.0%	2,565	53,865	58,788	0.92	2
34.0	GRANTS/CONTRACTS OFR II	64,644	L	60,564	1.00	1.07	3	0.0%	-	3.0%	1,939	3.0%	1,939	66,583	62,381	1.07	3	0.0%	-	5.0%	3,329	5.0%	3,329	69,912	64,252	1.09	3
25.4	LEGAL ASSISTANT I	36,732	H	41,612	1.00	0.88	2	2.0%	735	5.0%	1,837	7.0%	2,572	39,304	42,860	0.92	2	2.0%	786	5.0%	1,965	7.0%	2,751	42,055	44,146	0.95	2
0.2	HUMAN RESOURCE OFFICER I	42,000	K	55,414	1.00	0.76	1	4.0%	1,680	3.0%	1,260	7.0%	2,940	44,940	57,076	0.79	1	4.0%	1,798	3.0%	1,348	7.0%	3,146	48,086	58,788	0.82	1
4.5	HUMAN RESOURCE DIRECTOR I	69,216	N	73,130	1.00	0.95	2	2.0%	1,384	5.0%	3,461	7.0%	4,845	74,061	75,324	0.98	2	2.0%	1,481	3.0%	2,222	5.0%	3,703	77,764	77,584	1.00	3
1.0	PUBLIC INFO SPEC II	41,568	K	55,414	0.50	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	57,076	0.78	1	4.0%	1,779	5.0%	2,224	9.0%	4,003	48,481	58,788	0.82	1
8.7	PUBLIC INFO SPEC III	49,656	L	60,564	1.00	0.82	1	4.0%	1,986	5.0%	2,483	9.0%	4,469	54,125	62,381	0.87	1	4.0%	2,165	5.0%	2,706	9.0%	4,871	58,996	64,252	0.92	2
1.6	MULTI-MEDIA DEVELOPER I	38,244	J	50,985	1.00	0.75	1	4.0%	1,530	3.0%	1,147	7.0%	2,677	40,921	52,515	0.78	1	4.0%	1,637	3.0%	1,228	7.0%	2,865	43,786	54,090	0.81	1
13.7	RESEARCH ANALYST II	45,276	K	55,414	1.00	0.82	1	4.0%	1,811	5.0%	2,264	9.0%	4,075	49,351	57,076	0.86	1	4.0%	1,974	3.0%	1,481	7.0%	3,455	52,806	58,788	0.90	2
0.1	RESEARCH ANALYST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	57,076	0.78	1	4.0%	1,779	5.0%	2,224	9.0%	4,003	48,481	58,788	0.82	1
5.4	RESEARCH ANALYST II	41,808	K	55,414	1.00	0.75	1	4.0%	1,672	5.0%	2,090	9.0%	3,762	45,570	57,076	0.80	1	4.0%	1,823	5.0%	2,279	9.0%	4,102	49,672	58,788	0.84	1
6.5	RESEARCH ANALYST III	50,160	L	60,564	1.00	0.83	1	4.0%	2,006	3.0%	1,505	7.0%	3,511	53,671	62,381	0.86	1	4.0%	2,147	3.0%	1,610	7.0%	3,757	57,428	64,252	0.89	2
33.1	ADMIN OFR I	42,540	I	45,938	1.00	0.93	2	2.0%	851	5.0%	2,127	7.0%	2,978	45,518	47,316	0.96	2	2.0%	910	3.0%	1,366	5.0%	2,276	47,794	48,735	0.98	2
18.3	ADMIN STAFF OFFICER II	57,372	K	55,414	1.00	1.04	3	0.0%	-	3.0%	1,721	3.0%	1,721	59,093	57,076	1.04	3	0.0%	-	5.0%	2,955	5.0%	2,955	62,048	58,788	1.06	3
13.9	ENVIRONMENTAL ENGR II	63,024	M	66,332	1.00	0.95	2	2.0%	1,260	5.0%	3,151	7.0%	4,411	67,435	68,322	0.99	2	2.0%	1,349	5.0%	3,372	7.0%	4,721	72,156	70,372	1.03	3
21.3	ENVIRONMENTAL ENGR II	64,776	M	66,332	1.00	0.98	2	2.0%	1,296	3.0%	1,943	5.0%	3,239	68,015	68,322	1.00	3	0.0%	-	3.0%	2,040	3.0%	2,040	70,055	70,372	1.00	3
5.2	ENVIRONMENTAL ENGR II	54,660	M	66,332	1.00	0.82	1	4.0%	2,186	5.0%	2,733	9.0%	4,919	59,579	68,322	0.87	1	4.0%	2,383	3.0%	1,787	7.0%	4,170	63,749	70,372	0.91	2
0.8	ENVIRONMENTAL ENGR II	49,752	M	66,332	1.00	0.75	1	4.0%	1,990	3.0%	1,493	7.0%	3,483	53,235	68,322	0.78	1	4.0%	2,129	5.0%	2,662	9.0%	4,791	58,026	70,372	0.82	1
1.8	ENVIRONMENTAL ENGR II	49,752	M	66,332	1.00	0.75	1	4.0%	1,990	5.0%	2,488	9.0%	4,478	54,230	68,322	0.79	1	4.0%	2,169	5.0%	2,712	9.0%	4,881	59,111	70,372	0.84	1
10.3	ENV[illegible]MENTAL ENGR II	61,032	M	66,332	1.00	0.92	[illegible]	2.0%	1,221	3.0%	1,831	5.0%	3,052	64,084	68,322	0.94	2	[illegible]	1,282	3.0%	1,923	5.0%	3,205	67,289	70,372	0.96	2

...eases contingent upon Performance Meeting Standards

		CURRENT						2013										2014									
								Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2013				Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2014			
Yrs Svc	Job Title	FTE Ann Sal	Grade	Market Policy Point	FTE	C/R (Current)	2012 Qtl	%%	$$	%%	$$	%%	$$	2013 New Salary	New MPP *(3% range increment)*	2013 New C/R	2013 Qtl	%%	$$	%%	$$	%%	$$	2014 New Salary	New MPP *(3% range increment)*	2014 New C/R	2014 Qtl
22.0	ENVIRONMENTAL ENGR II	64,128	M	66,332	1.00	0.97	2	2.0%	1,283	5.0%	3,206	7.0%	4,489	68,617	68,322	1.00	3	0.0%	-	3.0%	2,059	3.0%	2,059	70,676	70,372	1.00	3
4.5	ENVIRONMENTAL ENGR II	50,928	M	66,332	1.00	0.77	1	4.0%	2,037	3.0%	1,528	7.0%	3,565	54,493	68,322	0.80	1	4.0%	2,180	5.0%	2,725	9.0%	4,905	59,398	70,372	0.84	1
0.9	ENVIRONMENTAL ENGR II	49,752	M	66,332	1.00	0.75	1	4.0%	1,990	5.0%	2,488	9.0%	4,478	54,230	68,322	0.79	1	4.0%	2,169	5.0%	2,712	9.0%	4,881	59,111	70,372	0.84	1
12.3	ENVIRONMENTAL ENGR III	67,428	N	73,130	1.00	0.92	2	2.0%	1,349	3.0%	2,023	5.0%	3,372	70,800	75,324	0.94	2	2.0%	1,416	3.0%	2,124	5.0%	3,540	74,340	77,584	0.96	2
23.1	ENVIRONMENTAL ENGR III	67,560	N	73,130	1.00	0.92	2	2.0%	1,351	5.0%	3,378	7.0%	4,729	72,289	75,324	0.96	2	2.0%	1,446	3.0%	2,169	5.0%	3,615	75,904	77,584	0.98	2
28.4	ENVIRONMENTAL ENGR III	66,684	N	73,130	1.00	0.91	2	2.0%	1,334	3.0%	2,001	5.0%	3,335	70,019	75,324	0.93	2	2.0%	1,400	5.0%	3,501	7.0%	4,901	74,920	77,584	0.97	2
7.9	ENVIRONMENTAL ENGR III	69,480	N	73,130	1.00	0.95	2	2.0%	1,390	5.0%	3,474	7.0%	4,864	74,344	75,324	0.99	2	2.0%	1,487	5.0%	3,717	7.0%	5,204	79,548	77,584	1.03	3
24.6	ENVIRONMENTAL ENGR III	71,112	N	73,130	1.00	0.97	2	2.0%	1,422	3.0%	2,133	5.0%	3,555	74,667	75,324	0.99	2	2.0%	1,493	3.0%	2,240	5.0%	3,733	78,400	77,584	1.01	3
8.3	ENVIRONMENTAL ENGR III	60,132	N	73,130	1.00	0.82	1	4.0%	2,405	5.0%	3,007	9.0%	5,412	65,544	75,324	0.87	1	4.0%	2,622	3.0%	1,966	7.0%	4,588	70,132	77,584	0.90	2
33.2	ENVIRONMENTAL ENGR III	70,020	N	73,130	1.00	0.96	2	2.0%	1,400	3.0%	2,101	5.0%	3,501	73,521	75,324	0.98	2	2.0%	1,470	5.0%	3,676	7.0%	5,146	78,667	77,584	1.01	3
22.4	ENVIRONMENTAL ENGR III	68,796	N	73,130	1.00	0.94	2	2.0%	1,376	5.0%	3,440	7.0%	4,816	73,612	75,324	0.98	2	2.0%	1,472	5.0%	3,681	7.0%	5,153	78,765	77,584	1.02	3
28.5	ENVIRONMENTAL ENGR III	77,256	N	73,130	1.00	1.06	3	0.0%	-	3.0%	2,318	3.0%	2,318	79,574	75,324	1.06	3	0.0%	-	3.0%	2,387	3.0%	2,387	81,961	77,584	1.06	3
17.8	SR ENVIRONMENTAL ENGR I	72,024	O	80,855	1.00	0.89	2	2.0%	1,440	5.0%	3,601	7.0%	5,041	77,065	83,281	0.93	2	2.0%	1,541	3.0%	2,312	5.0%	3,853	80,918	85,779	0.94	2
31.9	SR ENVIRONMENTAL ENGR I	83,496	O	80,855	1.00	1.03	3	0.0%	-	3.0%	2,505	3.0%	2,505	86,001	83,281	1.03	3	0.0%	-	5.0%	4,300	5.0%	4,300	90,301	85,779	1.05	3
33.3	SR ENVIRONMENTAL ENGR II	87,588	R	98,159	1.00	0.89	2	2.0%	1,752	5.0%	4,379	7.0%	6,131	93,719	101,104	0.93	2	2.0%	1,874	5.0%	4,686	7.0%	6,560	100,279	104,137	0.96	2
0.8	SR ENVIRONMENTAL ENGR II	41,568	R	98,159	1.00	0.42	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	101,104	0.44	1	4.0%	1,779	3.0%	1,334	7.0%	3,113	47,591	104,137	0.46	1
31.5	SR ENVIRONMENTAL ENGR II	85,296	R	98,159	1.00	0.87	1	4.0%	3,412	5.0%	4,265	9.0%	7,677	92,973	101,104	0.92	2	2.0%	1,859	3.0%	2,789	5.0%	4,648	97,621	104,137	0.94	2
36.3	SR ENVIRONMENTAL ENGR II	87,588	R	98,159	1.00	0.89	2	2.0%	1,752	3.0%	2,628	5.0%	4,380	91,968	101,104	0.91	2	2.0%	1,839	5.0%	4,598	7.0%	6,437	98,405	104,137	0.94	2
3.2	HCF CONSTRUCTION INSPECTOR	49,968	J	50,985	1.00	0.98	2	2.0%	999	5.0%	2,498	7.0%	3,497	53,465	52,515	1.02	3	0.0%	-	5.0%	2,673	5.0%	2,673	56,138	54,090	1.04	3
3.1	HCF PLANS REVIEWER	53,472	K	55,414	1.00	0.96	2	2.0%	1,069	3.0%	1,604	5.0%	2,673	56,145	57,076	0.98	2	2.0%	1,123	3.0%	1,684	5.0%	2,807	58,952	58,788	1.00	3
33.9	HLTH CARE FAC ENG/ARCH	71,532	N	73,130	1.00	0.98	2	2.0%	1,431	5.0%	3,577	7.0%	5,008	76,540	75,324	1.02	3	0.0%	-	3.0%	2,296	3.0%	2,296	78,836	77,584	1.02	3
41.4	PLANNER IV	65,904	M	66,332	1.00	0.99	2	2.0%	1,318	3.0%	1,977	5.0%	3,295	69,199	68,322	1.01	3	0.0%	-	5.0%	3,460	5.0%	3,460	72,659	70,372	1.03	3
0.2	REGISTERED NURSE II	45,420	L	60,564	1.00	0.75	1	4.0%	1,817	5.0%	2,271	9.0%	4,088	49,508	62,381	0.79	1	4.0%	1,980	5.0%	2,475	9.0%	4,455	53,963	64,252	0.84	1
16.2	REGISTERED NURSE III	56,508	M	66,332	1.00	0.85	1	4.0%	2,260	3.0%	1,695	7.0%	3,955	60,463	68,322	0.88	2	2.0%	1,209	3.0%	1,814	5.0%	3,023	63,486	70,372	0.90	2
7.5	PUBLIC HLTH NURSE CONS I	45,156	J	50,985	1.00	0.89	2	2.0%	903	5.0%	2,258	7.0%	3,161	48,317	52,515	0.92	2	2.0%	966	3.0%	1,450	5.0%	2,416	50,733	54,090	0.94	2
0.4	PUBLIC HLTH NURSE CONS II	43,260	K	55,414	1.00	0.78	1	4.0%	1,730	3.0%	1,298	7.0%	3,028	46,288	57,076	0.81	1	4.0%	1,852	5.0%	2,314	9.0%	4,166	50,454	58,788	0.86	1
0.4	PUBLIC HLTH NURSE CONS II	43,260	K	55,414	1.00	0.78	1	4.0%	1,730	5.0%	2,163	9.0%	3,893	47,153	57,076	0.83	1	4.0%	1,886	5.0%	2,358	9.0%	4,244	51,397	58,788	0.87	1
7.3	PUBLIC HLTH NURSE CONS II	47,484	K	55,414	1.00	0.86	1	4.0%	1,899	3.0%	1,425	7.0%	3,324	50,808	57,076	0.89	2	2.0%	1,016	3.0%	1,524	5.0%	2,540	53,348	58,788	0.91	2
7.5	MEDICAL LAB TECH I	33,888	H	41,612	1.00	0.81	1	4.0%	1,356	5.0%	1,694	9.0%	3,050	36,938	42,860	0.86	1	4.0%	1,478	3.0%	1,108	7.0%	2,586	39,524	44,146	0.90	2
7.6	MEDICAL LAB TECH I	33,888	H	41,612	1.00	0.81	1	4.0%	1,356	3.0%	1,017	7.0%	2,373	36,261	42,860	0.85	1	4.0%	1,450	5.0%	1,813	9.0%	3,263	39,524	44,146	0.90	2
4.2	MEDICAL LAB TECH I	33,888	H	41,612	1.00	0.81	1	4.0%	1,356	5.0%	1,694	9.0%	3,050	36,938	42,860	0.86	1	4.0%	1,478	5.0%	1,847	9.0%	3,325	40,263	44,146	0.91	2
21.4	MEDICAL LAB TECH II	41,544	I	45,938	1.00	0.90	2	2.0%	831	3.0%	1,246	5.0%	2,077	43,621	47,316	0.92	2	2.0%	872	3.0%	1,309	5.0%	2,181	45,802	48,735	0.94	2
31.4	LABORATORY HELPER	24,756	B	25,029	1.00	0.99	2	2.0%	495	5.0%	1,238	7.0%	1,733	26,489	25,780	1.03	3	0.0%	-	3.0%	795	3.0%	795	27,284	26,553	1.03	3
0.2	LABORATORY TECHNICIAN I	21,792	D	29,046	1.00	0.75	1	4.0%	872	3.0%	654	7.0%	1,526	23,318	29,917	0.78	1	4.0%	933	5.0%	1,166	9.0%	2,099	25,417	30,815	0.82	1
31.4	LABORATORY TECHNICIAN IV	40,320	H	41,612	1.00	0.97	2	2.0%	806	5.0%	2,016	7.0%	2,822	43,142	42,860	1.01	3	0.0%	-	5.0%	2,157	5.0%	2,157	45,299	44,146	1.03	3
36.4	LABORATORY TECHNICIAN IV	39,900	H	41,612	1.00	0.96	2	2.0%	798	3.0%	1,197	5.0%	1,995	41,895	42,860	0.98	2	2.0%	838	3.0%	1,257	5.0%	2,095	43,990	44,146	1.00	3
0.3	CHEMIST I	38,244	J	50,985	1.00	0.75	1	4.0%	1,530	5.0%	1,912	9.0%	3,442	41,686	52,515	0.79	1	4.0%	1,667	3.0%	1,251	7.0%	2,918	44,604	54,090	0.82	1
2.5	CHEMIST II	41,880	K	55,414	1.00	0.76	1	4.0%	1,675	3.0%	1,256	7.0%	2,931	44,811	57,076	0.79	1	4.0%	1,792	5.0%	2,241	9.0%	4,033	48,844	58,788	0.83	1
6.6	CHEMIST II	43,908	K	55,414	1.00	0.79	1	4.0%	1,756	5.0%	2,195	9.0%	3,951	47,859	57,076	0.84	1	4.0%	1,914	5.0%	2,393	9.0%	4,307	52,166	58,788	0.89	2
0.2	CHEMIST II	39,900	K	55,414	1.00	0.72	1	4.0%	1,596	3.0%	1,197	7.0%	2,793	42,693	57,076	0.75	1	4.0%	1,708	3.0%	1,281	7.0%	2,989	45,682	58,788	0.78	1
5.3	CHEMIST II	42,780	K	55,414	1.00	0.77	1	4.0%	1,711	5.0%	2,139	9.0%	3,850	46,630	57,076	0.82	1	4.0%	1,865	3.0%	1,399	7.0%	3,264	49,894	58,788	0.85	1
5.1	CHEMIST II	42,780	K	55,414	1.00	0.77	1	4.0%	1,711	3.0%	1,283	7.0%	2,994	45,774	57,076	0.80	1	4.0%	1,831	5.0%	2,289	9.0%	4,120	49,894	58,788	0.85	1
16.0	CHEMIST II	46,752	K	55,414	1.00	0.84	1	4.0%	1,870	5.0%	2,338	9.0%	4,208	50,960	57,076	0.89	2	2.0%	1,019	5.0%	2,548	7.0%	3,567	54,527	58,788	0.93	2
10.6	CHEMIST II	43,296	K	55,414	1.00	0.78	1	4.0%	1,732	3.0%	1,299	7.0%	3,031	46,327	57,076	0.81	1	4.0%	1,853	3.0%	1,390	7.0%	3,243	49,570	58,788	0.84	1
40.4	CHEMIST III	59,568	M	66,332	1.00	0.90	2	2.0%	1,191	5.0%	2,978	7.0%	4,169	63,737	68,322	0.93	2	2.0%	1,275	3.0%	1,912	5.0%	3,187	66,924	70,372	0.95	2
29.4	CHEMIST III	57,984	M	66,332	1.00	0.87	1	4.0%	2,319	3.0%	1,740	7.0%	4,059	62,043	68,322	0.91	2	2.0%	1,241	5.0%	3,102	7.0%	4,343	66,386	70,372	0.94	2

*ALL increases contingent upon Performance Meeting Standards

		CURRENT						2013										2014									
								Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2013				Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2014			
Yrs Svc	Job Title	FTE Ann Sal	Grade	Market Policy Point	FTE	C/R (Current)	2012 Qtl	%%	$$	%%	$$	%%	$$	2013 New Salary	New MPP (3% range increment)	2013 New C/R	2013 Qtl	%%	$$	%%	$$	%%	$$	2014 New Salary	New MPP (3% range increment)	2014 New C/R	2014 Qtl
9.3	CHEMIST III	57,552	M	66,332	1.00	0.87	1	4.0%	2,302	5.0%	2,878	9.0%	5,180	62,732	68,322	0.92	2	2.0%	1,255	5.0%	3,137	7.0%	4,392	67,124	70,372	0.95	2
25.5	ADMIN, FORENSIC EXAM OFC	54,852	N	73,130	1.00	0.75	1	4.0%	2,194	3.0%	1,646	7.0%	3,840	58,692	75,324	0.78	1	4.0%	2,348	3.0%	1,761	7.0%	4,109	62,801	77,584	0.81	1
7.5	AUTOPSY TECHNICIAN	33,888	H	41,612	1.00	0.81	1	4.0%	1,356	5.0%	1,694	9.0%	3,050	36,938	42,860	0.86	1	4.0%	1,478	3.0%	1,108	7.0%	2,586	39,524	44,146	0.90	2
2.3	MICROBIOLOGIST II	41,904	K	55,414	1.00	0.76	1	4.0%	1,676	3.0%	1,257	7.0%	2,933	44,837	57,076	0.79	1	4.0%	1,793	5.0%	2,242	9.0%	4,035	48,872	58,788	0.83	1
7.3	MICROBIOLOGIST II	41,904	K	55,414	1.00	0.76	1	4.0%	1,676	5.0%	2,095	9.0%	3,771	45,675	57,076	0.80	1	4.0%	1,827	5.0%	2,284	9.0%	4,111	49,786	58,788	0.85	1
0.8	MICROBIOLOGIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	57,076	0.78	1	4.0%	1,779	3.0%	1,334	7.0%	3,113	47,591	58,788	0.81	1
6.3	MICROBIOLOGIST II	41,904	K	55,414	1.00	0.76	1	4.0%	1,676	5.0%	2,095	9.0%	3,771	45,675	57,076	0.80	1	4.0%	1,827	3.0%	1,370	7.0%	3,197	48,872	58,788	0.83	1
0.3	MICROBIOLOGIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	57,076	0.78	1	4.0%	1,779	5.0%	2,224	9.0%	4,003	48,481	58,788	0.82	1
8.3	MICROBIOLOGIST II	44,640	K	55,414	1.00	0.81	1	4.0%	1,786	5.0%	2,232	9.0%	4,018	48,658	57,076	0.85	1	4.0%	1,946	5.0%	2,433	9.0%	4,379	53,037	58,788	0.90	2
28.8	MICROBIOLOGIST II	51,900	K	55,414	1.00	0.94	2	2.0%	1,038	3.0%	1,557	5.0%	2,595	54,495	57,076	0.95	2	2.0%	1,090	3.0%	1,635	5.0%	2,725	57,220	58,788	0.97	2
2.3	MICROBIOLOGIST II	41,904	K	55,414	1.00	0.76	1	4.0%	1,676	5.0%	2,095	9.0%	3,771	45,675	57,076	0.80	1	4.0%	1,827	3.0%	1,370	7.0%	3,197	48,872	58,788	0.83	1
16.7	MICROBIOLOGIST III	57,648	M	66,332	1.00	0.87	1	4.0%	2,306	3.0%	1,729	7.0%	4,035	61,683	68,322	0.90	2	2.0%	1,234	5.0%	3,084	7.0%	4,318	66,001	70,372	0.94	2
30.0	MICROBIOLOGIST III	54,636	M	66,332	1.00	0.82	1	4.0%	2,185	5.0%	2,732	9.0%	4,917	59,553	68,322	0.87	1	4.0%	2,382	5.0%	2,978	9.0%	5,360	64,913	70,372	0.92	2
23.7	MICROBIOLOGIST III	55,536	M	66,332	1.00	0.84	1	4.0%	2,221	3.0%	1,666	7.0%	3,887	59,423	68,322	0.87	1	4.0%	2,377	3.0%	1,783	7.0%	4,160	63,583	70,372	0.90	2
28.8	MICROBIOLOGIST III	59,268	M	66,332	1.00	0.89	2	2.0%	1,185	5.0%	2,963	7.0%	4,148	63,416	68,322	0.93	2	2.0%	1,268	3.0%	1,902	5.0%	3,170	66,586	70,372	0.95	2
22.8	SENIOR CHEMIST I	61,452	N	73,130	1.00	0.84	1	4.0%	2,458	3.0%	1,844	7.0%	4,302	65,754	75,324	0.87	1	4.0%	2,630	5.0%	3,288	9.0%	5,918	71,672	77,584	0.92	2
31.1	SENIOR CHEMIST II	87,588	P	85,799	1.00	1.02	3	0.0%	-	5.0%	4,379	5.0%	4,379	91,967	88,373	1.04	3	0.0%	-	5.0%	4,598	5.0%	4,598	96,565	91,024	1.06	3
7.1	ENV HEALTH PRACT II	45,816	K	55,414	1.00	0.83	1	4.0%	1,833	3.0%	1,374	7.0%	3,207	49,023	57,076	0.86	1	4.0%	1,961	3.0%	1,471	7.0%	3,432	52,455	58,788	0.89	2
6.0	ENV HEALTH PRACT II	44,616	K	55,414	1.00	0.81	1	4.0%	1,785	5.0%	2,231	9.0%	4,016	48,632	57,076	0.85	1	4.0%	1,945	3.0%	1,459	7.0%	3,404	52,036	58,788	0.89	2
4.1	ENV HEALTH PRACT II	44,724	K	55,414	1.00	0.81	1	4.0%	1,789	3.0%	1,342	7.0%	3,131	47,855	57,076	0.84	1	4.0%	1,914	5.0%	2,393	9.0%	4,307	52,162	58,788	0.89	2
23.1	ENV HEALTH PRACT II	52,512	K	55,414	1.00	0.95	2	2.0%	1,050	5.0%	2,626	7.0%	3,676	56,188	57,076	0.98	2	2.0%	1,124	5.0%	2,809	7.0%	3,933	60,121	58,788	1.02	3
0.4	ENV HEALTH PRACT II	49,860	K	55,414	1.00	0.90	2	2.0%	997	3.0%	1,496	5.0%	2,493	52,353	57,076	0.92	2	2.0%	1,047	3.0%	1,571	5.0%	2,618	54,971	58,788	0.94	2
4.7	EPIDEMIOLOGIST II	46,788	K	55,414	1.00	0.84	1	4.0%	1,872	5.0%	2,339	9.0%	4,211	50,999	57,076	0.89	2	2.0%	1,020	3.0%	1,530	5.0%	2,550	53,549	58,788	0.91	2
1.4	EPIDEMIOLOGIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	57,076	0.78	1	4.0%	1,779	5.0%	2,224	9.0%	4,003	48,481	58,788	0.82	1
0.1	EPIDEMIOLOGIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	5.0%	2,078	9.0%	3,741	45,309	57,076	0.79	1	4.0%	1,812	5.0%	2,265	9.0%	4,077	49,386	58,788	0.84	1
1.8	EPIDEMIOLOGIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	57,076	0.78	1	4.0%	1,779	3.0%	1,334	7.0%	3,113	47,591	58,788	0.81	1
1.6	EPIDEMIOLOGIST II	42,768	K	55,414	1.00	0.77	1	4.0%	1,711	5.0%	2,138	9.0%	3,849	46,617	57,076	0.82	1	4.0%	1,865	3.0%	1,399	7.0%	3,264	49,881	58,788	0.85	1
1.8	EPIDEMIOLOGIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	57,076	0.78	1	4.0%	1,779	5.0%	2,224	9.0%	4,003	48,481	58,788	0.82	1
10.0	EPIDEMIOLOGIST II	46,440	K	55,414	1.00	0.84	1	4.0%	1,858	5.0%	2,322	9.0%	4,180	50,620	57,076	0.89	2	2.0%	1,012	5.0%	2,531	7.0%	3,543	54,163	58,788	0.92	2
4.3	EPIDEMIOLOGIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	57,076	0.78	1	4.0%	1,779	3.0%	1,334	7.0%	3,113	47,591	58,788	0.81	1
9.9	EPIDEMIOLOGIST II	44,688	K	55,414	1.00	0.81	1	4.0%	1,788	5.0%	2,234	9.0%	4,022	48,710	57,076	0.85	1	4.0%	1,948	3.0%	1,461	7.0%	3,409	52,119	58,788	0.89	2
4.0	EPIDEMIOLOGIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	57,076	0.78	1	4.0%	1,779	5.0%	2,224	9.0%	4,003	48,481	58,788	0.82	1
6.9	EPIDEMIOLOGIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	5.0%	2,078	9.0%	3,741	45,309	57,076	0.79	1	4.0%	1,812	5.0%	2,265	9.0%	4,077	49,386	58,788	0.84	1
3.9	EPIDEMIOLOGIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	57,076	0.78	1	4.0%	1,779	3.0%	1,334	7.0%	3,113	47,591	58,788	0.81	1
1.8	EPIDEMIOLOGIST II	42,768	K	55,414	1.00	0.77	1	4.0%	1,711	5.0%	2,138	9.0%	3,849	46,617	57,076	0.82	1	4.0%	1,865	3.0%	1,399	7.0%	3,264	49,881	58,788	0.85	1
6.6	EPIDEMIOLOGIST II	43,188	K	55,414	1.00	0.78	1	4.0%	1,728	3.0%	1,296	7.0%	3,024	46,212	57,076	0.81	1	4.0%	1,848	5.0%	2,311	9.0%	4,159	50,371	58,788	0.86	1
12.3	EPIDEMIOLOGIST III	47,196	L	60,564	1.00	0.78	1	4.0%	1,888	5.0%	2,360	9.0%	4,248	51,444	62,381	0.82	1	4.0%	2,058	5.0%	2,572	9.0%	4,630	56,074	64,252	0.87	1
34.4	EPIDEMIOLOGIST III	54,120	L	60,564	1.00	0.89	2	2.0%	1,082	3.0%	1,624	5.0%	2,706	56,826	62,381	0.91	2	2.0%	1,137	3.0%	1,705	5.0%	2,842	59,668	64,252	0.93	2
2.4	EPIDEMIOLOGIST III	45,420	L	60,564	1.00	0.75	1	4.0%	1,817	5.0%	2,271	9.0%	4,088	49,508	62,381	0.79	1	4.0%	1,980	3.0%	1,485	7.0%	3,465	52,973	64,252	0.82	1
9.9	EPIDEMIOLOGIST III	49,800	L	60,564	1.00	0.82	1	4.0%	1,992	3.0%	1,494	7.0%	3,486	53,286	62,381	0.85	1	4.0%	2,131	5.0%	2,664	9.0%	4,795	58,081	64,252	0.90	2
0.1	EPIDEMIOLOGIST III	41,568	L	60,564	1.00	0.69	1	4.0%	1,663	5.0%	2,078	9.0%	3,741	45,309	62,381	0.73	1	4.0%	1,812	5.0%	2,265	9.0%	4,077	49,386	64,252	0.77	1
5.1	SENIOR EPIDEMIOLOGIST	46,968	N	73,130	1.00	0.64	1	4.0%	1,879	3.0%	1,409	7.0%	3,288	50,256	75,324	0.67	1	4.0%	2,010	3.0%	1,508	7.0%	3,518	53,774	77,584	0.69	1
3.8	EMER MEDICAL SVCS SPEC I	45,120	H	41,612	0.50	1.08	3	0.0%	-	5.0%	2,256	5.0%	2,256	47,376	42,860	1.11	3	0.0%	-	3.0%	1,421	3.0%	1,421	48,797	44,146	1.11	3
7.8	EMER MEDICAL SVCS SPEC II	44,556	K	55,414	1.00	0.80	1	4.0%	1,782	3.0%	1,337	7.0%	3,119	47,675	57,076	0.84	1	4.0%	1,907	5.0%	2,384	9.0%	4,291	51,966	58,788	0.88	2
7.5	HLTH CARE FAC SURVYR II	52,884	K	55,414	1.00	0.95	2	2.0%	1,058	5.0%	2,644	7.0%	3,702	56,586	57,076	0.99	2	2.0%	1,132	5.0%	2,829	7.0%	3,961	60,547	58,788	1.03	3
14.4	HLT[illegible]RE FAC SURVYR II	53,052	K	55,414	1.00	0.96	[illegible]	[illegible]	1,061	3.0%	1,592	5.0%	2,653	55,705	57,076	0.98	[illegible]	[illegible]	1,114	3.0%	1,671	5.0%	2,785	58,490	58,788	0.99	2

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[illegible]reases contingent upon Performance Meeting Standards

		CURRENT						2013										2014									
								Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2013				Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2014			
Yrs Svc	Job Title	FTE Ann Sal	Grade	Market Policy Point	FTE	C/R (Current)	2012 Qtl	%%	$$	%%	$$	%%	$$	2013 New Salary	New MPP *(3% range increment)*	2013 New C/R	2013 Qtl	%%	$$	%%	$$	%%	$$	2014 New Salary	New MPP *(3% range increment)*	2014 New C/R	2014 Qtl
3.9	HLTH CARE FAC SURVYR II	49,968	K	55,414	1.00	0.90	2	2.0%	999	5.0%	2,498	7.0%	3,497	53,465	57,076	0.94	2	2.0%	1,069	3.0%	1,604	5.0%	2,673	56,138	58,788	0.95	2
1.3	HLTH CARE FAC SURVYR II	45,420	K	55,414	1.00	0.82	1	4.0%	1,817	3.0%	1,363	7.0%	3,180	48,600	57,076	0.85	1	4.0%	1,944	5.0%	2,430	9.0%	4,374	52,974	58,788	0.90	2
10.8	HLTH CARE FAC SURVYR II	44,400	K	55,414	1.00	0.80	1	4.0%	1,776	5.0%	2,220	9.0%	3,996	48,396	57,076	0.85	1	4.0%	1,936	5.0%	2,420	9.0%	4,356	52,752	58,788	0.90	2
0.1	HLTH CARE FAC SURVYR II	43,260	K	55,414	1.00	0.78	1	4.0%	1,730	3.0%	1,298	7.0%	3,028	46,288	57,076	0.81	1	4.0%	1,852	3.0%	1,389	7.0%	3,241	49,529	58,788	0.84	1
11.8	HLTH CARE FAC SURVYR II	53,424	K	55,414	1.00	0.96	2	2.0%	1,068	5.0%	2,671	7.0%	3,739	57,163	57,076	1.00	3	0.0%	-	3.0%	1,715	3.0%	1,715	58,878	58,788	1.00	3
10.1	HLTH CARE FAC SURVYR II	53,052	K	55,414	1.00	0.96	2	2.0%	1,061	3.0%	1,592	5.0%	2,653	55,705	57,076	0.98	2	2.0%	1,114	5.0%	2,785	7.0%	3,899	59,604	58,788	1.01	3
14.0	HLTH CARE FAC SURVYR II	54,312	K	55,414	1.00	0.98	2	2.0%	1,086	5.0%	2,716	7.0%	3,802	58,114	57,076	1.02	3	0.0%	-	5.0%	2,906	5.0%	2,906	61,020	58,788	1.04	3
0.3	HLTH CARE FAC SURVYR II	42,000	K	55,414	1.00	0.76	1	4.0%	1,680	3.0%	1,260	7.0%	2,940	44,940	57,076	0.79	1	4.0%	1,798	3.0%	1,348	7.0%	3,146	48,086	58,788	0.82	1
3.1	HLTH CARE FAC SURVYR II	48,996	K	55,414	1.00	0.88	2	2.0%	980	5.0%	2,450	7.0%	3,430	52,426	57,076	0.92	2	2.0%	1,049	3.0%	1,573	5.0%	2,622	55,048	58,788	0.94	2
6.0	HLTH CARE FAC SURVYR II	51,300	K	55,414	1.00	0.93	2	2.0%	1,026	3.0%	1,539	5.0%	2,565	53,865	57,076	0.94	2	2.0%	1,077	5.0%	2,693	7.0%	3,770	57,635	58,788	0.98	2
4.3	HLTH CARE FAC SURVYR II	49,968	K	55,414	1.00	0.90	2	2.0%	999	5.0%	2,498	7.0%	3,497	53,465	57,076	0.94	2	2.0%	1,069	5.0%	2,673	7.0%	3,742	57,207	58,788	0.97	2
3.5	HLTH CARE FAC SURVYR II	48,636	K	55,414	1.00	0.88	2	2.0%	973	3.0%	1,459	5.0%	2,432	51,068	57,076	0.89	2	2.0%	1,021	3.0%	1,532	5.0%	2,553	53,621	58,788	0.91	2
9.2	HLTH CARE FAC SURVYR III	57,552	L	60,564	1.00	0.95	2	2.0%	1,151	5.0%	2,878	7.0%	4,029	61,581	62,381	0.99	2	2.0%	1,232	3.0%	1,847	5.0%	3,079	64,660	64,252	1.01	3
3.3	HLTH CARE FAC SURVYR III	51,612	L	60,564	1.00	0.85	1	4.0%	2,064	3.0%	1,548	7.0%	3,612	55,224	62,381	0.89	2	2.0%	1,104	5.0%	2,761	7.0%	3,865	59,089	64,252	0.92	2
26.5	HLTH CARE FAC SURVYR III	65,484	L	60,564	1.00	1.08	3	0.0%	-	5.0%	3,274	5.0%	3,274	68,758	62,381	1.10	3	0.0%	-	5.0%	3,438	5.0%	3,438	72,196	64,252	1.12	3
12.3	HLTH CARE FAC SURVYR III	56,784	L	60,564	1.00	0.94	2	2.0%	1,136	3.0%	1,704	5.0%	2,840	59,624	62,381	0.96	2	2.0%	1,192	3.0%	1,789	5.0%	2,981	62,605	64,252	0.97	2
14.8	HLTH CARE FAC SURVYR III	59,268	L	60,564	1.00	0.98	2	2.0%	1,185	5.0%	2,963	7.0%	4,148	63,416	62,381	1.02	3	0.0%	-	3.0%	1,902	3.0%	1,902	65,318	64,252	1.02	3
3.8	HLTH CARE FAC SURVYR III	52,512	L	60,564	1.00	0.87	1	4.0%	2,100	3.0%	1,575	7.0%	3,675	56,187	62,381	0.90	2	2.0%	1,124	5.0%	2,809	7.0%	3,933	60,120	64,252	0.94	2
5.3	HLTH CARE FAC SURVYR III	54,468	L	60,564	1.00	0.90	2	2.0%	1,089	5.0%	2,723	7.0%	3,812	58,280	62,381	0.93	2	2.0%	1,166	5.0%	2,914	7.0%	4,080	62,360	64,252	0.97	2
11.2	HLTH CARE FAC SURVYR III	56,568	L	60,564	1.00	0.93	2	2.0%	1,131	3.0%	1,697	5.0%	2,828	59,396	62,381	0.95	2	2.0%	1,188	3.0%	1,782	5.0%	2,970	62,366	64,252	0.97	2
8.1	HLTH CARE FAC SURVYR III	55,236	L	60,564	1.00	0.91	2	2.0%	1,105	5.0%	2,762	7.0%	3,867	59,103	62,381	0.95	2	2.0%	1,182	3.0%	1,773	5.0%	2,955	62,058	64,252	0.97	2
11.8	HCF FIRE SAFETY SURV II	54,000	K	55,414	1.00	0.97	2	2.0%	1,080	3.0%	1,620	5.0%	2,700	56,700	57,076	0.99	2	2.0%	1,134	5.0%	2,835	7.0%	3,969	60,669	58,788	1.03	3
0.3	HCF FIRE SAFETY SURV II	45,600	K	55,414	1.00	0.82	1	4.0%	1,824	5.0%	2,280	9.0%	4,104	49,704	57,076	0.87	1	4.0%	1,988	5.0%	2,485	9.0%	4,473	54,177	58,788	0.92	2
0.3	HCF FIRE SAFETY SURV II	45,600	K	55,414	1.00	0.82	1	4.0%	1,824	3.0%	1,368	7.0%	3,192	48,792	57,076	0.85	1	4.0%	1,952	3.0%	1,464	7.0%	3,416	52,208	58,788	0.89	2
4.8	HCF FIRE SAFETY SURV II	54,000	K	55,414	1.00	0.97	2	2.0%	1,080	5.0%	2,700	7.0%	3,780	57,780	57,076	1.01	3	0.0%	-	3.0%	1,733	3.0%	1,733	59,513	58,788	1.01	3
7.5	HCF FIRE SAFETY SURV II	54,000	K	55,414	1.00	0.97	2	2.0%	1,080	3.0%	1,620	5.0%	2,700	56,700	57,076	0.99	2	2.0%	1,134	5.0%	2,835	7.0%	3,969	60,669	58,788	1.03	3
23.2	CHIEF, HEALTH RESOUR SEC	92,424	R	98,159	1.00	0.94	2	2.0%	1,848	5.0%	4,621	7.0%	6,469	98,893	101,104	0.98	2	2.0%	1,978	5.0%	4,945	7.0%	6,923	105,816	104,137	1.02	3
29.7	CHIEF ENVIR HLTH SECTION	107,784	T	114,433	1.00	0.94	2	2.0%	2,156	3.0%	3,234	5.0%	5,390	113,174	117,866	0.96	2	2.0%	2,263	3.0%	3,395	5.0%	5,658	118,832	121,402	0.98	2
1.2	HEALTH/HUMAN SVC PRGM ADMIN I	41,568	J	50,985	1.00	0.82	1	4.0%	1,663	5.0%	2,078	9.0%	3,741	45,309	52,515	0.86	1	4.0%	1,812	3.0%	1,359	7.0%	3,171	48,480	54,090	0.90	2
8.3	HEALTH/HUMAN SVC PRGM ADMIN I	38,244	J	50,985	1.00	0.75	1	4.0%	1,530	3.0%	1,147	7.0%	2,677	40,921	52,515	0.78	1	4.0%	1,637	5.0%	2,046	9.0%	3,683	44,604	54,090	0.82	1
3.6	HEALTH/HUMAN SVC PRGM ADMIN II	43,512	K	55,414	0.50	0.79	1	4.0%	1,740	5.0%	2,176	9.0%	3,916	47,428	57,076	0.83	1	4.0%	1,897	5.0%	2,371	9.0%	4,268	51,696	58,788	0.88	2
0.5	HEALTH/HUMAN SVC PRGM ADMIN II	42,204	K	55,414	1.00	0.76	1	4.0%	1,688	3.0%	1,266	7.0%	2,954	45,158	57,076	0.79	1	4.0%	1,806	3.0%	1,355	7.0%	3,161	48,319	58,788	0.82	1
2.0	HEALTH/HUMAN SVC PRGM ADMIN II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	5.0%	2,078	9.0%	3,741	45,309	57,076	0.79	1	4.0%	1,812	3.0%	1,359	7.0%	3,171	48,480	58,788	0.82	1
0.9	HEALTH/HUMAN SVC PRGM ADMIN II	42,768	K	55,414	1.00	0.77	1	4.0%	1,711	3.0%	1,283	7.0%	2,994	45,762	57,076	0.80	1	4.0%	1,830	5.0%	2,288	9.0%	4,118	49,880	58,788	0.85	1
1.9	HEALTH/HUMAN SVC PRGM ADMIN II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	5.0%	2,078	9.0%	3,741	45,309	57,076	0.79	1	4.0%	1,812	5.0%	2,265	9.0%	4,077	49,386	58,788	0.84	1
0.9	HEALTH/HUMAN SVC PRGM ADMIN II	41,580	K	55,414	1.00	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,490	57,076	0.78	1	4.0%	1,780	3.0%	1,335	7.0%	3,115	47,605	58,788	0.81	1
0.3	HEALTH/HUMAN SVC PRGM ADM III	45,420	L	60,564	1.00	0.75	1	4.0%	1,817	5.0%	2,271	9.0%	4,088	49,508	62,381	0.79	1	4.0%	1,980	3.0%	1,485	7.0%	3,465	52,973	64,252	0.82	1
20.6	HEALTH/HUMAN SVC PRGM ADM III	50,064	L	60,564	1.00	0.83	1	4.0%	2,003	3.0%	1,502	7.0%	3,505	53,569	62,381	0.86	1	4.0%	2,143	5.0%	2,678	9.0%	4,821	58,390	64,252	0.91	2
5.8	HEALTH/HUMAN SVC PRGM ADM III	46,704	L	60,564	1.00	0.77	1	4.0%	1,868	5.0%	2,335	9.0%	4,203	50,907	62,381	0.82	1	4.0%	2,036	5.0%	2,545	9.0%	4,581	55,488	64,252	0.86	1
6.3	HEALTH/HUMAN SVC PRGM ADM III	45,420	L	60,564	1.00	0.75	1	4.0%	1,817	3.0%	1,363	7.0%	3,180	48,600	62,381	0.78	1	4.0%	1,944	3.0%	1,458	7.0%	3,402	52,002	64,252	0.81	1
0.9	HEALTH/HUMAN SVC PRGM ADM III	46,080	L	60,564	1.00	0.76	1	4.0%	1,843	5.0%	2,304	9.0%	4,147	50,227	62,381	0.81	1	4.0%	2,009	3.0%	1,507	7.0%	3,516	53,743	64,252	0.84	1
5.1	HEALTH/HUMAN SVC PRGM ADM III	46,704	L	60,564	1.00	0.77	1	4.0%	1,868	3.0%	1,401	7.0%	3,269	49,973	62,381	0.80	1	4.0%	1,999	5.0%	2,499	9.0%	4,498	54,471	64,252	0.85	1
5.1	HEALTH/HUMAN SVC PRGM ADM III	45,420	L	60,564	1.00	0.75	1	4.0%	1,817	5.0%	2,271	9.0%	4,088	49,508	62,381	0.79	1	4.0%	1,980	5.0%	2,475	9.0%	4,455	53,963	64,252	0.84	1
6.1	HEALTH/HUMAN SVC PRGM ADM III	47,520	L	60,564	1.00	0.78	1	4.0%	1,901	3.0%	1,426	7.0%	3,327	50,847	62,381	0.82	1	4.0%	2,034	3.0%	1,525	7.0%	3,559	54,406	64,252	0.85	1
6.6	HEALTH/HUMAN SVC PRGM ADM III	45,852	L	60,564	1.00	0.76	1	4.0%	1,834	5.0%	2,293	9.0%	4,127	49,979	62,381	0.80	1	4.0%	1,999	3.0%	1,499	7.0%	3,498	53,477	64,252	0.83	1
2.2	HEALTH/HUMAN SVC PRGM ADM III	46,116	L	60,564	1.00	0.76	1	4.0%	1,845	3.0%	1,383	7.0%	3,228	49,344	62,381	0.79	1	4.0%	1,974	5.0%	2,467	9.0%	4,441	53,785	64,252	0.84	1

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*ALL increases contingent upon Performance Meeting Standards

		CURRENT						2013										2014									
								Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2013				Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2014			
Yrs Svc	Job Title	FTE Ann Sal	Grade	Market Policy Point	FTE	C/R (Current)	2012 Qtl	%%	$$	%%	$$	%%	$$	2013 New Salary	New MPP (3% range increment)	2013 New C/R	2013 Qtl	%%	$$	%%	$$	%%	$$	2014 New Salary	New MPP (3% range increment)	2014 New C/R	2014 Qtl
10.8	HEALTH/HUMAN SVC PRGM ADM III	47,868	L	60,564	1.00	0.79	1	4.0%	1,915	5.0%	2,393	9.0%	4,308	52,176	62,381	0.84	1	4.0%	2,087	5.0%	2,609	9.0%	4,696	56,872	64,252	0.89	2
5.0	HEALTH/HUMAN SVC PRGM ADM III	45,420	L	60,564	1.00	0.75	1	4.0%	1,817	3.0%	1,363	7.0%	3,180	48,600	62,381	0.78	1	4.0%	1,944	3.0%	1,458	7.0%	3,402	52,002	64,252	0.81	1
2.8	HEALTH/HUMAN SVC PRGM ADM III	45,420	L	60,564	1.00	0.75	1	4.0%	1,817	5.0%	2,271	9.0%	4,088	49,508	62,381	0.79	1	4.0%	1,980	3.0%	1,485	7.0%	3,465	52,973	64,252	0.82	1
7.1	HEALTH/HUMAN SVC PRGM ADM III	49,332	L	60,564	1.00	0.81	1	4.0%	1,973	3.0%	1,480	7.0%	3,453	52,785	62,381	0.85	1	4.0%	2,111	5.0%	2,639	9.0%	4,750	57,535	64,252	0.90	2
13.3	HEALTH/HUMAN SVC PRGM ADM III	45,420	L	60,564	1.00	0.75	1	4.0%	1,817	5.0%	2,271	9.0%	4,088	49,508	62,381	0.79	1	4.0%	1,980	5.0%	2,475	9.0%	4,455	53,963	64,252	0.84	1
12.0	HEALTH/HUMAN SVC PRGM ADM III	47,892	L	60,564	1.00	0.79	1	4.0%	1,916	3.0%	1,437	7.0%	3,353	51,245	62,381	0.82	1	4.0%	2,050	3.0%	1,537	7.0%	3,587	54,832	64,252	0.85	1
7.3	HEALTH/HUMAN SVC PRGM ADM III	45,420	L	60,564	1.00	0.75	1	4.0%	1,817	5.0%	2,271	9.0%	4,088	49,508	62,381	0.79	1	4.0%	1,980	3.0%	1,485	7.0%	3,465	52,973	64,252	0.82	1
9.9	HEALTH/HUMAN SVC PRGM ADMIN IV	62,388	N	73,130	1.00	0.85	1	4.0%	2,496	3.0%	1,872	7.0%	4,368	66,756	75,324	0.89	2	2.0%	1,335	5.0%	3,338	7.0%	4,673	71,429	77,584	0.92	2
6.1	HEALTH/HUMAN SVC PRGM ADMIN IV	47,280	N	73,130	1.00	0.65	1	4.0%	1,891	5.0%	2,364	9.0%	4,255	51,535	75,324	0.68	1	4.0%	2,061	5.0%	2,577	9.0%	4,638	56,173	77,584	0.72	1
9.8	HEALTH/HUMAN SVC PRGM ADMIN IV	60,348	N	73,130	1.00	0.83	1	4.0%	2,414	3.0%	1,810	7.0%	4,224	64,572	75,324	0.86	1	4.0%	2,583	3.0%	1,937	7.0%	4,520	69,092	77,584	0.89	2
6.2	HEALTH/HUMAN SVC PRGM ADMIN IV	54,852	N	73,130	1.00	0.75	1	4.0%	2,194	5.0%	2,743	9.0%	4,937	59,789	75,324	0.79	1	4.0%	2,392	3.0%	1,794	7.0%	4,186	63,975	77,584	0.82	1
13.1	HEALTH/HUMAN SVC PRGM ADMIN IV	54,852	N	73,130	1.00	0.75	1	4.0%	2,194	3.0%	1,646	7.0%	3,840	58,692	75,324	0.78	1	4.0%	2,348	5.0%	2,935	9.0%	5,283	63,975	77,584	0.82	1
13.6	HEALTH/HUMAN SVC PRGM ADMIN IV	62,844	N	73,130	1.00	0.86	1	4.0%	2,514	5.0%	3,142	9.0%	5,656	68,500	75,324	0.91	2	2.0%	1,370	5.0%	3,425	7.0%	4,795	73,295	77,584	0.94	2
7.3	HEALTH/HUMAN SVC PRGM ADMIN IV	54,852	N	73,130	1.00	0.75	1	4.0%	2,194	3.0%	1,646	7.0%	3,840	58,692	75,324	0.78	1	4.0%	2,348	3.0%	1,761	7.0%	4,109	62,801	77,584	0.81	1
9.4	HEALTH/HUMAN SVC PRGM ADMIN IV	54,852	N	73,130	1.00	0.75	1	4.0%	2,194	5.0%	2,743	9.0%	4,937	59,789	75,324	0.79	1	4.0%	2,392	3.0%	1,794	7.0%	4,186	63,975	77,584	0.82	1
4.5	HEALTH/HUMAN SVC PRGM ADMIN IV	57,480	N	73,130	1.00	0.79	1	4.0%	2,299	3.0%	1,724	7.0%	4,023	61,503	75,324	0.82	1	4.0%	2,460	5.0%	3,075	9.0%	5,535	67,038	77,584	0.86	1
13.5	HEALTH/HUMAN SVC PRGM ADMIN V	65,220	O	80,855	1.00	0.81	1	4.0%	2,609	5.0%	3,261	9.0%	5,870	71,090	83,281	0.85	1	4.0%	2,844	5.0%	3,555	9.0%	6,399	77,489	85,779	0.90	2
18.4	HEALTH/HUMAN SVC PRGM ADMIN V	63,684	O	80,855	1.00	0.79	1	4.0%	2,547	3.0%	1,911	7.0%	4,458	68,142	83,281	0.82	1	4.0%	2,726	3.0%	2,044	7.0%	4,770	72,912	85,779	0.85	1
12.2	HEALTH/HUMAN SVC PRGM ADMIN V	63,768	O	80,855	1.00	0.79	1	4.0%	2,551	5.0%	3,188	9.0%	5,739	69,507	83,281	0.83	1	4.0%	2,780	3.0%	2,085	7.0%	4,865	74,372	85,779	0.87	1
29.0	HEALTH/HUMAN SVC PRGM ADMIN V	65,736	O	80,855	1.00	0.81	1	4.0%	2,629	3.0%	1,972	7.0%	4,601	70,337	83,281	0.84	1	4.0%	2,813	5.0%	3,517	9.0%	6,330	76,667	85,779	0.89	2
3.5	HEALTH/HUMAN SVC PRGM ADMIN V	60,648	O	80,855	1.00	0.75	1	4.0%	2,426	5.0%	3,032	9.0%	5,458	66,106	83,281	0.79	1	4.0%	2,644	5.0%	3,305	9.0%	5,949	72,055	85,779	0.84	1
13.9	HEALTH/HUMAN SVC PRGM ADMIN V	61,872	O	80,855	1.00	0.77	1	4.0%	2,475	3.0%	1,856	7.0%	4,331	66,203	83,281	0.79	1	4.0%	2,648	3.0%	1,986	7.0%	4,634	70,837	85,779	0.83	1
23.5	HEALTH/HUMAN SVC PRGM ADMIN VI	72,540	P	85,799	1.00	0.85	1	4.0%	2,902	5.0%	3,627	9.0%	6,529	79,069	88,373	0.89	2	2.0%	1,581	3.0%	2,372	5.0%	3,953	83,022	91,024	0.91	2
35.6	HEALTH/HUMAN SVC PRGM ADMIN VI	71,100	P	85,799	1.00	0.83	1	4.0%	2,844	3.0%	2,133	7.0%	4,977	76,077	88,373	0.86	1	4.0%	3,043	5.0%	3,804	9.0%	6,847	82,924	91,024	0.91	2
16.1	HEALTH/HUMAN SVC PRGM ADMIN VI	70,356	P	85,799	1.00	0.82	1	4.0%	2,814	5.0%	3,518	9.0%	6,332	76,688	88,373	0.87	1	4.0%	3,068	5.0%	3,834	9.0%	6,902	83,590	91,024	0.92	2
8.2	HEALTH/HUMAN SVC PRGM ADMIN VI	65,076	P	85,799	1.00	0.76	1	4.0%	2,603	3.0%	1,952	7.0%	4,555	69,631	88,373	0.79	1	4.0%	2,785	3.0%	2,089	7.0%	4,874	74,505	91,024	0.82	1
28.8	HEALTH/HUMAN SVC PRGM ADMIN VI	74,376	P	85,799	1.00	0.87	1	4.0%	2,975	5.0%	3,719	9.0%	6,694	81,070	88,373	0.92	2	2.0%	1,621	3.0%	2,432	5.0%	4,053	85,123	91,024	0.94	2
12.4	HEALTH/HUMAN SVC PRGM ADMIN VI	71,100	P	85,799	1.00	0.83	1	4.0%	2,844	3.0%	2,133	7.0%	4,977	76,077	88,373	0.86	1	4.0%	3,043	5.0%	3,804	9.0%	6,847	82,924	91,024	0.91	2
23.3	HEALTH/HUMAN SVC PRGM ADMIN VI	84,396	P	85,799	1.00	0.98	2	2.0%	1,688	5.0%	4,220	7.0%	5,908	90,304	88,373	1.02	3	0.0%	-	5.0%	4,515	5.0%	4,515	94,819	91,024	1.04	3
21.9	HEALTH/HUMAN SVC PRGM ADMIN VI	71,100	P	85,799	1.00	0.83	1	4.0%	2,844	3.0%	2,133	7.0%	4,977	76,077	88,373	0.86	1	4.0%	3,043	3.0%	2,282	7.0%	5,325	81,402	91,024	0.89	2
17.8	HEALTH/HUMAN SVC PRGM ADMIN VI	68,844	P	85,799	1.00	0.80	1	4.0%	2,754	5.0%	3,442	9.0%	6,196	75,040	88,373	0.85	1	4.0%	3,002	3.0%	2,251	7.0%	5,253	80,293	91,024	0.88	2
31.6	HEALTH/HUMAN SVC PRGM ADMIN VI	87,480	P	85,799	1.00	1.02	3	0.0%	-	3.0%	2,624	3.0%	2,624	90,104	88,373	1.02	3	0.0%	-	5.0%	4,505	5.0%	4,505	94,609	91,024	1.04	3
6.0	ENVIRON SCIENTIST II	42,792	K	55,414	1.00	0.77	1	4.0%	1,712	5.0%	2,140	9.0%	3,852	46,644	57,076	0.82	1	4.0%	1,866	5.0%	2,332	9.0%	4,198	50,842	58,788	0.86	1
11.8	ENVIRON SCIENTIST II	45,144	K	55,414	1.00	0.81	1	4.0%	1,806	3.0%	1,354	7.0%	3,160	48,304	57,076	0.85	1	4.0%	1,932	3.0%	1,449	7.0%	3,381	51,685	58,788	0.88	2
0.4	ENVIRON SCIENTIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	5.0%	2,078	9.0%	3,741	45,309	57,076	0.79	1	4.0%	1,812	3.0%	1,359	7.0%	3,171	48,480	58,788	0.82	1
14.5	ENVIRON SCIENTIST II	45,420	K	55,414	1.00	0.82	1	4.0%	1,817	3.0%	1,363	7.0%	3,180	48,600	57,076	0.85	1	4.0%	1,944	5.0%	2,430	9.0%	4,374	52,974	58,788	0.90	2
9.0	ENVIRON SCIENTIST II	43,416	K	55,414	1.00	0.78	1	4.0%	1,737	5.0%	2,171	9.0%	3,908	47,324	57,076	0.83	1	4.0%	1,893	5.0%	2,366	9.0%	4,259	51,583	58,788	0.88	2
1.1	ENVIRON SCIENTIST II	44,124	K	55,414	1.00	0.80	1	4.0%	1,765	3.0%	1,324	7.0%	3,089	47,213	57,076	0.83	1	4.0%	1,889	3.0%	1,416	7.0%	3,305	50,518	58,788	0.86	1
2.8	ENVIRON SCIENTIST II	44,868	K	55,414	1.00	0.81	1	4.0%	1,795	5.0%	2,243	9.0%	4,038	48,906	57,076	0.86	1	4.0%	1,956	3.0%	1,467	7.0%	3,423	52,329	58,788	0.89	2
5.2	ENVIRON SCIENTIST II	47,052	K	55,414	1.00	0.85	1	4.0%	1,882	3.0%	1,412	7.0%	3,294	50,346	57,076	0.88	2	2.0%	1,007	5.0%	2,517	7.0%	3,524	53,870	58,788	0.92	2
0.8	ENVIRON SCIENTIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	5.0%	2,078	9.0%	3,741	45,309	57,076	0.79	1	4.0%	1,812	5.0%	2,265	9.0%	4,077	49,386	58,788	0.84	1
20.7	ENVIRON SCIENTIST II	50,040	K	55,414	1.00	0.90	2	2.0%	1,001	3.0%	1,501	5.0%	2,502	52,542	57,076	0.92	2	2.0%	1,051	3.0%	1,576	5.0%	2,627	55,169	58,788	0.94	2
6.4	ENVIRON SCIENTIST II	42,792	K	55,414	1.00	0.77	1	4.0%	1,712	5.0%	2,140	9.0%	3,852	46,644	57,076	0.82	1	4.0%	1,866	3.0%	1,399	7.0%	3,265	49,909	58,788	0.85	1
19.1	ENVIRON SCIENTIST II	49,176	K	55,414	1.00	0.89	2	2.0%	984	3.0%	1,475	5.0%	2,459	51,635	57,076	0.90	2	2.0%	1,033	5.0%	2,582	7.0%	3,615	55,250	58,788	0.94	2
20.3	ENVIRON SCIENTIST II	52,068	K	55,414	1.00	0.94	2	2.0%	1,041	5.0%	2,603	7.0%	3,644	55,712	57,076	0.98	2	2.0%	1,114	5.0%	2,786	7.0%	3,900	59,612	58,788	1.01	3
10.8	EN[illegible] SCIENTIST II	44,688	K	55,414	1.00	0.81	[illegible]	4.0%	1,788	3.0%	1,341	7.0%	3,129	47,817	57,076	0.84	[illegible]	[illegible]0%	1,913	3.0%	1,435	7.0%	3,348	51,165	58,788	0.87	1

eases contingent upon Performance Meeting Standards

		CURRENT						2013 Market Policy Position Increase		2013 Performance Increase		2013 Total Increase		After July 1, 2013				2014 Market Policy Position Increase		2014 Performance Increase		2014 Total Increase		After July 1, 2014			
Yrs Svc	Job Title	FTE Ann Sal	Grade	Market Policy Point	FTE	C/R (Current)	2012 Qtl	%%	$$	%%	$$	%%	$$	2013 New Salary	New MPP *(3% range increment)*	2013 New C/R	2013 Qtl	%%	$$	%%	$$	%%	$$	2014 New Salary	New MPP *(3% range increment)*	2014 New C/R	2014 Qtl
3.8	ENVIRON SCIENTIST II	42,732	K	55,414	1.00	0.77	1	4.0%	1,709	5.0%	2,137	9.0%	3,846	46,578	57,076	0.82	1	4.0%	1,863	3.0%	1,397	7.0%	3,260	49,838	58,788	0.85	1
20.1	ENVIRON SCIENTIST II	53,208	K	55,414	1.00	0.96	2	2.0%	1,064	3.0%	1,596	5.0%	2,660	55,868	57,076	0.98	2	2.0%	1,117	5.0%	2,793	7.0%	3,910	59,778	58,788	1.02	3
12.4	ENVIRON SCIENTIST II	43,776	K	55,414	1.00	0.79	1	4.0%	1,751	5.0%	2,189	9.0%	3,940	47,716	57,076	0.84	1	4.0%	1,909	5.0%	2,386	9.0%	4,295	52,011	58,788	0.88	2
17.8	ENVIRON SCIENTIST II	45,984	K	55,414	1.00	0.83	1	4.0%	1,839	3.0%	1,380	7.0%	3,219	49,203	57,076	0.86	1	4.0%	1,968	3.0%	1,476	7.0%	3,444	52,647	58,788	0.90	2
10.0	ENVIRON SCIENTIST II	43,524	K	55,414	1.00	0.79	1	4.0%	1,741	5.0%	2,176	9.0%	3,917	47,441	57,076	0.83	1	4.0%	1,898	3.0%	1,423	7.0%	3,321	50,762	58,788	0.86	1
23.9	ENVIRON SCIENTIST II	52,764	K	55,414	1.00	0.95	2	2.0%	1,055	3.0%	1,583	5.0%	2,638	55,402	57,076	0.97	2	2.0%	1,108	5.0%	2,770	7.0%	3,878	59,280	58,788	1.01	3
0.8	ENVIRON SCIENTIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	5.0%	2,078	9.0%	3,741	45,309	57,076	0.79	1	4.0%	1,812	5.0%	2,265	9.0%	4,077	49,386	58,788	0.84	1
0.4	ENVIRON SCIENTIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	57,076	0.78	1	4.0%	1,779	3.0%	1,334	7.0%	3,113	47,591	58,788	0.81	1
8.7	ENVIRON SCIENTIST II	42,732	K	55,414	1.00	0.77	1	4.0%	1,709	5.0%	2,137	9.0%	3,846	46,578	57,076	0.82	1	4.0%	1,863	3.0%	1,397	7.0%	3,260	49,838	58,788	0.85	1
0.4	ENVIRON SCIENTIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	57,076	0.78	1	4.0%	1,779	5.0%	2,224	9.0%	4,003	48,481	58,788	0.82	1
6.1	ENVIRON SCIENTIST II	43,404	K	55,414	1.00	0.78	1	4.0%	1,736	5.0%	2,170	9.0%	3,906	47,310	57,076	0.83	1	4.0%	1,892	5.0%	2,366	9.0%	4,258	51,568	58,788	0.88	2
13.7	ENVIRON SCIENTIST II	44,460	K	55,414	1.00	0.80	1	4.0%	1,778	3.0%	1,334	7.0%	3,112	47,572	57,076	0.83	1	4.0%	1,903	3.0%	1,427	7.0%	3,330	50,902	58,788	0.87	1
7.0	ENVIRON SCIENTIST II	43,224	K	55,414	1.00	0.78	1	4.0%	1,729	5.0%	2,161	9.0%	3,890	47,114	57,076	0.83	1	4.0%	1,885	3.0%	1,413	7.0%	3,298	50,412	58,788	0.86	1
6.2	ENVIRON SCIENTIST II	43,188	K	55,414	1.00	0.78	1	4.0%	1,728	3.0%	1,296	7.0%	3,024	46,212	57,076	0.81	1	4.0%	1,848	5.0%	2,311	9.0%	4,159	50,371	58,788	0.86	1
19.4	ENVIRON SCIENTIST II	50,796	K	55,414	1.00	0.92	2	2.0%	1,016	5.0%	2,540	7.0%	3,556	54,352	57,076	0.95	2	2.0%	1,087	5.0%	2,718	7.0%	3,805	58,157	58,788	0.99	2
8.3	ENVIRON SCIENTIST II	42,780	K	55,414	1.00	0.77	1	4.0%	1,711	3.0%	1,283	7.0%	2,994	45,774	57,076	0.80	1	4.0%	1,831	3.0%	1,373	7.0%	3,204	48,978	58,788	0.83	1
6.3	ENVIRON SCIENTIST II	47,304	K	55,414	1.00	0.85	1	4.0%	1,892	5.0%	2,365	9.0%	4,257	51,561	57,076	0.90	2	2.0%	1,031	3.0%	1,547	5.0%	2,578	54,139	58,788	0.92	2
10.9	ENVIRON SCIENTIST II	43,764	K	55,414	1.00	0.79	1	4.0%	1,751	3.0%	1,313	7.0%	3,064	46,828	57,076	0.82	1	4.0%	1,873	5.0%	2,341	9.0%	4,214	51,042	58,788	0.87	1
7.6	ENVIRON SCIENTIST II	42,792	K	55,414	1.00	0.77	1	4.0%	1,712	5.0%	2,140	9.0%	3,852	46,644	57,076	0.82	1	4.0%	1,866	5.0%	2,332	9.0%	4,198	50,842	58,788	0.86	1
20.5	ENVIRON SCIENTIST II	51,408	K	55,414	1.00	0.93	2	2.0%	1,028	3.0%	1,542	5.0%	2,570	53,978	57,076	0.95	2	2.0%	1,080	3.0%	1,619	5.0%	2,699	56,677	58,788	0.96	2
3.8	ENVIRON SCIENTIST II	42,732	K	55,414	1.00	0.77	1	4.0%	1,709	5.0%	2,137	9.0%	3,846	46,578	57,076	0.82	1	4.0%	1,863	3.0%	1,397	7.0%	3,260	49,838	58,788	0.85	1
4.6	ENVIRON SCIENTIST II	41,904	K	55,414	1.00	0.76	1	4.0%	1,676	3.0%	1,257	7.0%	2,933	44,837	57,076	0.79	1	4.0%	1,793	5.0%	2,242	9.0%	4,035	48,872	58,788	0.83	1
14.5	ENVIRON SCIENTIST II	44,124	K	55,414	1.00	0.80	1	4.0%	1,765	5.0%	2,206	9.0%	3,971	48,095	57,076	0.84	1	4.0%	1,924	5.0%	2,405	9.0%	4,329	52,424	58,788	0.89	2
0.1	ENVIRON SCIENTIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	57,076	0.78	1	4.0%	1,779	3.0%	1,334	7.0%	3,113	47,591	58,788	0.81	1
5.8	ENVIRON SCIENTIST II	42,792	K	55,414	1.00	0.77	1	4.0%	1,712	5.0%	2,140	9.0%	3,852	46,644	57,076	0.82	1	4.0%	1,866	3.0%	1,399	7.0%	3,265	49,909	58,788	0.85	1
4.9	ENVIRON SCIENTIST II	42,732	K	55,414	1.00	0.77	1	4.0%	1,709	3.0%	1,282	7.0%	2,991	45,723	57,076	0.80	1	4.0%	1,829	5.0%	2,286	9.0%	4,115	49,838	58,788	0.85	1
0.3	ENVIRON SCIENTIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	5.0%	2,078	9.0%	3,741	45,309	57,076	0.79	1	4.0%	1,812	5.0%	2,265	9.0%	4,077	49,386	58,788	0.84	1
4.6	ENVIRON SCIENTIST II	42,732	K	55,414	1.00	0.77	1	4.0%	1,709	3.0%	1,282	7.0%	2,991	45,723	57,076	0.80	1	4.0%	1,829	3.0%	1,372	7.0%	3,201	48,924	58,788	0.83	1
2.8	ENVIRON SCIENTIST II	42,576	K	55,414	1.00	0.77	1	4.0%	1,703	5.0%	2,129	9.0%	3,832	46,408	57,076	0.81	1	4.0%	1,856	3.0%	1,392	7.0%	3,248	49,656	58,788	0.84	1
0.9	ENVIRON SCIENTIST II	41,568	K	55,414	1.00	0.75	1	4.0%	1,663	3.0%	1,247	7.0%	2,910	44,478	57,076	0.78	1	4.0%	1,779	5.0%	2,224	9.0%	4,003	48,481	58,788	0.82	1
7.2	ENVIRON SCIENTIST II	43,188	K	55,414	1.00	0.78	1	4.0%	1,728	5.0%	2,159	9.0%	3,887	47,075	57,076	0.82	1	4.0%	1,883	5.0%	2,354	9.0%	4,237	51,312	58,788	0.87	1
5.0	ENVIRON SCIENTIST II	44,340	K	55,414	1.00	0.80	1	4.0%	1,774	3.0%	1,330	7.0%	3,104	47,444	57,076	0.83	1	4.0%	1,898	3.0%	1,423	7.0%	3,321	50,765	58,788	0.86	1
15.9	ENVIRON SCIENTIST III	50,480	M	66,332	0.75	0.76	1	4.0%	2,019	5.0%	2,524	9.0%	4,543	55,023	68,322	0.81	1	4.0%	2,201	3.0%	1,651	7.0%	3,852	58,875	70,372	0.84	1
11.0	ENVIRON SCIENTIST III	59,388	M	66,332	1.00	0.90	2	2.0%	1,188	3.0%	1,782	5.0%	2,970	62,358	68,322	0.91	2	2.0%	1,247	5.0%	3,118	7.0%	4,365	66,723	70,372	0.95	2
16.2	ENVIRON SCIENTIST III	51,420	M	66,332	1.00	0.78	1	4.0%	2,057	5.0%	2,571	9.0%	4,628	56,048	68,322	0.82	1	4.0%	2,242	5.0%	2,802	9.0%	5,044	61,092	70,372	0.87	1
24.5	ENVIRON SCIENTIST III	59,388	M	66,332	1.00	0.90	2	2.0%	1,188	3.0%	1,782	5.0%	2,970	62,358	68,322	0.91	2	2.0%	1,247	3.0%	1,871	5.0%	3,118	65,476	70,372	0.93	2
21.4	ENVIRON SCIENTIST III	51,420	M	66,332	1.00	0.78	1	4.0%	2,057	5.0%	2,571	9.0%	4,628	56,048	68,322	0.82	1	4.0%	2,242	3.0%	1,681	7.0%	3,923	59,971	70,372	0.85	1
28.4	ENVIRON SCIENTIST III	56,616	M	66,332	1.00	0.85	1	4.0%	2,265	3.0%	1,698	7.0%	3,963	60,579	68,322	0.89	2	2.0%	1,212	5.0%	3,029	7.0%	4,241	64,820	70,372	0.92	2
21.4	ENVIRON SCIENTIST III	61,116	M	66,332	1.00	0.92	2	2.0%	1,222	5.0%	3,056	7.0%	4,278	65,394	68,322	0.96	2	2.0%	1,308	5.0%	3,270	7.0%	4,578	69,972	70,372	0.99	2
17.8	ENVIRON SCIENTIST III	52,224	M	66,332	1.00	0.79	1	4.0%	2,089	3.0%	1,567	7.0%	3,656	55,880	68,322	0.82	1	4.0%	2,235	3.0%	1,676	7.0%	3,911	59,791	70,372	0.85	1
29.7	ENVIRON SCIENTIST III	59,052	M	66,332	1.00	0.89	2	2.0%	1,181	5.0%	2,953	7.0%	4,134	63,186	68,322	0.92	2	2.0%	1,264	3.0%	1,896	5.0%	3,160	66,346	70,372	0.94	2
31.2	ENVIRON SCIENTIST III	56,256	M	66,332	1.00	0.85	1	4.0%	2,250	3.0%	1,688	7.0%	3,938	60,194	68,322	0.88	2	2.0%	1,204	5.0%	3,010	7.0%	4,214	64,408	70,372	0.92	2
8.3	ENVIRON SCIENTIST III	49,752	M	66,332	1.00	0.75	1	4.0%	1,990	5.0%	2,488	9.0%	4,478	54,230	68,322	0.79	1	4.0%	2,169	5.0%	2,712	9.0%	4,881	59,111	70,372	0.84	1
2.2	ENVIRON SCIENTIST III	49,752	M	66,332	1.00	0.75	1	4.0%	1,990	3.0%	1,493	7.0%	3,483	53,235	68,322	0.78	1	4.0%	2,129	3.0%	1,597	7.0%	3,726	56,961	70,372	0.81	1
0.8	ENVIRON SCIENTIST III	41,568	M	66,332	1.00	0.63	1	4.0%	1,663	5.0%	2,078	9.0%	3,741	45,309	68,322	0.66	1	4.0%	1,812	3.0%	1,359	7.0%	3,171	48,480	70,372	0.69	1
32.0	ENVIRON SCIENTIST III	52,500	M	66,332	1.00	0.79	1	4.0%	2,100	3.0%	1,575	7.0%	3,675	56,175	68,322	0.82	1	4.0%	2,247	5.0%	2,809	9.0%	5,056	61,231	70,372	0.87	1

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* ALL increases contingent upon Performance Meeting Standards

		CURRENT						2013									
								Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2013			
Yrs Svc	Job Title	FTE Ann Sal	Grade	Market Policy Point	FTE	C/R (Current)	2012 Qtl	%%	$$	%%	$$	%%	$$	2013 New Salary	New MPP *(3% range increment)*	2013 New C/R	2013 Qtl
37.1	ENVIRON SCIENTIST III	56,988	M	66,332	1.00	0.86	1	4.0%	2,280	5.0%	2,849	9.0%	5,129	62,117	68,322	0.91	2
20.4	ENVIRON SCIENTIST III	56,016	M	66,332	1.00	0.84	1	4.0%	2,241	3.0%	1,680	7.0%	3,921	59,937	68,322	0.88	2
21.2	ENVIRON SCIENTIST III	52,428	M	66,332	1.00	0.79	1	4.0%	2,097	5.0%	2,621	9.0%	4,718	57,146	68,322	0.84	1
23.9	ENVIRON SCIENTIST III	59,208	M	66,332	1.00	0.89	2	2.0%	1,184	3.0%	1,776	5.0%	2,960	62,168	68,322	0.91	2
14.9	ENVIRON SCIENTIST III	49,752	M	66,332	1.00	0.75	1	4.0%	1,990	5.0%	2,488	9.0%	4,478	54,230	68,322	0.79	1
20.7	ENVIRON SCIENTIST III	55,452	M	66,332	1.00	0.84	1	4.0%	2,218	3.0%	1,664	7.0%	3,882	59,334	68,322	0.87	1
36.4	ENVIRON SCIENCES ADMIN I	63,120	O	80,855	1.00	0.78	1	4.0%	2,525	5.0%	3,156	9.0%	5,681	68,801	83,281	0.83	1
8.3	ENVIRON SCIENCES ADMIN I	67,368	O	80,855	1.00	0.83	1	4.0%	2,695	3.0%	2,021	7.0%	4,716	72,084	83,281	0.87	1
21.5	ENVIRON SCIENCES ADMIN I	70,956	O	80,855	1.00	0.88	2	2.0%	1,419	5.0%	3,548	7.0%	4,967	75,923	83,281	0.91	2
29.9	ENVIRON SCIENCES ADMIN I	72,216	O	80,855	1.00	0.89	2	2.0%	1,444	3.0%	2,166	5.0%	3,610	75,826	83,281	0.91	2
34.5	ENVIRON SCIENCES ADMIN I	70,956	O	80,855	1.00	0.88	2	2.0%	1,419	5.0%	3,548	7.0%	4,967	75,923	83,281	0.91	2
37.5	ENVIRON SCIENCES ADMIN II	87,588	P	85,799	1.00	1.02	3	0.0%	-	3.0%	2,628	3.0%	2,628	90,216	88,373	1.02	3
6.2	ELECTRONICS TECHNICIAN II	38,172	I	45,938	1.00	0.83	1	4.0%	1,527	5.0%	1,909	9.0%	3,436	41,608	47,316	0.88	2
12.1	ELECTRONICS TECHNICIAN II	38,172	I	45,938	1.00	0.83	1	4.0%	1,527	3.0%	1,145	7.0%	2,672	40,844	47,316	0.86	1
13.8	ELECTRONICS TECHNICIAN II	43,032	I	45,938	1.00	0.94	2	2.0%	861	5.0%	2,152	7.0%	3,013	46,045	47,316	0.97	2
32.2	ELECTRONICS TECHNICIAN III	48,756	K	55,414	1.00	0.88	2	2.0%	975	3.0%	1,463	5.0%	2,438	51,194	57,076	0.90	2
13.2		16,153,770				0.85		3.1%	491,560	4.0%	645,093	7.1%	1,136,653			0.88	

		2014									
		Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2014			
Yrs Svc	Job Title	%%	$$	%%	$$	%%	$$	2014 New Salary	New MPP *(3% range increment)*	2014 New C/R	2014 Qtl
37.1	ENVIRON SCIENTIST III	2.0%	1,242	5.0%	3,106	7.0%	4,348	66,465	70,372	0.94	2
20.4	ENVIRON SCIENTIST III	2.0%	1,199	3.0%	1,798	5.0%	2,997	62,934	70,372	0.89	2
21.2	ENVIRON SCIENTIST III	4.0%	2,286	3.0%	1,714	7.0%	4,000	61,146	70,372	0.87	1
23.9	ENVIRON SCIENTIST III	2.0%	1,243	5.0%	3,108	7.0%	4,351	66,519	70,372	0.95	2
14.9	ENVIRON SCIENTIST III	4.0%	2,169	5.0%	2,712	9.0%	4,881	59,111	70,372	0.84	1
20.7	ENVIRON SCIENTIST III	4.0%	2,373	3.0%	1,780	7.0%	4,153	63,487	70,372	0.90	2
36.4	ENVIRON SCIENCES ADMIN I	4.0%	2,752	3.0%	2,064	7.0%	4,816	73,617	85,779	0.86	1
8.3	ENVIRON SCIENCES ADMIN I	4.0%	2,883	5.0%	3,604	9.0%	6,487	78,571	85,779	0.92	2
21.5	ENVIRON SCIENCES ADMIN I	2.0%	1,518	5.0%	3,796	7.0%	5,314	81,237	85,779	0.95	2
29.9	ENVIRON SCIENCES ADMIN I	2.0%	1,517	3.0%	2,275	5.0%	3,792	79,618	85,779	0.93	2
34.5	ENVIRON SCIENCES ADMIN I	2.0%	1,518	3.0%	2,278	5.0%	3,796	79,719	85,779	0.93	2
37.5	ENVIRON SCIENCES ADMIN II	0.0%	-	5.0%	4,511	5.0%	4,511	94,727	91,024	1.04	3
6.2	ELECTRONICS TECHNICIAN II	2.0%	832	5.0%	2,080	7.0%	2,912	44,520	48,735	0.91	2
12.1	ELECTRONICS TECHNICIAN II	4.0%	1,634	3.0%	1,225	7.0%	2,859	43,703	48,735	0.90	2
13.8	ELECTRONICS TECHNICIAN II	2.0%	921	3.0%	1,381	5.0%	2,302	48,347	48,735	0.99	2
32.2	ELECTRONICS TECHNICIAN III	2.0%	1,024	5.0%	2,560	7.0%	3,584	54,778	58,788	0.93	2
13.2		2.9%	477,598	4.0%	692,633	6.9%	1,170,231			0.91	

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Summary of North Dakota Loan Repayment Programs for Health Professionals - August 2012

	Physician (MD)	*Nurse Practitioner/Physician Assistant/Certified Nurse Midwife (NP/PA/CNM)*	*Dentist (DDS)*	*Dentist New Business Grant*	*Veterinarian (DVM)*
Year program began	1991	1993	2001	2007	2007
Max Amount of award per individual ***from State***	$45,000	$15,000	$80,000	$25,000	$80,000
Years of service Required	2	2	4	5	4
State Payment parameters	1st pymt- after at least 6 mo. service; pymt can be no later than the end of the fiscal yr in which the yr of service obligation was met - 22,500 / pymt	1st pymt- after at least 3 mo. service; pymt can be no later than the end of the fiscal yr in which the yr of service obligation was met - 7,500 / pymt	1st pymt- after at least 6 mo. service; pymt can be no later than the end of the fiscal yr in which the yr of service obligation was met - 20,000 / pymt	Distributed in equal amts over 5 yr period	1st pymt (15,000)- upon completion of 6 mo the 1st yr of service; 2nd pymt (15,000) - upon completion of 2nd yr of service; 3rd pymt (25,000) upon completion of 3yrs; 4th pymt (25,000) upon completion of 4 yrs
State / Community match	50%/50%	50%/50%	None	50%/50%	None
Number of awards/year	As many as funding will support	As many as funding will support	3	2	As many as funding will support - ***see footnote 1***
2011 - 2013 Biennial budget	**337,500**	**82,500**	**440,000**	**30,000**	**445,000**
General	262,500	82,500	180,000	20,000	135,000
CHTF	75,000	0	260,000	10,000	310,000
Century code	43-17.2	43-12.2	43-28.1	43-28.1	43-29.1
Penalty if leave early	Twice uncredited amount on prorated monthly basis	Twice uncredited amount on prorated monthly basis	Total amount received	Law is Silent	Prorated for amount of time served for the specific yr. service was not fulfilled
Continuing Approp. Authority to grant additional awards if gifts, grants or donations are rec'd	No	No	Yes	No	Yes

1 - 2011 Session Laws change requirement of funding of "no more than 3 veterinarians" to being limited to the number supported by moneys available.

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Attachment 6

Federal / State Loan Repayment Program

Federal State Loan Repayment Program (SLRP) *

	Physician (MD)	Nurse Practitioner/Physician Assistant/Certified Nurse Midwife (NP/PA/CNM)	Dentist (DDS)		
Year program began	2012	2012	2012		
Max Amount of award per individual **from State**	$25,000	$15,000	$25,000		
Years of Service Required	2	2	2		
Payment Parameters	1st pymt- at the end of first year of service obligation, by June 30; 2nd pymt at end of 2nd year of service obligation	1st pymt- at the end of first year of service obligation, by June 30; 2nd pymt at end of 2nd year of service obligation	1st pymt- at the end of first year of service obligation, by June 30; 2nd pymt at end of 2nd year of service obligation		
Annual Payments	State $12,500 Community $12,500 Federal $25,000	State $7,500 Community $7,500 Federal $15,000	State $25,000 Federal $25,000		
State / Community match	25% State 25% Community 50% Federal	25% State 25% Community 50% Federal	50% State 50% Federal		
Number of awards	3 total	3 total	4 total		
Federal Award	**$150,000 federal 09-01-2012 through 08-31-2014**	**$90,000 federal 09-01-2012 through 08-31-2014**	**$200,000 federal 09-01-2012 through 08-31-2014**		
Century code	43-17.2-02	43-12.2-02	43-28.1-02		
Penalty	Severe federal penalties, mandated by the Federal State Loan Repayment Program Office, are imposed on health care providers for default of the SLRP contractual agreement. Failure of the provider to meet any of the contractual service requirements will result in a provider penalty consisting of: 1) The payback of any SLRP funds received throught the program, 2) A default penalty of $7,500 per month multiplied by the number of months of the entire contract (if less than one year has been served) or $7,500 multiplied by the number of months remaining in the contract (if the provider has served more than one year), and 3) An additional $10,000 penalty if the defaulted contract is three or more years in length.				
Continuing Approp. Authority to grant additional awards if gifts, grants or donations are rec'd	No	No	No		

***** - Must practice in a federally designated workforce shortage area***

Dental Loan Repayment Program

	2009-11 Appropriation	2011-13 Appropriation	2013-15 Appropriation S/H/B
General Funds		180,000	
Special Funds	483,448	260,000	
Total	$483,448	$440,000	$0

Participants			Prior Bien Payments	2009-11 Estimated Expenditures FY 2010	FY 2011	PmtDt	2011-13 Estimated Expenditures FY 2012	PmtDt	FY 2013	PmtDt	2013-15 Executive Budget FY 2014	PmtDt	FY 2015	PmtDt	TOTAL Contract
Loan Program Contracts	CURRENT LOANS														
	FY06	#1	60,000	20,000											
		#2	25,344	8,448											
		#3	60,000	20,000											
	FY07	#1	40,000	20,000	20,000										
		#2	40,000	20,000	20,000										
		#3	40,000	20,000	20,000										
Goebel, Dr. Bryce	FY08	#1	20,000	20,000	20,000				20,000	Jul-12					80,000
Korsmo, Dr. Grant		#2	20,000	20,000	20,000		20,000	Jan-12							80,000
Turman, Dr. Cristopher		#3	20,000	20,000	20,000		20,000	Jan-12							80,000
Hoge, Dr.Chad	FY09	#1		20,000	20,000		20,000	Mar-12	20,000	Mar-13					80,000
Orn, Dr. Carrie		#2		20,000			20,000	Aug-11	20,000	Aug-12	20,000	8/13			80,000
Volk, Dr. Matthew		#3		20,000	20,000		20,000	Mar-12	20,000	Mar-13					80,000
Bulik, Dr. Brian	FY 10	#1		20,000			20,000	Jun-12	20,000	Jun-13	20,000	6/14			80,000
Dornfield, Dr. Kamila		#2			20,000				20,000	Aug-12	20,000	8/13	20,000	8/14	80,000
Giese, Dr. Travis		#3			20,000				20,000	Jul-12	20,000	7/13	20,000	7/14	80,000
Shelby, Daniel (appr 06/2011)	FY11	#1			20,000	Jun-11	20,000	Jun-12	20,000	Jun-13	20,000	Jun-14			80,000
Not acted on in time		#2					0		0		0		0		0
Not acted on in time		#3					0		0		0		0		0
		Sbtl	325,344	248,448	220,000		140,000		160,000		100,000		40,000		800,000
Current Loans Total					468,448				300,000				140,000		
Proposed Loans															
Priscila Jelsing, DDS (appr 06/2011)	FY12	#1					20,000	Jan-12	20,000	Jun-13	20,000	Jun-14	20,000	Jun-15	80,000
Jennifer Sarlsand, DDS (appr 06/2011)		#2					20,000	Jan-12	20,000	Jun-13	20,000	Jun-14	20,000	Jun-15	80,000
Open - Not Approved		#3					0	Not Appr	0		0		0		0
Benjamin Garr	FY13	#1									20,000		20,000		80,000
Jeremy Messer		#2									20,000		20,000		80,000
Sterling Stevens		#3									20,000		20,000		80,000
		Sbtl			-		40,000		40,000		100,000		100,000		400,000
Proposed Loans Total					-				80,000				200,000		
	Total Dental Loan Program				468,448				380,000				340,000		
									60,000						
	PROPOSED LOANS:														
3 New Dental Loan Contracts 2011	FY 14	#1									20,000		20,000		80,000
		#2									20,000		20,000		80,000
		#3									20,000		20,000		80,000
3 New Dental Loan Contracts 2012	FY 15	#1											20,000		60,000
		#2											20,000		60,000
		#3											20,000		60,000
Subtotal	Subtotal										$60,000		$120,000		$ 420,000
Total - New Dentist	PROPOSED LOANS TOTAL												$180,000		
Grand Total									TOTAL DENTAL LOAN PROGRAM				$520,000		

Dental Loan Repayment Prgm Century Code 43-28.1 $20,000 per year for 4 years = $80,000 (Allows 3 new dentists per year)

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Attachment

Z:\Budget 13-15\13-15 Request\CHTF\2013-2015 Amt in budget Loan repayment program with 11-13 updated commitments.xls
dental 11-13 Revised Actual

Dental New P[illegible]ctice Grants

[illegible]1-13 Appropriation	
General Funds	20,000
Special Funds	7,553
Total	$27,553

2013-15 Executive Budget	
General Funds	0
Special Funds	0
Total	$0

	Prior Bien Payments	2011-13 Estimated Expenditures FY 2012	Payt date	FY 2013	Payt date	2013-15 Executive Budget FY 2014	Payt date	FY 2015
CURRENT DENTAL NEW PRACTICE								
#1 Volk	10,000	5,000	(4/12)	5,000	(4/13)	5,000	(4/14)	
FY 13 Open						5,000		5,000
FY 13 Open						5,000		5,000
Subtotal								
CURRENT GRANTS TOTAL	$10,000			$10,000				$25,000
PROPOSED DENTAL NEW PRACTICE								
FY14 #1								
FY14 #2								
FY15 #1								
FY15 #2								
Subtotal								$ -
PROPOSED GRANTS TOTAL		$0		$10,000		$0		$25,000
TOTAL NEW DENTAL PRACTICE GRTS								$25,000

Dental New Practice Grants Century Code 43-28.1-10 $5,000 annually for 5 years = $25,000 (Allows 2 grants per year)

Medical Personnel Loan Repayment Program

	2011-13 Appropriation		2013-15 Executive Budget	
General Funds	345,000		General Funds	
Special Funds	56,651		Special Funds	
Total	401,651		Total	0

Location	Participants	Group	#	Prior Bien Payments	2011-13 Executive Budget FY 2012	Payt Due	FY 2013	Payt Due	2013-15 Executive Budget FY 2014	Payt Due	FY 2015
		CURRENT LOANS:									
		PHYSICIANS:									
Wahpeton	Jamsa, Lisa, MD	FY09-10	#2	22,500	22,500	(Sep 11)					
Williston	Kroll, Michael MD		#1	22,500			22,500	(Aug 12)			
Dickinson	Zimmerman Ryan, MD		#2	22,500			22,500	(Aug 12)			
Dickinson	Zimmerman, Rena, MD		#3	22,500			22,500	(Sep 12)			
Jamestown	Sorlie, Mandy MD		#4	22,500			22,500	(Jul 12)			
	Skjolden, Jessica, MD- Refused grant										
Valley City	Anderson, Misty, MD	FY11	#1		19,289	(Mar 12)			19,288	(Aug 13)	
Fargo	Lindley, Anna Marie, MD PhD		#2		22,500	(Mar 12)			22,500	(Sep 13)	
Linton	Mann, Alice, MD (Linton Aug 2011)		#3		22,500	(Mar 12)			22,500	(Aug 13)	
Mayville	Ostlie, Jane MD	FY 12	#1		22,500	(Aug 12)			22,500	(Sep13)	
Williston	Keene, Roxanne, MD		#2		22,500	(Aug 12)			22,500	(Sep13)	
Williston	Loo, Li Er, MD		#3		17,500	(Aug 12)			17,500	(Sep13)	
	Open	FY 13	#1						22,500		22,500
	Open		#2						22,500		22,500
	Open		#3						22,500		22,500
		MID LEVEL:									
Oaks	Cooper, Kathy	FY10	#1	7,500	7,500	(Jan 12)					
Oaks	Cooper, Thomas		#2	7,500	7,500	(Jan 12)					
Mayville	Zachery R Bjore	FY 11	#1		7,500	(Oct 11)	7,500	(Oct 12)			
Oakes	Jeffrey S Hedlund		#2		7,500	(Oct 11)	7,500	(Oct 12)			
Oakes	Myklebust, Kimberly PA		#3		7,500	(Feb 12)	7,500	(May 13)			
	None for FY 12										
	Open	FY 13	#1						7,500		7,500
	Open		#2						7,500		7,500
	Open		#3						7,500		7,500
	Total Current Physicians	Subtotal		$127,500	$186,789		$112,500		$216,788		$90,000
		CURRENT LOANS TOTAL					$299,289				$306,788
		PROPOSED LOANS:									
	New Participants 2011-13	**PHYSICIANS *:**									
	Open	FY 14	#1						22,500		22,500
	Open		#2						22,500		22,500
	Open		#3						22,500		22,500
	Open	FY 15	#1								22,500
	Open		#2								22,500
	Open		#3								22,500
		MID LEVEL **:									
	Open	FY 14	#1						7,500		7,500
	Open		#2						7,500		7,500
	Open		#3						7,500		7,500
	Open	FY 15	#1								7,500
	Open		#2								7,500
	Open		#3								7,500
	l New Physician Loan Contracts for 11-13 Bien	Subtotal							$90,000		$180,000
	Grand Total	**NEW MEDICAL LOANS TOTAL**									$270,000
	BIENNIUM TOTALS	TOTAL MEDICAL PERSONNEL LOAN REPAYMENT PROGRAM									$576,788

*Physician Loan Repayment Program Century Code 43-17.2 Physicians @ $22,500 annually for 2 years = $45,000 (First Payt in 6 months, complete service year for next payment.)

** Medical Personnel Loan Repayment Program Century Code 43-12.2 Originally, Health Care Provider @ $2,500 annually for 2 years. Law changed to increase to $7,500 annually for 2 years = $15,000 (First payment in 6 months, complete service year for next payment)

Veterinarian Loan Repayment Program

	2011-13 Appropriation	2013-15 Executive Budget
General Funds	135,000	
Special Funds	234,157	
Total	369,157	0

	Participants			Prior Bien Payments	2011-13 Estimated Expend. FY 2012	Payt Due	FY 2013	Payt Due	2013-15 Executive Budget FY 2014	Payt Due	FY 2015	Payt Due
		CURRENT LOANS:										
	Stegman, Benjamin, DVM		#2	55,000	25,000	(Jan 12)						
	Bleaux Johnson, DVM	FY 09	#1	55,000	25,000	(Jun 12)						
	Benjamin Galbreath, DVM		#2	30,000	25,000	(Jan 12)	25,000	(Jan 13)				
	Muckey, Jenny, DVM	FY 10	#1	30,000	10,000	(Jul 12)						
	Kuhlka, Travis, DVM		#2	30,000	25,000	(May 12)	5,000	(May 13)				
	Hochhalter, Joseph, DVM		#3	30,000	25,000	(May 12)	25,000	(May 13)				
Beulah	Mary Green,DVM	FY 11	#1	15,000	15,000	(Apr 12)	25,000	(Apr 13)	25,000	(Apr 14)		
Sheridan Co	Nadine Tedford, DVM		#2	15,000	15,000	(Apr 12)	25,000	(Apr 13)	25,000	(Apr 14)		
Ransom Co	**Charly Stansbery, DVM**		#3		15,000	(Nov 11)	15,000	(May 13)	25,000	(May 14)	25,000	(May 15)
Oakes	**Collin W. Galbreath, DVM**	FY 12	#1		15,000	(Mar 12)	15,000	(Mar 13)	25,000	(Mar 14)	25,000	(Mar 15)
New Salem	**Leslie Marie Henderson, DVM**		#2		15,000	(Mar 12)	15,000	(Mar 13)	25,000	(Mar 14)	5,000	(Mar 15)
Cooperstown	**Kristen Klein, DVM**		#3		15,000	(Mar 12)	15,000	(Mar 13)	25,000	(Mar 14)	25,000	(Mar 15)
	New Veteranian Loan Contract 2013	FY 13	#1				15,000		15,000		25,000	
	New Veteranian Loan Contract 2013		#2				15,000		15,000		25,000	
	New Veteranian Loan Contract 2013		#3				15,000		15,000		25,000	
			Subtotal	$ 260,000	$ 225,000		$ 210,000		$ 195,000		$ 155,000	
		CURRENT LOANS TOTAL					$ 435,000				$ 350,000	
							$ (65,843)	Obligation dependent upon balance of loans at time of contract terminatior				
		PROPOSED LOANS:										
	New Veteranian Loan Contract 2014	FY 14	#1						15,000		15,000	
	New Veteranian Loan Contract 2014		#2						15,000		15,000	
	New Veteranian Loan Contract 2014		#3						15,000		15,000	
	New Veteranian Loan Contract 2015	FY 15	#1								15,000	
	New Veteranian Loan Contract 2015		#2								15,000	
	New Veteranian Loan Contract 2015		#3								15,000	
		Subtotal	Subtotal						$ 45,000		$ 90,000	
		Grand Total	**NEW LOANS TOTAL**								$ 135,000	
	NDCC 43-17.2				**TOTAL VETERINARIAN LOAN PROGRAM**						$ 485,000	

Veterinarian Loan Repayment Program Century Code 43-29.1 $15,000 first 2 years, $25,000 last 2 years = $80,000.
(First payment in 6 months, complete service year for next payment. Allows 3 new Veterinarians per year.)

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Attachment 8

North Dakota Department of Health
Emergency Preparedness and Response Section
2013-15 Executive Budget

	2009-11 Actual Expenditures	Expend To Date Nov 2012	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	13.50	14.00	14.00	15.00	1.00	7%
511 Salaries	1,113,349	833,765	1,245,090	1,415,534	170,444	14%
513/514 Temporary, Overtime	539,972	339,937	554,114	720,726	166,612	30%
516 Benefits	544,200	403,690	578,173	695,545	117,372	20%
TOTAL	**2,197,521**	**1,577,392**	**2,377,377**	**2,831,805**	**454,428**	**19%**
General Fund	495,355	458,430	588,712	921,293	332,581	56%
Federal Funds	1,702,166	1,118,962	1,788,665	1,910,512	121,847	7%
Other Funds	0	0	0	0	0	
OPERATING EXPENSES						
521 Travel	130,754	126,237	173,708	251,265	77,557	45%
531 IT - Software/Supp.	279,193	42,088	39,119	35,625	(3,494)	-9%
532 Professional Supplies & Materials	29,144	29,125	35,461	30,308	(5,153)	-15%
533 Food & Clothing	370	0	0	0	0	
534 Buildings/Vehicle Maintenance Supplies	205,464	95,240	66,747	70,079	3,332	5%
535 Miscellaneous Supplies	4,810	9,079	2,488	2,147	(341)	-14%
536 Office Supplies	33,864	15,392	28,660	26,032	(2,628)	-9%
541 Postage	38,543	7,891	13,009	13,658	649	5%
542 Printing	39,047	25,620	45,990	33,890	(12,100)	-26%
551 IT Equip Under $5000	52,837	144,305	62,070	46,000	(16,070)	-26%
552 Other Equip Under $5000	36,356	13,727	21,400	0	(21,400)	
553 Office Equip Under $5000	8,877	9,325	11,500	0	(11,500)	
561 Utilities	23,248	20,209	34,248	35,960	1,712	5%
571 Insurance	6,901	9,888	15,750	99,750	84,000	533%
581 Lease/Rentals - Equipment	5,700	13,730	23,392	8,392	(15,000)	-64%
582 Lease \Rentals-- Buildings./Land	392,898	340,722	489,492	482,393	(7,099)	-1%
591 Repairs	54,884	86,153	14,138	14,795	657	5%
601 IT-Data Processing	275,174	172,341	223,891	262,379	38,488	17%
602 IT-Telephone	132,432	88,919	134,729	139,039	4,310	3%
603 IT - Contractual Services	395,426	334,967	492,133	496,400	4,267	1%
611 Professional Development	42,621	15,243	21,982	26,082	4,100	19%
621 **Operating Fees & Services**	**140,601**	**50,438**	**122,978**	**129,127**	**6,149**	5%
623 **Professional Services**	**265,130**	**88,625**	**457,100**	**415,100**	(42,000)	-9%
625 Medical, Dental, and Optical	2,414,525	647,869	750,828	168,396	(582,432)	-78%
Operating Budget Adjustment	0	0	0	0	0	
TOTAL	**5,008,799**	**2,387,133**	**3,280,813**	**2,786,817**	**(493,996)**	**-15%**
General Fund	178,059	262,066	601,107	862,935	261,828	44%
Federal Funds	4,822,158	2,120,167	2,669,706	1,923,882	(745,824)	-28%
Other Funds	8,582	4,900	10,000	0	(10,000)	
CAPITAL ASSETS						
683 Other Capital Payments	0		0	0	0	
684 Extraordinary Repairs	0		0	0	0	
691 Equipment >$5000	352,004	163,293	292,500	420,000	127,500	44%
693 IT Equip >$5000	5,870	218,670	18,000	0	(18,000)	
TOTAL	**357,874**	**381,963**	**310,500**	**420,000**	**109,500**	**35%**
General Fund	0		0	0	0	
Federal Funds	357,874	381,963	310,500	420,000	109,500	35%
Other Funds	0		0	0	0	
GRANTS\SPECIAL LINE ITEMS						
712 Grants - Non State	13,521,148	6,167,769	12,727,754	11,850,434	(877,320)	-7%
722 Grants - In State	80,535		0	2,350,000	2,350,000	100%
-71 Tobacco Prevention/Control	0		0	0	0	
-72 WIC Food Payments	0		0	0	0	
-78 Cont Approp - CHTF/EPA	0		0	0	0	
-79 Federal Stimulus Funds	0		0	0	0	
TOTAL	**13,601,683**	**6,167,769**	**12,727,754**	**14,200,434**	**1,472,680**	**12%**
General Fund	940,000	932,862	4,540,000	6,090,000	1,550,000	34%
Federal Funds	9,802,223	4,007,202	6,937,754	6,860,434	(77,320)	-1%
Other Funds	2,859,460	1,227,705	1,250,000	1,250,000	0	0%
DEPARTMENT ID TOTAL						
TOTAL	**21,165,877**	**10,514,257**	**18,696,444**	**20,239,056**	**1,542,612**	**8%**
General Fund	1,613,414	1,653,358	5,729,819	7,874,228	2,144,409	37%
Federal Funds	16,684,421	7,628,294	11,706,625	11,114,828	(591,797)	-5%
Other Funds	2,868,042	1,232,605	1,260,000	1,250,000	(10,000)	-1%

North Dakota Department of Health
Emergency Preparedness and Response Section
2013-15 Executive Budget

Professional Services Line Item

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
PHP HPP EMS-Legal	16,800	16,000	(800)	-4.8%
PHP-BreConsulting (HAN)	27,000	12,000	(15,000)	-55.6%
PHP-Equipment Maintenance Services	14,000	14,000	-	0.0%
PHP-Local Public Health IT Services	100,000		(100,000)	-100.0%
PHP-Misc Professional Services	10,000	10,000	-	0.0%
PHP-Risk Communication Conference (PIO)	20,000		(20,000)	-100.0%
PHP-Verbatim Translations (Public Infor. Office)	26,000		(26,000)	-100.0%
HPP-Kreiser's	3,500	4,200	700	20.0%
EMS-Pediatric Training for Ambulance Services	10,900		(10,900)	-100.0%
EMS-Regional Coord for Ambulance Service	98,900	98,900	-	0.0%
EMS-Medical Services- Trauma Medical Dir.	50,000	50,000	-	0.0%
EMS-Medical Services- Site Visits	30,000	30,000	-	0.0%
EMS-Medical Services- Advance Life Supp Trng	20,000	20,000	-	0.0%
EMS-Community Paramedic Training	30,000	30,000	-	0.0%
EMS-Community Paramedics Program		130,000	130,000	100.0%
Total Professional Services	**$ 457,100**	**$ 415,100**	**$ (42,000)**	**-9.2%**

Information Technology Contractual Services

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
PHP-Inventory System	60,000	60,000	-	0.0%
PHP-ICPA (RedBat)	12,000	12,000	-	0.0%
PHP-StarLims	52,000	52,000	-	0.0%
PHP-Elect Disease Report Sys (Consilience Mtce)	49,500	49,500	-	0.0%
PHP-Internet Video Network Multipoint Control Mtce	70,000	112,000	42,000	60.0%
PHP-City Watch (Health Alert Network Development)	25,000	25,000	-	0.0%
PHP-Consilience Module 1	13,333		(13,333)	-100.0%
HPP-Global Emerg Res Healthcare Standard Mtce	30,000	18,300	(11,700)	-39.0%
HPP-ESAR-VHP (Consilience Mtce Agrmnt)	80,000	81,600	1,600	2.0%
EMS-Trauma (Clinical Data Management-Mtce)	34,000	34,000	-	0.0%
EMS-Med Media	41,000	41,000	-	0.0%
EMS-Ambulance Inspections	14,300		(14,300)	-100.0%
EMS-Personnel and Service Registry	11,000	11,000	-	0.0%
Total IT Contractual Services	**$ 492,133**	**$ 496,400**	**$ 4,267**	**0.9%**

North Dakota Department of Health
Emergency Preparedness and Response Section
2013-15 Executive Budget

Grant Line Item

Description	2011-13 Current Budget	Expend To Date Nov 2012	2011-13 Amount Remaining	2013-15 Executive Budget	2013-15 General Fund	2013-15 Federal Fund	2013-15 Special Fund
Grants-LPHU (PHP)	3,986,994	2,511,381	1,475,613	4,298,994		4,298,994	
Grants-Tribal Health Agencies (PHP)	186,800	33,245	153,555	186,800		186,800	
Grant for City Readiness Initiative (PHP-CRI)	400,000	243,117	156,883	339,200		339,200	
LPHU Connectivity (HAN-PHP)	526,200	145,568	380,632	214,200		214,200	
Sentinel Labs (PHP)	45,760	31,676	14,084	45,760		45,760	
NDSU (PHP)	28,000	28,079	(79)	28,000		28,000	
Grants to Associations (HPP)	1,764,000	1,014,136	749,864	1,747,480		1,747,480	
Emerg Medical Services Training Grant (Gen Fund)	940,000	519,594	420,406	940,000	940,000		
Emerg Medical Services Staffing Grant (Insurance Dist Fund)	1,250,000	1,227,705	22,295	-			
Rural EMS Assistance Grants (General & Ins Distr Fund)	3,000,000	413,268	2,586,732	6,400,000	5,150,000		1,250,000
ST Elevation Myocardial Infarction Response	600,000	-	600,000	-			
Total Grants	**$ 12,727,754**	**$ 6,167,769**	**$ 6,559,985**	**$ 14,200,434**	**$ 6,090,000**	**$ 6,860,434**	**$ 1,250,000**

North Dakota Department of Health
Emergency Preparedness and Response Section
2013-15 Executive Budget

Equipment > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total
Emergency Response Health & Medical Tents	PHP	2	60,000	120,000
Multi-Point Control Unit for video conference	PHP	2	150,000	300,000
				-

Total Equipment > $5,000 **$ 420,000**

IT Equipment/Software > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total
				-

Total IT Equipment/Software > $5,000 **$ -**

This equipment is funded with federal and special funds

North Dakota Department of Health
Emergency Preparedness and Response Section
2013-15 Executive Budget

Summary of Federal & Other Funds

		2013-15 Executive Budget
Federal Funds		
Public Health Emergency Preparedness		8,211,630
Hospital Preparedness Program		2,514,381
Emergency Medical Services for Children Grant		246,739
DOT Traffic Analyst		131,578
FLEX		10,500
Total	**$**	**11,114,828**
Other Funds		
Emergency Medical Services (Fund 240)		1,250,000
Total	**$**	**1,250,000**

Department of Health
EMS Grants
2013 - 2015

	2011 - 2013 Appropriation	2013 - 2015 Executive Budget	Increase / Decrease
ST Elevation Myocardial Infarction Response	600,000	-	(600,000)
EMT Training Grants	940,000	940,000	-
EMS Staffing Grants	1,250,000	-	(1,250,000)
Rural EMS Assistance Grants	3,000,000	6,400,000	3,400,000
Total Grants	5,790,000	7,340,000	1,550,000
Genderal Fund	*4,540,000*	*6,090,000*	*1,550,000*
Federal Funds	-		-
Special Funds	*1,250,000*	*1,250,000*	-

	House Version
HB 1358 - EMS grants - ***general fund***	6,250,000

Schedule does not reflect the appropriation included in HB 1358 to the Office of the State Treasurer for EMS grants to oil impacted counties.

Note - 2011- 2013 Appropriation - EMS Staffing grants were for Year 1 of the biennium only, while Rural EMS Assistance grants were for Year 2 of the biennium.

SB 2004
3/19/13
Attachment 9

North Dakota Department of Health
Environmental Health Section
2013-15 Executive Budget

	2009-11 Actual Expenditures	Expend To Date Nov 2012	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**156.25**	**156.25**	**156.25**	**165.25**	**9.00**	**6%**
511 Salaries	13,641,262	10,058,806	15,876,090	16,617,510	741,420	5%
513/514 Temporary, Overtime	240,271	160,170	365,450	508,600	143,150	39%
516 Benefits	5,131,430	3,827,221	6,296,110	7,340,483	1,044,373	17%
TOTAL	**19,012,963**	**14,046,197**	**22,537,650**	**24,466,593**	**1,928,943**	**9%**
General Fund	5,085,501	3,397,023	6,503,580	7,699,182	1,195,602	18%
Federal Funds	9,666,955	7,026,163	12,886,255	12,783,911	(102,344)	-1%
Other Funds	4,260,507	3,623,011	3,147,815	3,983,500	835,685	27%
OPERATING EXPENSES						
521 Travel	591,497	552,744	761,304	1,004,442	243,138	32%
531 IT - Software/Supp.	139,567	73,086	168,588	232,941	64,353	38%
532 Professional Supplies & Materials	91,067	73,858	121,769	130,366	8,597	7%
533 Food & Clothing	1,294	5,429	7,438	7,830	392	5%
534 Buildings/Vehicle Maintenance Supplies	146,432	100,331	124,251	132,967	8,716	7%
535 Miscellaneous Supplies	22		0	3,200	3,200	100%
536 Office Supplies	48,522	31,786	50,498	55,245	4,747	9%
541 Postage	131,276	84,753	130,609	143,190	12,581	10%
542 Printing	36,369	26,467	37,789	41,097	3,308	9%
551 IT Equip Under $5000	130,211	62,485	119,050	112,125	(6,925)	-6%
552 Other Equip Under $5000	33,763	26,223	74,100	33,200	(40,900)	-55%
553 Office Equip Under $5000	10,835	10,215	7,337	30,200	22,863	312%
561 Utilities	410,898	264,676	377,215	397,855	20,640	5%
571 Insurance	2,077	575	565	593	28	5%
581 Lease/Rentals - Equipment	39,403	26,537	41,746	43,929	2,183	5%
582 Lease \Rentals-- Buildings./Land	828,983	625,252	873,573	966,046	92,473	11%
591 Repairs	782,883	489,270	636,065	776,840	140,775	22%
601 IT-Data Processing	307,597	209,489	330,871	394,773	63,902	19%
602 IT-Telephone	182,493	127,100	193,094	208,270	15,176	8%
603 IT - Contractual Services	124,255	74,567	194,976	458,000	263,024	135%
611 Professional Development	188,637	118,388	194,320	216,517	22,197	11%
621 **Operating Fees & Services**	**53,736**	**164,183**	**239,814**	**279,679**	**39,865**	17%
623 **Professional Services**	**1,189,641**	**707,368**	**2,031,000**	**3,252,570**	1,221,570	60%
625 Medical, Dental, and Optical	1,680,181	1,105,055	1,631,715	1,995,635	363,920	22%
Operating Budget Adjustment	**0**	**0**	**0**	**0**	**0**	
TOTAL	**7,151,639**	**4,959,837**	**8,347,687**	**10,917,510**	**2,569,823**	**31%**
General Fund	2,424,504	1,574,580	1,877,908	3,121,585	1,243,677	66%
Federal Funds	3,531,141	2,374,277	3,731,962	4,051,928	319,966	9%
Other Funds	1,195,994	1,010,980	2,737,817	3,743,997	1,006,180	37%
CAPITAL ASSETS						
683 Other Capital Payments	390,946	201,345	438,129	402,752	(35,377)	-8%
684 Extraordinary Repairs	71,953	11,680	316,329	319,350	3,021	1%
691 Equipment >$5000	477,564	177,100	528,400	739,250	210,850	40%
693 IT Equip >$5000	9,994	8,716	83,000	18,000	(65,000)	-78%
TOTAL	**950,457**	**398,841**	**1,365,858**	**1,479,352**	**113,494**	**8%**
General Fund	152,989	82,062	174,198	515,820	341,622	196%
Federal Funds	411,941	339,099	962,260	650,369	(311,891)	-32%
Other Funds	385,527	(22,320)	229,400	313,163	83,763	37%
GRANTS\SPECIAL LINE ITEMS						
712 Grants - Non State	15,318,461	6,537,872	16,342,400	12,529,977	(3,812,423)	-23%
722 Grants - In State	1,735,588	421,133	935,000	460,000	(475,000)	-51%
-71 Tobacco Prevention/Control	0		0	0	0	
-72 WIC Food Payments	0		0	0	0	
-78 Cont Approp - CHTF/EPA	0	383,209	864,371	0	(864,371)	
-79 Federal Stimulus Funds	8,951,884	1,934,046	2,600,788	0	(2,600,788)	
TOTAL	**26,005,933**	**9,276,260**	**20,742,559**	**12,989,977**	**(7,752,582)**	**-37%**
General Fund	0	364,371	364,371	0	(364,371)	
Federal Funds	25,740,838	8,668,788	19,363,188	12,489,977	(6,873,211)	-35%
Other Funds	265,095	243,101	1,015,000	500,000	(515,000)	-51%
DEPARTMENT ID TOTAL						
TOTAL	**53,120,992**	**28,681,135**	**52,993,754**	**49,853,432**	**(3,140,322)**	**-6%**
General Fund	7,662,994	5,418,036	8,920,057	11,336,587	2,416,530	27%
Federal Funds	39,350,875	18,408,327	36,943,665	29,976,185	(6,967,480)	-19%
Other Funds	6,107,123	4,854,772	7,130,032	8,540,660	1,410,628	20%

North Dakota Department of Health
Environmental Health Section
2013-15 Executive Budget

Professional Services Line Item

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	750,400	1,027,725	277,325	37.0%
Air Quality Contracting with Consultants	190,840	215,000	24,160	12.7%
Air Quality - Radon	30,000	30,000	-	0.0%
Chem Lab Proficiency Testing	16,600	14,000	(2,600)	-15.7%
Micro Lab Medical Consultant	22,000	22,000	-	0.0%
Micro Lab Proficiency Testing	15,690	16,895	1,205	7.7%
Lab Hood Recertifications for Equipment	14,200	17,200	3,000	21.1%
Micro Lab MN Challenge Proficiency Testing	4,000	4,000	-	0.0%
Micro Lab Courier Service	25,695	135,000	109,305	425.4%
Wetlands	200,000	200,000	-	0.0%
Misc Prof Fees (EPA Block)	25,000	65,000	40,000	160.0%
Misc Prof Fees	10,000	79,750	69,750	697.5%
LUST Engineering Fees	654,075	712,000	57,925	8.9%
Targeted Brownfields Misc. Prof.	72,500	164,000	91,500	126.2%
Data Management		50,000	50,000	100.0%
EPA Legal Fees		500,000	500,000	100.0%
Total Professional Services	**$ 2,031,000**	**$ 3,252,570**	**$ 1,221,570**	**60.1%**

Information Technology Contractual Services

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Indoor Air/Radiation		70,000	70,000	100.0%
Chem Lab LIMS/Atlas Chromatography		24,000	24,000	100.0%
Micro Lab LIMS	44,156	64,000	19,844	44.9%
Municipal Facilities Inspections		25,000	25,000	100.0%
Municipal Facilities SDWIS		50,000	50,000	100.0%
Waste Management UST Database Revisions	30,820	50,000	19,180	62.2%
Waste Management UST Operator Training Revisions	40,000	40,000	-	0.0%
Information Exchange Updates/Projects	80,000	135,000	55,000	68.8%
Total IT Contractual Services	**$ 194,976**	**$ 458,000**	**$ 263,024**	**134.9%**

North Dakota Department of Health
Environmental Health Section
2013-15 Executive Budget

Grant Line Item

Description	2011-13 Current Budget	Expend To Date Nov 2012	2011-13 Amount Remaining	2013-15 Executive Budget	2013-15 General Fund	2013-15 Federal Fund	2013-15 Special Fund
319 Nonpoint Source	11,200,000	5,186,133	6,013,867	10,847,577		10,847,577	
604 B Water Quality Mgmt. Prog.	220,000	95,867	124,133	110,000		110,000	
EPA Wetlands Protection Funds	595,000	232,665	362,335	300,000		300,000	
Arsenic Trioxide	3,450,000	158,292	3,291,708	-			
Environ. Rangeland Protection Trust Fund to ND Stockmen's Association	50,000	50,000	-	50,000			50,000
Grant for new clean diesel equipment	650,000	856,223	(206,223)	600,000		600,000	
Water Dev Trust Fund Grants to ND Dept of Ag, Local Soil Cons Dist, ND Stockmens Assn,	200,000	165,119	34,881	200,000			200,000
Water Quality Monitoring Funds	400,000	57,466	342,534	385,000		385,000	
Water Pollution Grants to LPH	50,000	36,158	13,842	50,000		50,000	
Abandoned Auto Fund	250,000	9,144	240,856	250,000			250,000
Solid Waste Inspection to LPH	5,000	-	5,000	-			
Brownfields State Response	10,000	10,000	-	-			
Radon Grants to LPH and others	90,000	42,557	47,443	90,000		90,000	
Public Water Control (EPA Block)	107,400	59,382	48,018	107,400		107,400	
Total Grants	**$ 17,277,400**	**$ 6,959,005**	**$ 10,318,395**	**$ 12,989,977**	**$ -**	**$ 12,489,977**	**$ 500,000**

North Dakota Department of Health
Environmental Health Section
2013-15 Executive Budget

Equipment > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total
Manual Particulate Sampler	AQ	1	12,000	12,000
Digital Chart Recorder	AQ	1	8,000	8,000
Ambient Sulfur Dioxide Analyzer	AQ	2	9,000	18,000
Ambient Nitrogen Oxides Analyzer	AQ	1	12,000	12,000
Ambient Ozone Analyzer	AQ	1	12,250	12,250
Multi-Gas Calibrator	AQ	1	11,000	11,000
Isotopic Identifier	AQ	2	25,000	50,000
Purge and Trap	Chem	2	36,000	72,000
GC/MS for Purge and trap	Chem	1	80,000	80,000
Liquid Chromatograph	Chem	1	60,000	60,000
Gas Chromatograph	Chem	2	36,000	72,000
Ion Chromatograph	Chem	1	60,000	60,000
Flow Injection Analyzer	Chem	1	30,000	30,000
Fluoresence Detector	Chem	1	16,000	16,000
Luminex Multi-Plex System	Micro	1	60,000	60,000
Fluoresence Microscope w/Imaging System	Micro	1	59,500	59,500
CO2 Incubators (stackable set)	Micro	1	10,000	10,000
Biosafety cabinet	Micro	1	7,500	7,500
Pyrosequencer	Micro	1	65,000	65,000
Long Line Electro-fishing Unit	WQ	1	6,000	6,000
Dissolved Oxygen/Temperature/pH/Conductivity Meter	WQ	2	9,000	18,000

Total Equipment > $5,000 **$ 739,250**

IT Equipment/Software > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total
Replacement Laboratory Server	Chem	1	10,000	10,000
High Volume Network Printer Replacement	Chem	1	8,000	8,000

Total IT Equipment/Software > $5,000 **$ 18,000**

North Dakota Department of Health
Environmental Health Section
2013-15 Executive Budget

Extraordinary Repairs

State Lab Building

Description	Amount
Upgrade data system, replace building signs	30,500
Connect annex air conditioning into the emergency generator	25,000
Replace humidifier and water softener	29,500
Repair driveway & parking lots & striping	28,000
Replace carpets (Lab office areas and vestibule)	15,000
Install A/C from Crime Lab into annex; repair and paint walls	15,500
Install exterior window, knee holes at benches	25,500
Replace boilers in North Lab	50,000
Upgrade access control hardware	12,500
Install fix to prevent freeze-up, overheating; landscaping	11,850
Add North Lab to the generator	32,000
Total State Lab Building	**$ 275,350**

Storage Building

Description	Amount
Gutter covers, pallet racking	9,000
Total Storage Building	**$ 9,000**

Environmental Training Center

Description	Amount
Total roof repair/replacement	20,000
Seal coat brick exterior of ETC	7,000
Replacement of ETC laboratory window/recarpet office areas	8,000
Total Environmental Training Center	**$ 35,000**

Total Environmental Health **$ 319,350**

North Dakota Department of Health
Environmental Health Section
2013-15 Executive Budget

Summary of Federal & Other Funds

		2013-15 Executive Budget
Federal Funds		
EPA Performance Partnership Grant		8,163,028
FDA Radiation & Mammography Program		144,000
EPA PM 2.5 Monitoring		315,000
CDC Public Health Emergency Preparedness		812,582
Maternal and Child Health Block Grant (MCH)		91,000
Epidemiology & Lab Capacity		430,623
Aids Prevention		137,500
Immunization Grant		180,000
Sexually Transmitted Disease (STD) Grant		170,000
Tuberculosis Grant		75,950
Nonpoint Source Implementation Grant		11,956,649
Water Quality Management		245,003
Wetland Program Development Grants		530,000
Supplemental Water Quality Monitoring Grants		1,180,000
Drinking Water State Revolving Fund and Special Request		2,030,560
Clean Water State Revolving Fund		485,090
Clean Diesel Grant		633,200
Targeted Brownfield Grant		232,000
DES Hazardous Material Emerg Preparedness Training		48,000
Leaking Underground Storage Tank (LUST)		993,000
(LUST) Trust Prevention		733,000
ND Environmental Exchange State Grants		390,000
	Total	**$ 29,976,185**
Other Funds		
Air Contaminant Fees		3,032,915
Asbestos Fees & Lead Base		90,000
Radiation Control Licensing Fees		1,595,967
Chemistry Laboratory Analysis Fees		675,251
Microbiology Laboratory Analysis Fees		1,100,000
Environment & Rangeland Fund		265,700
ND Water Commission		294,500
Operator Certificate Fund		21,100
Large Volume Landfills		739,123
Solid Waste Permitting Fees		366,104
Petroleum Tank Release Comp Fund		110,000
Abandoned Motor Vehicle Fund		250,000
	Total	**$ 8,540,660**

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Attachment 10

ND Department of Health
2013 - 2015 Budget Reqest
Optional Request - AD 100 - Priority #2
AMOUNTS FUNDED - ENVIRONMENTAL HEALTH

	Environmental Health Section					
	Air Quality	Lab Services	Municipal Services	Waste Mgmt	Water Quality	**Total**
Optional Request - FTE Funded	1.0	1.0	3.0	1.0	3.0	9.0
FTE Description of Optional FTE	Environ Scientist	Admn Asst/Lab Tech	2 - Environ. Eng. / 1 - Environ Scientists	1 - Environ Scientists	3 - Environ Scientists	
Salaries/Benefits						
Salary	90,000	64,800	283,008	84,000	270,000	791,808
Benefits	38,757	33,882	118,729	37,622	116,270	345,260
Total	128,757	98,682	401,737	121,622	386,270	1,137,068
General		*98,682*	*401,737*		*386,270*	*886,689*
Other	*128,757*			*121,622*		*250,379*
Operating						
Travel	5,000		13,125	3,750	30,000	51,875
IT - Software/Supp.	500	450	2,625	400	2,625	6,600
Professional Supplies & Materials	200	400	450	500	600	2,150
Miscellaneous Supplies	200		1,500		1,500	3,200
Office Supplies	325	500	975	250	975	3,025
Postage	350		2,550	100	2,550	5,550
Printing	300		675	150	900	2,025
IT Equip Under $5000	1,200	1,200	3,525	1,025	3,600	10,550
Other Equip Under $5000	500		1,500		1,500	3,500
Office Equip Under $5000	2,000	2,000	6,000	2,000	6,000	18,000
Lease \Rentals-- Buildings./Land	6,000	6,000	18,000	6,000	18,000	54,000
Repairs		105,500				105,500
IT-Data Processing	2,200	2,300	6,600	2,300	6,600	20,000
IT-Telephone	1,100	2,400	3,300	1,150	3,300	11,250
Professional Development	900	5,000	2,700	400	2,700	11,700
Operating Fees & Services	13,383		750	12,405	750	27,288
Professional Services	250		750		750	1,750
Medical, Dental, and Optical		265,000				265,000
Total	34,408	390,750	65,025	30,430	82,350	602,963
General		*338,499*	*65,025*		*82,350*	*485,874*
Other	*34,408*	*52,251*		*30,430*		*117,089*
Capital Assets						
Equipment > $5000		272,000				272,000
General		*224,000*				*224,000*
Other		*48,000*				*48,000*
Total EH Request Funded	**163,165**	**761,432**	**466,762**	**152,052**	**468,620**	**2,012,031**
General	-	*661,181*	*466,762*	-	*468,620*	*1,596,563*
Other	*163,165*	*100,251*	-	*152,052*	-	*415,468*

Z:\Budget 13-15\13-15 Request\Optional Adjustments\Oil Impact Optional Schedule FUNDED Positions 9.xlsx

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Attachment

INFORMATION TECHNOLOGY DEPARTMENT
DATA PROCESSING PROJECTED RATES
FOR 2013-2015 BIENNIUM

BILLING CODE	DESCRIPTION	2011-2013 BUDGET RATES	FEB 2012 RATES	2013-2015 BUDGET RATES
15	**Senior Analyst**	86.00/hr.	86.00/hr.	**94.00/hr.**
16	Contract Programming	Actual	Actual	Actual
17	**Architect/Consulting**	89.00/hr.	89.00/hr.	**99.00/hr.**
New	**Analyst III**	new	new	**83.00/hr.**
19	Analyst II	75.00/hr.	75.00/hr.	75.00/hr.
20	**Analyst**	67.00/hr.	67.00/hr.	**69.00/hr.**
21	**Project Manager**	75.00/hr.	75.00/hr.	**83.00/hr.**
22	**Senior Project Manager**	86.00/hr.	86.00/hr.	**94.00/hr.**
25	**Server Administrator/Application Support**	75.00/hr.	75.00/hr.	**83.00/hr.**
New	**Business Analyst III**	new	new	**99.00/hr.**
New	**Business Analyst II**	new	new	**94.00/hr.**
New	**Business Analyst I**	new	new	**83.00/hr.**
30	**Forms Design**	67.00/hr.	67.00/hr.	**69.00/hr.**
35	**Records Management Fee**	Tiered	Tiered	**19% increase**
	IBM Enterprise Server:			
120	**2066 Batch CPU**	1.29/sec.	.64/sec.	**.64/sec.**
122	**2066 CICS CPU**	1.29/sec.	.64/sec.	**.64/sec.**
124	**2066 ADABAS CPU**	1.41/sec.	.74/sec.	**.64/sec.**
126	**2066 TSO CPU**	1.29/sec.	.64/sec.	**.64/sec.**
131	Disk Storage	.001/track	.001/track	.001/track
135	Tape Library Storage	3.10/tape/mo.	3.10/tape/mo.	3.10/tape/mo.
	AS/400 Computer:			
220	**AS/400 Batch CPU**	1.47/sec.	.77/sec.	**.87/sec.**
222	**AS/400 Interactive CPU**	1.47/sec.	.77/sec.	**.87/sec.**
231	AS/400 Disk Storage	10.00/GB	10.00/GB	10.00/GB
	Network:			
470	Dial-up User-ID	No charge	No charge	No charge
480	**Dial-up Long Distance**	.07/minute	.07/minute	**.06/minute**
950	WAN Access (DSL/Cable) - **(see Note 3)**	Actual	Actual	Actual
505	**WAN Access (Broadband Premium Add-on) - (see Note 3)**	230.00/port	230.00/port	**175.00/port**
505	**WAN Access (Broadband Basic Add-on) - (see Note 3)**	100.00/port	100.00/port	**90.00/port**
505	**WAN Access (Broadband Residential Add-on) - (see Note 3**	50.00/port	50.00/port	**45.00/port**
510	**WAN Access (ETS-5)**	890.00/port	890.00/port	**765.00/port**
511	**WAN Access (Political Sub ETS-5)**	1,150.00/port	1,150.00/port	**1,095.00/port**
520	**Metro Area Network Access (Fiber)**	Varies	Varies	**14% decrease**
521	**Metro Area Network Access (Political Sub Fiber)**	Varies	Varies	**5% decrease**
525	Managed Firewall Service	Varies	Varies	Varies
570	**Technology Fee**	49.00/FTE	49.00/FTE	**49.50/FTE**
575	**Technology Fee – Gigabit**	52.50/FTE	52.50/FTE	**53.00/FTE**
650	VPN Client (Political Sub)	5.00/client	5.00/client	5.00/client
655	VPN Client - Netmotion (session persistence)	new	9.25/client	9.25/client
660	Email Quota (Additional Storage)	3.00/account	3.00/account	3.00/account
800	**Anti-virus Client (Political Sub's Only)**	1.20/client	1.00/client	**1.20/client**

BILLING CODE	DESCRIPTION	2011-2013 BUDGET RATES	FEB 2012 RATES	2013-2015 BUDGET RATES
	Hosting Services:			
620	**EDMS User Fee**	26.50/user	26.50/user	**29.95/user**
621	**EDMS User with BPM Add-on Fee**	30.50/user	30.50/user	**34.95/user**
622	**EDMS Verifier Fee**	195.00/license	195.00/license	**220.00/license**
623	**EDMS Scan Station Fee**	103.50/license	103.50/license	**120.00/license**
624	**EDMS Web Capture Fee**	57.50/license	57.50/license	**65.00/license**
626	**Liquid Office Fee**	.85/form	.85/form	**in Technology Fee**
630	**SharePoint MOSS Fee**	14.00/user	14.00/user	**15.80/user**
630	**SharePoint WSS Fee**	3.75/user	3.75/user	**4.25/user**
635	**ADA Compliance Sheriff**	30.00/month	30.00/month	**34.00/month**
640	**Email Encryption**	1.50/user	1.50/user	**1.70/user**
New	**Laptop Hard Drive Encryption - Hardware Based**	new	2.50/user	**2.50/user**
New	**Laptop Hard Drive Encryption - Software Based**	new	3.50/user	**1.90/user**
645	**County Exchange Email**	5.00/account	5.00/account	**5.30/account**
665	**Rightfax Single Client**	7.20/client	7.20/client	**8.15/client**
666	Rightfax Application Fee	Tiered	Tiered	Tiered
667	**Rightfax Dept Client**	1.05/client	1.05/client	**1.20/client**
680	PowerSchool Hosting	1.67/student	1.67/student	1.67/student
690	K-12 Data Warehouse Hosting	.08/student	.08/student	.08/student
710	LERMS User Fee	25.00/officer	25.00/officer	25.00/officer
720	STARS User Fee	50.00/user	50.00/user	50.00/user
755	**Cognos Business Author User Fee**	27.75/user	27.75/user	**31.35/user**
756	**Cognos Business Consumer User Fee**	21.75/user	21.75/user	**24.55/user**
757	**Cognos Professional Author User Fee**	39.25/user	39.25/user	**44.35/user**
758	**Cognos Professional User Fee**	48.50/user	48.50/user	**54.80/user**
759	**Cognos BI Administrator Fee**	163.25/user	163.25/user	**184.50/user**
770	**Master Client Index**	.0110/record	.0110/record	**.0125record**
815	Agency Server Room	100.00/server	6.00/sq. ft.	6.00/sq. ft.
851	**Shared File & Print User Fee**	3.75/user	3.75/user	**4.25/user**
852	**Dedicated File & Print User Fee**	2.50/user	2.50/user	**2.85/user**
853	**Active Directory User Fee**	1.20/user	1.20/user	**1.35/user**
854	**Dedicated F&P Standard Server Fee**	350.00/server	350.00/server	**545.00/server**
855	**Dedicated F&P High Capacity Server Fee**	600.00/server	600.00/server	**775.00/server**
860	**Oracle Application Hosting - (see Note 1)**	Tiered	Tiered	**13% increase**
861	**Websphere Application Hosting - (see Note 1)**	Tiered	Tiered	**13% increase**
862	**SQL Application Hosting - (see Note 1)**	Tiered	Tiered	**13% increase**
865	**Shared Intel Server Application Hosting**	170.00/application	170.00/application	**190.00/application**
866	**Dedicated Intel Virtual Server App Hosting**	345.00/server	345.00/server	**390.00/server**
866	**Dedicated Intel Physical Server App Hosting**	$500-$750/server	$620-$850/server	**$620-$850/server**
870	**Web Hosting**	Tiered	Tiered	Tiered
879	**Connect ND Hosting - (see Note 2)**	Tiered	Tiered	Tiered
881	Disk Storage – Premium (on demand)	10.00/GB	1.25/GB	**1.25/GB**
882	Disk Storage – Basic (on demand)	5.00/GB	.80/GB	**.80/GB**
883	Disk Storage – File Share (on demand)	1.00/GB	.65/GB	**.65/GB**
891	Disk Storage – Premium (dedicated)	new	700.00/TB	**700.00/TB**
892	Disk Storage – Basic (dedicated)	new	600.00/TB	**600.00/TB**
893	Disk Storage – File Share (dedicated)	new	470.00/TB	**470.00/TB**
888	TSM Disk Backup	.25/GB	.15/GB	**.15/GB**
950	Miscellaneous Charges	Actual Cost	Actual Cost	Actual Cost

BILLING CODE	DESCRIPTION	2011-2013 BUDGET RATES	FEB 2012 RATES	2013-2015 BUDGET RATES
	One-time Installation Charges:			
	For Switch Installation:			
	Ethernet	175.00/Port	175.00/Port	**125.00/Port**
	Gigabit Ethernet	300.00/Port	300.00/Port	300.00/Port
	EPMO Charges for Large Projects:			
	Projects < $500,000	$2,500.00/project/bien.	$2,500.00/project/bien.	$2,500.00/project/bien.
	Projects > $500,000 and < $2,000,000	$7,500.00/project/bien.	$7,500.00/project/bien.	$7,500.00/project/bien.
	Projects > $2,000,000 and < $5,000,000	$15,000.00/project/bien.	$15,000.00/project/bien.	$15,000.00/project/bien.
	Projects > $5,000,000	$25,000.00/project/bien.	$25,000.00/project/bien.	$25,000.00/project/bien.
	Other One-Time Charges:			
	Application Load Testing - Original	500.00 - 1,000.00/test	500.00 - 1,000.00/test	500.00 - 1,000.00/test
	Application Load Testing - Secondary	100.00 - 500.00/test	100.00 - 500.00/test	100.00 - 500.00/test
	Cognos BI Administrator	6,650.00/User	6,650.00/User	6,650.00/User
	Cognos BI Professional	2,070.00/User	2,070.00/User	2,070.00/User
	Cognos BI Professional Author	1,725.00/User	1,725.00/User	1,725.00/User
	Dedicated Server Install (standard virtual server)	2,000.00/server	2,000.00/server	2,000.00/server
	Dedicated Server Install (dedicated hardware)	Varies based on config.	Varies based on config.	Varies based on config.
	Disk Storage - Premium Dedicated	new	new	7,835.00/TB
	Disk Storage - Basic Dedicated	new	new	3,900.00/TB
	Disk Storage - File Share Dedicated	new	new	5,500.00/TB
	EDMS Scan Station Install	2,250.00/license	2,250.00/license	2,250.00/license
	EDMS User Install	275.00/User	275.00/User	275.00/User
	EDMS Verifier Install	4,500.00/license	4,500.00/license	4,500.00/license
	EDMS Web Capture Install	1,000.00/license	1,000.00/license	1,000.00/license
	FormBridge	15.00/Page	15.00/Page	15.00/Page
	Graham Process Charting User Install	250.00/User	250.00/User	250.00/User
	Secure Email	22.00/User	22.00/User	22.00/User
	Laptop Hard Drive Encryption - Hardware Based	new	new	**71.00/user**
	Laptop Hard Drive Encryption - Software Based	new	23.00/user	**45.50/user**
	Shared Server Install	250.00/server	250.00/server	250.00/server
	SharePoint Install	160.00/User	160.00/User	160.00/User
	Wireless Access Point	750.00/access point	750.00/access point	750.00/access point
	VPN - Netmotion Install	$250.00/user	$250.00/user	$250.00/user
	WAN Access (Broadband, Premium or Basic)	$970.00/circuit	$970.00/circuit	$970.00/circuit

Note 1 - Several agencies are running older versions of SQL, Oracle or Websphere applications that have not been upgraded to a currently supported version. These agencies will need to upgrade those applications to current supported versions of these software products by January 2014. The minimum versions currently supported are SQL 2008, Oracle 11g, and Websphere 6.1. Agencies on older versions of these software products after January 2014 will see a minimum surcharge of 25% to cover the operating costs of the legacy hosting environments.

Note 2 - ITD bills each agency for the cost of ConnectND (the PeopleSoft financials and human resource applications). Each agency has a ConnectND fee on their data processing bill each month. The amount each agency needs to budget is as follows:

- $12.89 per month for each legislatively authorized FTE identified in the 2011-2013 Appropriations book.
- $8.08 per month for every $1 million appropriated as identified in the 2011-2013 Appropriations book.

ote 3 - Agencies that have any broadband connectivity (DSL, cable, wireless, satellite, cellular) are reminded that all connectivity should be purchased through ITD and has an associated broadband add-on charge in addition to vendor cost of the broadband connection. The premium add-on rate applies to locations that require network to network connectivity and comes with extended support hours. The basic add-on applies to locations that have six or less connections and do not require the network to network connectivity or extended support hours. The residential add-on applies to single person locations that do not need network to network connectivity or extended support hours.

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Attachment 1

Environmental Health Section

Division	Total FTEs	Environmental Scientists	Environmental Engineers	Chemists Microbiologists	Support: Admin., Tech.
Air Quality	32	19	6	-	7
Water Quality	34	26	4	-	4
Municipal Facilities	27	15	9	-	3
Waste Management	21	13	5	-	3
Laboratory Services	36	-	-	26	10
Chief's Office	9	2	2	-	5
Totals	**159**	**75**	**26**	**26**	**32**

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Attachment 1

North Dakota Department of Health
Community Health Section
2013-15 Executive Budget

	2009-11 Actual Expenditures	Expend To Date Nov 2012	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**47.30**	**45.65**	**45.65**	**45.65**	**0.00**	**0%**
511 Salaries	3,421,733	2,540,571	3,669,941	3,667,674	(2,267)	0%
513/514 Temporary, Overtime	187,374	176,692	490,945	642,722	151,777	31%
516 Benefits	1,339,307	1,022,378	1,593,236	1,767,202	173,966	11%
TOTAL	**4,948,414**	**3,739,641**	**5,754,122**	**6,077,598**	**323,476**	**6%**
General Fund	698,112	562,371	1,022,066	880,509	(141,557)	-14%
Federal Funds	4,120,001	3,199,015	4,617,056	5,115,408	498,352	11%
Other Funds	130,301	(21,745)	115,000	81,681	(33,319)	-29%
OPERATING EXPENSES						
521 Travel	314,340	196,368	357,462	372,559	15,097	4%
531 IT - Software/Supp.	82,981	46,124	66,591	86,872	20,281	30%
532 Professional Supplies & Materials	548,964	172,178	557,766	635,654	77,888	14%
533 Food & Clothing	0	0	0	0	0	
534 Buildings/Vehicle Maintenance Supplies	1,306	1,081	1,305	1,371	66	5%
535 Miscellaneous Supplies	0	831	1,040	1,092	52	5%
536 Office Supplies	55,090	31,661	58,915	61,707	2,792	5%
541 Postage	66,062	32,059	66,177	74,086	7,909	12%
542 Printing	196,259	152,958	206,800	234,096	27,296	13%
551 IT Equip Under $5000	34,388	17,496	32,155	39,325	7,170	22%
552 Other Equip Under $5000	18,339	22,062	3,718	0	(3,718)	
553 Office Equip Under $5000	37,827	4,651	6,522	1,200	(5,322)	-82%
561 Utilities	0	0	0	0	0	
571 Insurance	0	0	0	0	0	
581 Lease/Rentals - Equipment	7,737	5,511	7,643	7,643	0	0%
582 Lease \Rentals-- Buildings./Land	123,653	104,073	148,728	170,081	21,353	14%
591 Repairs	1,323	1,252	1,803	1,893	90	5%
601 IT-Data Processing	146,237	94,220	140,332	169,070	28,738	20%
602 IT-Telephone	88,358	61,336	97,201	99,201	2,000	2%
603 IT - Contractual Services	306,504	215,246	365,976	283,340	(82,636)	-23%
611 Professional Development	91,666	54,711	95,358	100,626	5,268	6%
621 **Operating Fees & Services**	**75,753**	**73,681**	**72,548**	**76,176**	**3,628**	5%
623 **Professional Services**	**4,350,793**	**2,598,145**	**4,878,909**	**6,169,918**	1,291,009	26%
625 Medical, Dental, and Optical	11,119	45,938	82,493	82,493	0	0%
Operating Budget Adjustment	0	0	0	0	0	
TOTAL	**6,558,699**	**3,931,582**	**7,249,442**	**8,668,403**	**1,418,961**	**20%**
General Fund	364,819	267,329	598,061	772,941	174,880	29%
Federal Funds	5,699,272	3,392,401	6,451,381	7,273,860	822,479	13%
Other Funds	494,608	271,852	200,000	621,602	421,602	211%
CAPITAL ASSETS						
683 Other Capital Payments	0		0	0	0	
684 Extraordinary Repairs	0		0	0	0	
691 Equipment >$5000	24,714	6,179	30,200	0	(30,200)	
693 IT Equip >$5000	0		0	0	0	
TOTAL	**24,714**	**6,179**	**30,200**	**0**	**(30,200)**	
General Fund	0	0	0	0	0	
Federal Funds	24,714	6,179	30,200	0	(30,200)	
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
712 Grants - Non State	17,492,836	11,014,293	21,021,292	20,117,837	(903,455)	-4%
722 Grants - In State	0		0	0	0	
-71 Tobacco Prevention/Control	5,308,174	3,058,990	6,162,396	5,544,251	(618,145)	-10%
-72 WIC Food Payments	17,915,331	12,556,646	24,158,109	24,659,861	501,752	2%
-78 Cont Approp - CHTF/EPA	0		0	0	0	
-79 Federal Stimulus Funds	1,061,704	131,733	146,063	0	(146,063)	
TOTAL	**41,778,045**	**26,761,662**	**51,487,860**	**50,321,949**	**(1,165,911)**	**-2%**
General Fund	2,619,152	2,095,936	4,145,882	4,244,382	98,500	2%
Federal Funds	35,159,939	22,707,818	43,190,983	42,417,213	(773,770)	-2%
Other Funds	3,998,954	1,957,908	4,150,995	3,660,354	(490,641)	-12%
DEPARTMENT ID TOTAL						
TOTAL	**53,309,872**	**34,439,064**	**64,521,624**	**65,067,950**	**546,326**	1%
General Fund	3,682,083	2,925,636	5,766,009	5,897,832	131,823	2%
Federal Funds	45,003,926	29,305,413	54,289,620	54,806,481	516,861	1%
Other Funds	4,623,863	2,208,015	4,465,995	4,363,637	(102,358)	-2%

North Dakota Department of Health
Tobacco Special Line
2013-15 Executive Budget

	2009-11 Actual Expenditures	Expend To Date Nov 2012	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	7.34	7.00	7.00	6.00	(1.00)	-14%
511 Salaries	623,336	349,628	653,065	580,536	(72,529)	-11%
513/514 Temporary, Overtime	37,959	556	25,000	0	(25,000)	
516 Benefits	228,149	119,642	271,598	259,236	(12,362)	-5%
TOTAL	889,444	469,826	949,663	839,772	(109,891)	-12%
General Fund	0	0	0	0	0	
Federal Funds	804,748	469,826	922,163	839,772	(82,391)	-9%
Other Funds	84,696	0	27,500	0	(27,500)	
OPERATING EXPENSES						
521 Travel	43,081	16,860	42,511	29,246	(13,265)	-31%
531 IT - Software/Supp.	21,298	3,504	13,935	14,632	697	5%
532 Professional Supplies & Materials	2,531	788	1,576	1,655	79	5%
533 Food & Clothing	0	0	0	0	0	
534 Buildings/Vehicle Maintenance Supplies	0	0	0	0	0	
535 Miscellaneous Supplies	0	0	0	0	0	
536 Office Supplies	5,006	2,757	5,369	5,532	163	3%
541 Postage	4,877	2,339	6,000	6,300	300	5%
542 Printing	31,200	21,092	41,016	42,265	1,249	3%
551 IT Equip Under $5000	9,424	2,418	5,100	6,000	900	18%
552 Other Equip Under $5000	0	0	0	0	0	
553 Office Equip Under $5000	14,178	534	25,180	0	(25,180)	
561 Utilities	0	0	0	0	0	
571 Insurance	0	0	0	0	0	
581 Lease/Rentals - Equipment	869	277	1,512	1,512	0	0%
582 Lease \Rentals-- Buildings./Land	20,632	16,072	15,757	17,427	1,670	11%
591 Repairs	247	145	330	347	17	5%
601 IT-Data Processing	23,468	13,750	21,768	23,562	1,794	8%
602 IT-Telephone	10,384	5,475	10,639	10,639	0	0%
603 IT - Contractual Services	351,398	12,039	12,039	0	(12,039)	
611 Professional Development	31,141	6,341	31,686	33,270	1,584	5%
621 **Operating Fees & Services**	24,186	2,199	3,922	4,118	196	5%
623 **Professional Services**	2,848,128	2,140,084	3,651,393	3,647,974	(3,419)	0%
625 Medical, Dental, and Optical	0	0	0	0	0	
Operating Budget Adjustment	0	0	0	0	0	
TOTAL	3,442,048	2,246,672	3,889,733	3,844,479	(45,254)	-1%
General Fund	0	0	0	0	0	
Federal Funds	570,499	572,530	631,738	944,125	312,387	49%
Other Funds	2,871,549	1,674,143	3,257,995	2,900,354	(357,641)	-11%
CAPITAL ASSETS						
683 Other Capital Payments	0		0	0	0	
684 Extraordinary Repairs	0		0	0	0	
691 Equipment >$5000	0		0	0	0	
693 IT Equip >$5000	0		0	0	0	
TOTAL	0	0	0	0	0	
General Fund	0	0	0	0	0	
Federal Funds	0	0	0	0	0	
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
712 Grants - Non State	976,682	342,492	1,323,000	860,000	(463,000)	-35%
722 Grants - In State	0		0	0	0	
-71 Tobacco Prevention/Control	0	0	0	0	0	
-72 WIC Food Payments	0	0	0	0	0	
-78 Cont Approp - CHTF/EPA	0		0	0	0	
-79 Federal Stimulus Funds	0	0	0	0	0	
TOTAL	976,682	342,492	1,323,000	860,000	(463,000)	-35%
General Fund	0	0	0	0	0	
Federal Funds	849,496	281,100	1,098,000	540,000	(558,000)	-51%
Other Funds	127,186	61,392	225,000	320,000	95,000	42%
DEPARTMENT ID TOTAL						
TOTAL	5,308,174	3,058,990	6,162,396	5,544,251	(618,145)	-10%
General Fund	0	0	0	0	0	
Federal Funds	2,224,743	1,323,456	2,651,901	2,323,897	(328,004)	-12%
Other Funds	3,083,431	1,735,535	3,510,495	3,220,354	(290,141)	-8%

North Dakota Department of Health
Community Health Section
2013-15 Executive Budget

Professional Services Line Item

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	27,780	34,853	7,073	25.5%
Women's Way-Blue Cross Blue Shield	1,130,000	1,334,019	204,019	18.1%
Women's Way-Local Public Health Units	850,000	1,189,740	339,740	40.0%
Women's Way-Recruitment Campaign	126,000	126,000	-	0.0%
Cancer Registry-Data Consultant/Coding Abstract Specialist	190,000	-	(190,000)	0.0%
Comprehensive Cancer-Program Evaluator UND	30,000	-	(30,000)	0.0%
Comprehensive Cancer-Special Projects	60,000	77,600	17,600	29.3%
BRFSS-Behavior Risk Survey	588,000	669,500	81,500	13.9%
Heart Disease & Stroke Prevention-Communication Consultant	30,000	8,000	(22,000)	-73.3%
Heart Disease & Stroke Prevention-Partnership Development	50,000	13,500	(36,500)	-73.0%
Heart Disease & Stroke Prevention-Quality Improvement Project	100,000	55,000	(45,000)	-45.0%
Heart Disease & Stroke Prevention-Capacity Building	150,000	-	(150,000)	0.0%
Heart Disease & Stroke Prevention-Arnold Project	10,000	-	(10,000)	0.0%
Heart Disease & Stroke Prevention-Statewide Collaborative Hyp	-	45,000	45,000	0.0%
Heart Disease & Stroke Prevention-Evaluation Consultant	-	4,800	4,800	0.0%
Stroke Registry	60,000	70,000	10,000	16.7%
Coordinated Chronic Disease-BRFSS Questions	-	100,000	100,000	0.0%
Coordinated Chronic Disease-Public Awareness	-	464,006	464,006	0.0%
Coordinated Chronic Disease-Training for Partners	-	100,000	100,000	0.0%
Coordinated Chronic Disease-CD-Communication Consultant	-	64,000	64,000	0.0%
Coordinated Chronic Disease-CD Partnership Development	-	25,000	25,000	0.0%
Coordinated Chronic Disease-CD Quality Improvement	-	80,000	80,000	0.0%
Coordinated Chronic Disease-CD Evaluation Consultant	-	100,000	100,000	0.0%
Diabetes-Disease Management Coordinator (BCBS)	70,000	70,000	-	0.0%
Diabetes-Evaluation and Surveillance Consultant	40,000	25,000	(15,000)	-37.5%
Diabetes-ND Diabetes Partnership Collaborative Coordinator	20,000	10,000	(10,000)	-50.0%
Diabetes-Communications Consultant	20,000	-	(20,000)	0.0%
Family Planning-Clinical Consultant	50,600	46,720	(3,880)	-7.7%
Maternal and Child Health (MCH)-Medical Fee Contract	115,000	-	(115,000)	0.0%
Maternal and Child Health (MCH)-NB Screening FollowUp/Comm Consultant	134,500	160,000	25,500	19.0%
Oral Health-Communication & Activities	50,000	67,920	17,920	35.8%
Oral Health-Program Evaluator	80,000	72,000	(8,000)	-10.0%
Performance Audit	100,000	-	(100,000)	0.0%
DentaQuest	-	100,000	100,000	0.0%
Early Childhood Comprehensive System-Program Evaluator	55,000	55,000	-	0.0%
School Health-Program Evaluator	30,000	15,000	(15,000)	-50.0%
School Health-New Program	-	13,000	13,000	0.0%
Child Safety Program-Program Facilitators	170,000	104,000	(66,000)	-38.8%
Suicide Prevention-GF	150,000	150,000	-	0.0%
Poison Control Hotline	149,000	155,000	6,000	4.0%
Professional Not Classified	15,029	15,000	(29)	-0.2%
Sexual Violence Prevention and Education	-	20,000	20,000	0.0%
Women, Infant and Children (WIC)-Consultants/Speakers	18,000	10,000	(8,000)	-44.4%
Women, Infant and Children (WIC)-Evaluation Consultant	10,000	10,000	-	0.0%
Women, Infant and Children (WIC)-EBT	200,000	510,260	310,260	155.1%
Total Professional Services	**$ 4,878,909**	**$ 6,169,918**	**$ 1,291,009**	**26.5%**

Information Technology Contractual Services

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Family Planning	42,000	51,200	9,200	21.9%
SPSS Annual Maintenance	22,000	12,800	(9,200)	-41.8%
Cancer Prevention and Control	17,176	15,000	(2,176)	-12.7%
WIC IT Contractor	284,800	204,340	(80,460)	-28.3%
			-	
Total IT Contractual Services	**$ 365,976**	**$ 283,340**	**$ (82,636)**	**-22.6%**

North Dakota Department of Health
Tobacco Special Appropriation Line
2013-15 Executive Budget

Professional Services Line Item

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Community Health Trust Fund - 316				
NDQuits Vendor-Healthways	1,520,000	1,640,000	120,000	7.9%
NDQuits Vendor-UND	793,238	818,238	25,000	3.2%
NDQuits Vendor-Results Unlimited	200,000	297,116	97,116	48.6%
NDQuits Vendor Evaluation	80,000	40,000	(40,000)	-50.0%
NDQuits Promotion	150,000	-	(150,000)	0.0%
NDQuits Promotion-Cameo Communications	10,000	-	(10,000)	0.0%
QuitNet Vendor-Healthways	334,000	-	(334,000)	0.0%
State Employee Cessation - Promotion	10,000	10,000	-	0.0%
Tobacco Consultants -Cameo Communications	50,000	20,000	(30,000)	-60.0%
Youth Tobacco Survey	-	25,000	25,000	0.0%
Second Hand Smoke Survey	-	25,000	25,000	0.0%
Adult Tobacco Survey-Advisory Committee	140,000	25,000	(115,000)	-82.1%
Center for Disease Control - Federal Funds				
NDQuits Vendor-Results Unlimited	130,000	527,820	397,820	306.0%
Cessation Services	53,000	10,000	(43,000)	-81.1%
Tobacco Consultants -Cameo Communications	110,000	60,000	(50,000)	-45.5%
Legal - Tobacco & Misc.	13,155	4,800	(8,355)	-63.5%
Youth Tobacco Survey-Winkelman	24,000	5,000	(19,000)	-79.2%
Kat Communications	24,000	-	(24,000)	-100.0%
Arnold Project	10,000	-	(10,000)	-100.0%
Quality Improvement Project	-	60,000	60,000	0.0%
NDQuits/QuitNet Vendor Evaluation	-	80,000	80,000	0.0%
Total Professional Services	**$ 3,651,393**	**$ 3,647,974**	**$ (3,419)**	**-0.1%**

Information Technology Contractual Services

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Ageny Mabu	7,500		(7,500)	-100.0%
Nexus Innovations	4,539		(4,539)	-100.0%
Total IT Contractual Services	**$ 12,039**	**$ -**	**$ (12,039)**	**-100.0%**

North Dakota Department of Health
Community Health Section
2013-15 Executive Budget

Grant Line Item

Description	2011-13 Current Budget	Expend To Date Nov 2012	2011-13 Amount Remaining	2013-15 Executive Budget	2013-15 General Fund	2013-15 Federal Fund	2013-15 Special Fund
Comprehensive Cancer	120,000	49,852	70,148	64,000		64,000	
Colorectal Grants	477,600	180,048	297,552	477,600	477,600		
Colorectal Cancer Screening	0	-	-	125,000	125,000		
DentaQuest	0	-	-	100,000			100,000
Domestic Violence	2,050,000	1,231,152	818,848	2,050,000	1,710,000		340,000
Donated Dental Services	50,000	27,435	22,565	50,000	50,000		
Early Childhood Comprehensive System	150,000	20,000	130,000	175,000		175,000	
Empower	165,000	76,394	88,606	-			
Family Planning	2,234,500	1,166,830	1,067,671	1,856,490		1,856,490	
Family Violence	1,374,800	936,720	438,080	1,381,133		1,381,133	
Fetal Alcohol Program	388,458	221,909	166,549	388,458	388,458		
Grants to Encourage Arrest	949,700	183,177	766,523	938,000		938,000	
Heart Disease and Stroke Prevention	200,000	20,590	179,410	-	-		
Stroke Registry	394,824	160,899	233,925	368,324	368,324		
MCH Block	1,651,300	819,502	831,798	1,606,300		1,606,300	
Oral Health-Centers for Disease Control	50,000	-	50,000	50,000		50,000	
Oral Health Workforce Activities	343,000	241,785	101,215	343,000		343,000	
Preventive Health Block Grant	151,500	46,845	104,655	30,078		30,078	
Sexual Violence RPE	175,000	60,962	114,038	151,000		151,000	
Safe Havens	1,067,000	252,622	814,378	425,000	425,000		
School Health	14,000	-	14,000	14,000		14,000	
School Health-New Program	-	-	-	181,240		181,240	
Sexual Assault Services	380,000	200,614	179,386	438,148		438,148	
STOP Violence	1,493,200	910,808	582,392	1,454,183		1,454,183	
Suicide Prevention	700,000	244,245	455,755	700,000	700,000		
Women's Way (WW)	300,500	-	300,500	-			
WIC Peer Counseling	122,300	94,900	27,400	230,000		230,000	
Women, Infant & Children Program (WIC)	6,018,610	3,867,004	2,151,606	6,520,883		6,520,883	
Total Grants	**$ 21,021,292**	**$ 11,014,293**	**$ 10,006,999**	**$ 20,117,837**	**$ 4,244,382**	**$ 15,433,455**	**$ 440,000**

North Dakota Department of Health
Tobacco Special Appropriation Line
2013-15 Executive Budget

Grant Line Item

Description	2011-13 Current Budget	Expend To Date Nov 2012	2011-13 Amount Remaining	2013-15 Executive Budget	2013-15 General Fund	2013-15 Federal Fund	2013-15 Special Fund
CDC Tobacco Preventions	1,098,000	281,100	816,900	540,000		540,000	
CHTF Cessation Programs	225,000	61,392	163,608	320,000			320,000
Total Grants	**$ 1,323,000**	**$ 342,492**	**$ 980,508**	**$ 860,000**	**$ -**	**$ 540,000**	**$ 320,000**

North Dakota Department of Health
Community Health Section
2013-15 Executive Budget

Summary of Federal & Other Funds

		2013-15 Executive Budget	
Federal Funds			
Women's Way		3,081,227	
Comprehensive Cancer		663,950	
Cancer Management Leadership Coordination		101,648	
Behavior Risk Factor Surveillance System (BRFSS)		834,471	
Cardiovascular Health Assistance Program		1,086,840	
Coordinated Chronic Diseasae		1,219,525	
Family Planning Services		2,271,463	
Maternal and Child Health Services Block Grant (MCH)		3,129,671	
Oral Disease Prevention Program		618,131	
Early Childhood Comprehensive Systems (ECCS)		292,005	
DHS New Parent Newsletter		20,000	
School Health		737,891	
Oral Health Workforce Activities		554,810	
Express Grant for SIDS		10,000	
Family Violence & Prevention Services Grant		1,447,474	
Child Safety Program		295,716	
STOP Violence Against Women Formula Grants		1,596,480	
Sexual Violence Prevention and Education		176,921	
Consumer Product Safety		1,700	
Grants to Encourage Arrest		966,877	
Sexual Assault Service Grant Program		460,258	
Women, Infant and Children (WIC) - Supplemental Food		31,825,169	
Women, Infant and Children (WIC) - EBT		510,260	
WIC Peer Counseling		230,000	
Preventive Health Block Grant		30,078	
Diabetes Prev. & Control (Chronic Disease)		649,352	
Tobacco Prevention (Chronic Disease)		1,994,564	*
Total	**$**	**54,806,481**	
Other Funds			
Women's Way (CHTF)		400,500	
DentaQuest		302,783	
Cribs For Kids (Ronald McDonald)		100,000	
Domestic Violence Fund		340,000	
Tobacco (CHTF)		3,220,354	*
Total	**$**	**4,363,637**	

* These funds are in the Tobacco Prevention and Control Special Line Item

SB 2004
3/20/13
Attachment 2

Priority 23

Stroke System of Care $383,000

The Division of Chronic Disease requests $191,500 per year for the next biennium or $383,000 to increase funding for continued implementation of the statewide coordinated and integrated stroke system of care. This request supports the following:

$35,000 per biennium for Statewide Technology

$8,000 per biennium for Data Entry (at the hospital level)

$150,000 per biennium for Regional TA support and 2 aphasia pilot projects

$50,000 per biennium for training of EMS and other responders

$140,000 per biennium for Health Communication Interventions

Description.

The North Dakota Stroke System of Care Task Force (SSCTF), working as charged under HB 1339 and through its appointment by the state health officer, developed recommendations and strategies to direct the de-fragmentation of stroke related care in our rural state. The significant and primary purpose of the SSCTF recommendations are to create and maintain an inclusive and coordinated, statewide system of care and education that continuously improves the knowledge, diagnosis, treatment and rehabilitation of stroke patients and reduces the overall stroke risk for all North Dakota citizens.

SB 2004
3/20/13
Attachment 3

North Dakota Department of Health
Medical Services Section
2013-15 Executive Budget

	2009-11 Actual Expenditures	Expend To Date Nov 2012	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	30.25	31.00	31.00	31.00	0.00	0%
511 Salaries	2,649,304	2,028,826	2,928,917	3,083,040	154,123	5%
513/514 Temporary, Overtime	132,538	186,544	278,000	786,120	508,120	183%
516 Benefits	1,009,473	806,045	1,225,341	1,407,889	182,548	15%
TOTAL	**3,791,315**	**3,021,415**	**4,432,258**	**5,277,049**	**844,791**	**19%**
General Fund	1,164,374	863,591	1,270,844	1,357,932	87,088	7%
Federal Funds	2,621,143	2,157,824	3,161,414	3,919,117	757,703	24%
Other Funds	5,798		0	0	0	
OPERATING EXPENSES						
521 Travel	194,263	119,029	231,252	238,447	7,195	3%
531 IT - Software/Supp.	29,958	13,888	46,508	53,383	6,875	15%
532 Professional Supplies & Materials	355,239	131,079	392,277	484,006	91,729	23%
533 Food & Clothing	0	226	0	0	0	
534 Buildings/Vehicle Maintenance Supplies	14,339	5,573	12,353	13,871	1,518	12%
535 Miscellaneous Supplies	2,604	941	3,342	3,509	167	5%
536 Office Supplies	33,848	15,106	41,124	49,959	8,835	21%
541 Postage	58,810	25,262	72,279	103,483	31,204	43%
542 Printing	116,834	70,681	140,835	164,709	23,874	17%
551 IT Equip Under $5000	24,923	21,410	22,500	27,000	4,500	20%
552 Other Equip Under $5000	945	1,510	1,510	0	(1,510)	
553 Office Equip Under $5000	13,823	7,715	2,205	0	(2,205)	
561 Utilities	66,212	37,061	63,409	66,579	3,170	5%
571 Insurance	0	0	0	0	0	
581 Lease/Rentals - Equipment	3,080	1,475	3,481	3,481	0	0%
582 Lease \Rentals-- Buildings./Land	21,056	18,567	22,721	30,091	7,370	32%
591 Repairs	59,574	37,006	51,222	64,182	12,960	25%
601 IT-Data Processing	88,505	57,972	96,265	173,927	77,662	81%
602 IT-Telephone	57,619	41,545	65,338	67,554	2,216	3%
603 IT - Contractual Services	507,408	383,380	910,910	999,910	89,000	10%
611 Professional Development	56,845	37,624	66,609	70,183	3,574	5%
621 **Operating Fees & Services**	**48,394**	**4,010**	**25,873**	**27,246**	**1,373**	5%
623 **Professional Services**	**1,015,191**	**779,387**	**1,794,940**	**2,582,366**	787,426	44%
625 Medical, Dental, and Optical	1,905,352	1,556,498	22,939,521	5,037,972	(17,901,549)	-78%
Operating Budget Adjustment	0	0	0	0	0	
TOTAL	**4,674,822**	**3,366,948**	**27,006,474**	**10,261,858**	**(16,744,616)**	**-62%**
General Fund	717,048	455,611	2,047,620	3,717,609	1,669,989	82%
Federal Funds	3,956,426	2,899,601	5,748,246	6,544,249	796,003	14%
Other Funds	1,348	11,736	19,210,608	0	(19,210,608)	
CAPITAL ASSETS						
683 Other Capital Payments	254,259	134,219	268,854	239,936	(28,918)	-11%
684 Extraordinary Repairs	0		0	0	0	
691 Equipment >$5000	0		0	60,000	60,000	100%
693 IT Equip >$5000	0		0	0	0	
TOTAL	**254,259**	**134,219**	**268,854**	**299,936**	**31,082**	**12%**
General Fund	181,244	90,138	183,022	271,088	88,066	48%
Federal Funds	73,015	44,081	85,832	28,848	(56,984)	-66%
Other Funds	0		0	0	0	
GRANTS\SPECIAL LINE ITEMS						
712 Grants - Non State	2,438,432	801,096	1,695,554	1,366,544	(329,010)	-19%
722 Grants - In State	3,500		0	0	0	
-71 Tobacco Prevention/Control	0		0	0	0	
-72 WIC Food Payments	0		0	0	0	
-78 Cont Approp - CHTF/EPA	0		0	0	0	
-79 Federal Stimulus Funds	603,614	264,091	621,222	130,000	(491,222)	-79%
TOTAL	**3,045,546**	**1,065,187**	**2,316,776**	**1,496,544**	**(820,232)**	**-35%**
General Fund	1,283,971		0	0	0	
Federal Funds	1,761,575	1,065,187	2,316,776	1,496,544	(820,232)	-35%
Other Funds	0		0	0	0	
DEPARTMENT ID TOTAL						
TOTAL	**11,765,942**	**7,587,769**	**34,024,362**	**17,335,387**	**(16,688,975)**	**-49%**
General Fund	3,346,637	1,409,340	3,501,486	5,346,629	1,845,143	53%
Federal Funds	8,412,159	6,166,693	11,312,268	11,988,758	676,490	6%
Other Funds	7,146	11,736	19,210,608	0	(19,210,608)	

North Dakota Department of Health
Medical Services Section
2013-15 Executive Budget

Professional Services Line Item

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	21,748	30,279	8,531	39.2%
MedCenter One/Sanford Health	42,000	41,525	(475)	-1.1%
National Medical Services	36,000	32,000	(4,000)	-11.1%
Metro Ambulance	11,500	8,000	(3,500)	-30.4%
UND Pathology Department	-	660,000	660,000	100.0%
Viral Hepatitis	52,000	70,000	18,000	34.6%
Immunization	564,492	168,562	(395,930)	-70.1%
Sexually Transmitted Disease Clinics	7,000	7,000	-	0.0%
AIDS Patient Testing - LPHU	260,000	300,000	40,000	15.4%
AIDS Patient Testing - Media, Comm Action, Red Cross	242,000	266,000	24,000	9.9%
AIDS Surveillance Contracts to Clinics	97,000	95,000	(2,000)	-2.1%
TB Patient Testing	67,000	76,000	9,000	13.4%
Ryan White - LPHU	163,000	477,000	314,000	192.6%
Ryan White - Media	10,000	10,000	-	0.0%
BioSense	105,200	210,000	104,800	99.6%
Influenza Surveillance Sites Contracts to Clinics	6,000	11,000	5,000	83.3%
Epidemiology & Laboratory Capacity - Electronic Lab Reporting	110,000	120,000	10,000	9.1%
Total Professional Services	**$ 1,794,940**	**$ 2,582,366**	**$ 787,426**	**43.9%**

Information Technology Contractual Services

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Consilience Maintenance - Electronic Lab Reporting	176,167	330,000	153,833	87.3%
Blue Cross Blue Shield of ND - Immunization Registry	734,743	669,910	(64,833)	-8.8%
			-	
Total IT Contractual Services	**$ 910,910**	**$ 999,910**	**$ 89,000**	**9.8%**

North Dakota Department of Health
Medical Services Section
2013-15 Executive Budget

Grant Line Item

Description	2011-13 Current Budget	Expend To Date Nov 2012	2011-13 Amount Remaining	2013-15 Executive Budget	2013-15 General Fund	2013-15 Federal Fund	2013-15 Special Fund
Immunization to LPHU	1,060,000	584,610	475,390	960,000		960,000	
Sexually Transmitted Diseases	20,000	19,521	479	20,000		20,000	
Epidemiology & Lab Capacity to LPHU	189,386	63,354	126,032	177,598		177,598	
Epidemiology & Lab Capacity to NDSU	106,168	79,858	26,310	82,744		82,744	
Epidemiology & Lab Capacity Electronic Lab Reporting	265,000	-	265,000	80,000		80,000	
Epidemiology & Lab Capacity Small Vector Control & West Nile Virus	55,000	53,753	1,247	46,202		46,202	
		-	-	-			
Total Grants	**$ 1,695,554**	**$ 801,096**	**$ 894,458**	**$ 1,366,544**	**$ -**	**$ 1,366,544**	**$ -**

North Dakota Department of Health
Medical Services Section
2013-15 Executive Budget

Equipment > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total
Copier Replacement	DC	1	10,000	10,000
Digital X-ray machine	MEO	1	50,000	50,000
				-

Total Equipment > $5,000 **$ 60,000**

IT Equipment/Software > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total
				-

Total IT Equipment/Software > $5,000 **$ -**

This equipment is funded with federal and special funds

North Dakota Department of Health
Medical Services Section
2013-15 Executive Budget

Summary of Federal & Other Funds

		2013-15 Executive Budget
Federal Funds		
CDC Public Health Emegency Preparedness		530,789
Immunization Grant		4,024,564
Adult Viral Hepatitis Grant		114,312
Sexually Transmitted Disease (STD) Grant		293,102
AIDS Prevention & Surveillance Grant		1,593,516
Tuberculosis Grant		227,323
Ryan White Grant		3,000,324
Epidemiology & Laboratory Capacity		1,751,843
Council of State & Territorial Epidemiologists Influenza		87,277
CDC BioSense Grant		235,708
ARRA Immunization		130,000
	Total	**$ 11,988,758**
Other Funds		
	Total	**$ -**

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Attachment 4

North Dakota Department of Health
Status of NDBA Series A and Series B Bonds

2002 A / 2010 B Bond	2001 Legislature approved Lab Addition of approximately 12,300 square feet of laboratory space occupancy in June 2003 Expected Payments 7/1/2013 - 6/30/2015 - $497,225 Expected Payments 7/1/2015 - 12/1/2022 - $1,739,731
2003 B / 2012 A Bond	2003 Legislature approved the building of a 4,773 square foot Morgue and a 3,000 square foot Storage Building. Storage Building occupied November, 2004 and Morgue occupied March 2005 Expected Payments 7/1/2013 - 6/30/2015 -$145,463 Expected Payments 7/1/2015 - 12/1/2022 - $516,089

Expected Payments 7/1/2013 - 6/30/2015 - Both Bonds		$ 642,688
	General fund	457,380
	Federal fund	185,308

SB 2004
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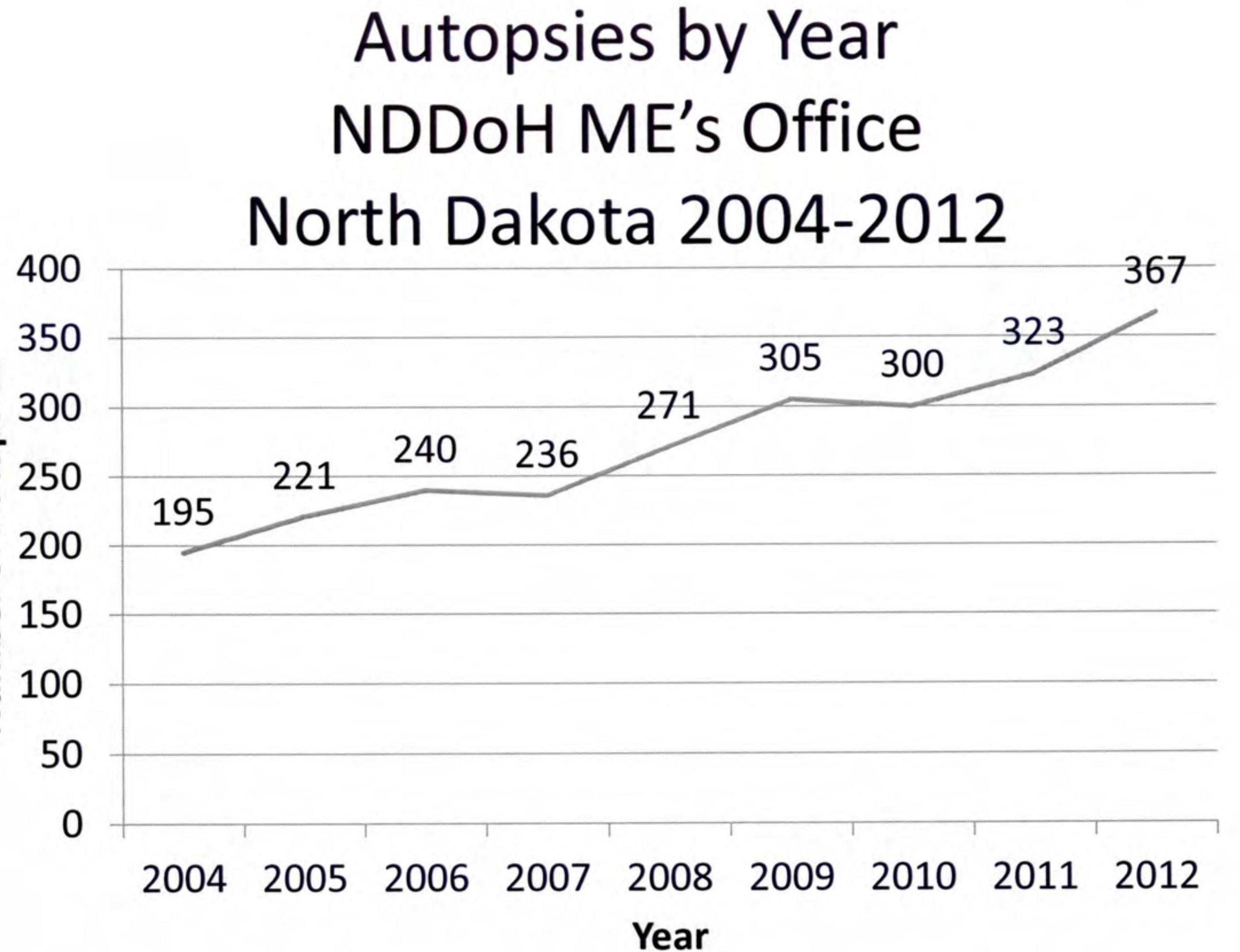
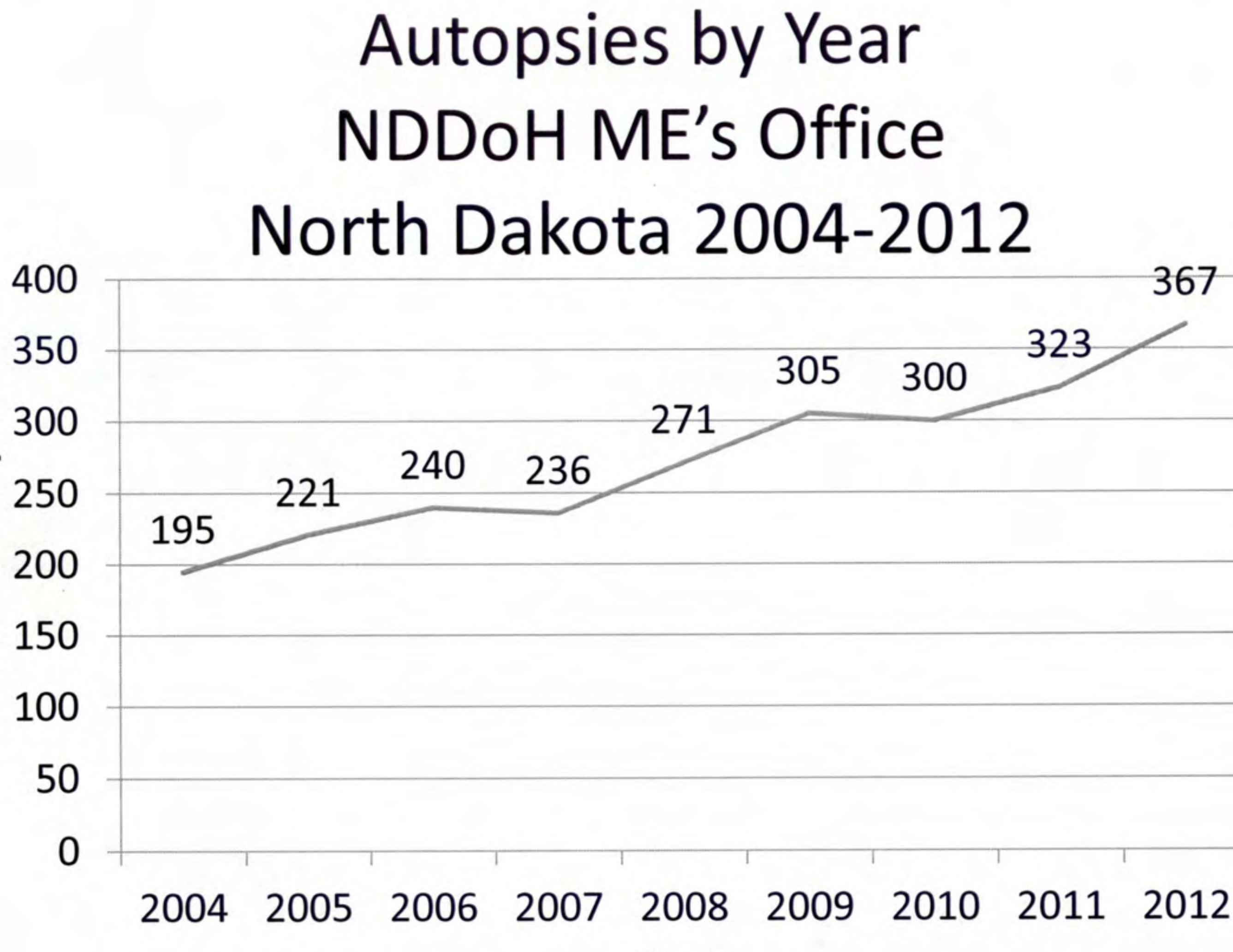
Attachment 5




Autopsies by Year
NDDoH ME's Office
North Dakota 2004-2012
Number of Autopsies
400
350
300
250
200
150
100
50
0
195
221
240
236
271
305
300
323
367
2004
2005
2006
2007
2008
2009
2010
2011
2012
Year

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Attachment 6

North Dakota Department of Health

Temporary / Overtime Salaries
2013-15 Executive Budget
Medical Services Section

Duties Timeframe	2011-2013 Current Budget	2013-2015 Executive Budget	Executive + (-) Difference	Funding Source
Assist with HIV Prevention community planning group, review hepatitis laboratory reports, classify hepatitis reports for epidemiological purposes, provide Tuberculosis and Ryan White data support. This is an ongoing cost.	16,800	107,832	91,032	Federal Funds
Assist with data quality management for the HIV Prevention and Sexually Transmitted Diseases programs, coordinate with the state epidemiologist and data analyst about electronic lab reporting. This is an ongoing cost.	46,100	107,832	61,732	Federal Funds
Assist with current syndromic surveillance coordinator and act as liaison between ND Department of Health and hospitals that are recruited and awarded contracts to implement sydromic surveillance messaging in their facilities. This is an ongoing cost.	44,100	107,832	63,732	Federal Funds
Assist with responding to providers requesting to test their electronic medical records capability for interoperablitiy with the NDIIS, conducting pre and post enhancement interoperability benchmarking, participating on NDHIN committees, serves as a member of the NDIIS interopeability project team, maintains the NDIIS interoperablity website, and educating immunization providers about NDIIS interoperability. This is a one-time cost.		107,832	107,832	Federal Funds
Assist with project management of improvements and maintenance of NDIIS. This includes working with Blue Cross / Blue Shield of ND and public / private healthcare providers on interoperability. This is a one-time cost.		66,264	66,264	Federal Funds

North Dakota Department of Health
Temporary / Overtime Salaries
2013-15 Executive Budget
Medical Services Section

Duties Timeframe	2011-2013 Current Budget	2013-2015 Executive Budget	Executive + (-) Difference	Funding Source
Assist with recall of adolescents and to update contact and moved or gone elsewhere (MOGE) information in the NDIIS, assist with immunization surveillance with school vaccination assessments and assist with quality assurance in the immunization program to improve the vaccine management, storage and handling at provider and grantee levels. This is a one-time cost.		107,832	107,832	Federal Funds
Coordinate programs for the detection, reporting and prevention of healthcare associated infections in North Dakota. This is an ongoing cost.	96,000	114,696	18,696	Federal Funds
Assist the medical examiner in conducting autopsies, assist with proper chain of custody of medico-legal purposes, assist with completing appropriate documentation on each case, assist with preparing specimens for shipping to laboratories. This is an ongoing cost.	75,000	66,000	(9,000)	General Funds
	278,000	**786,120**	**508,120**	**Total**
	75,000	**66,000**	**(9,000)**	**General Fund**
	203,000	**720,120**	**517,120**	**Federal Funds**
	-	**-**	**-**	**Special Funds**

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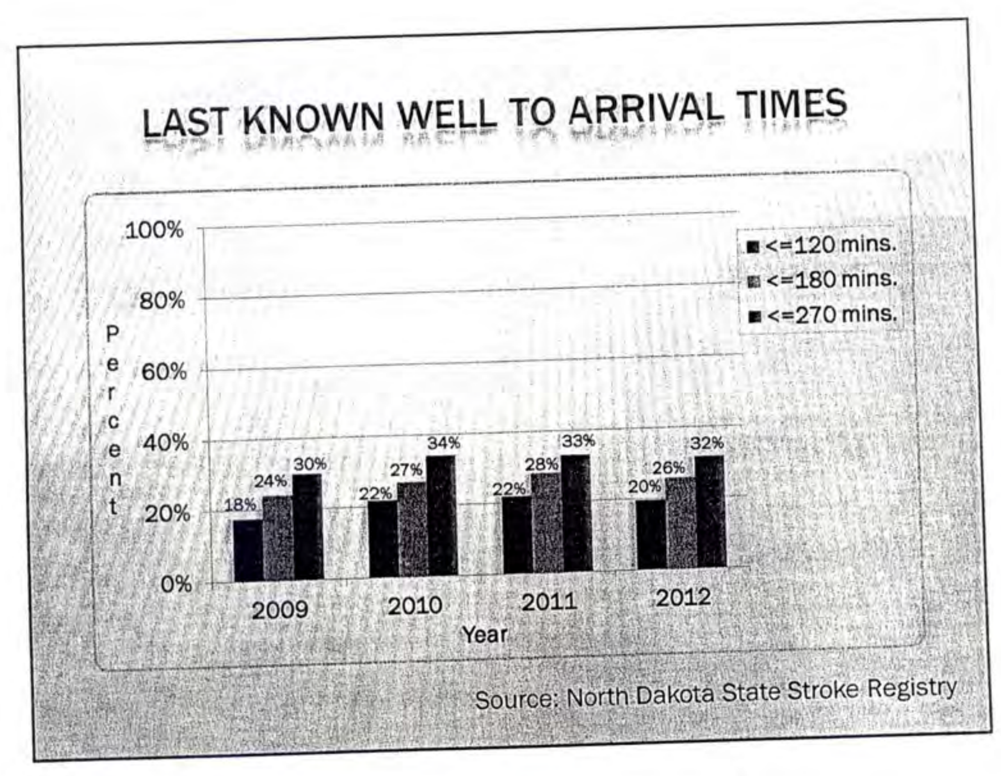
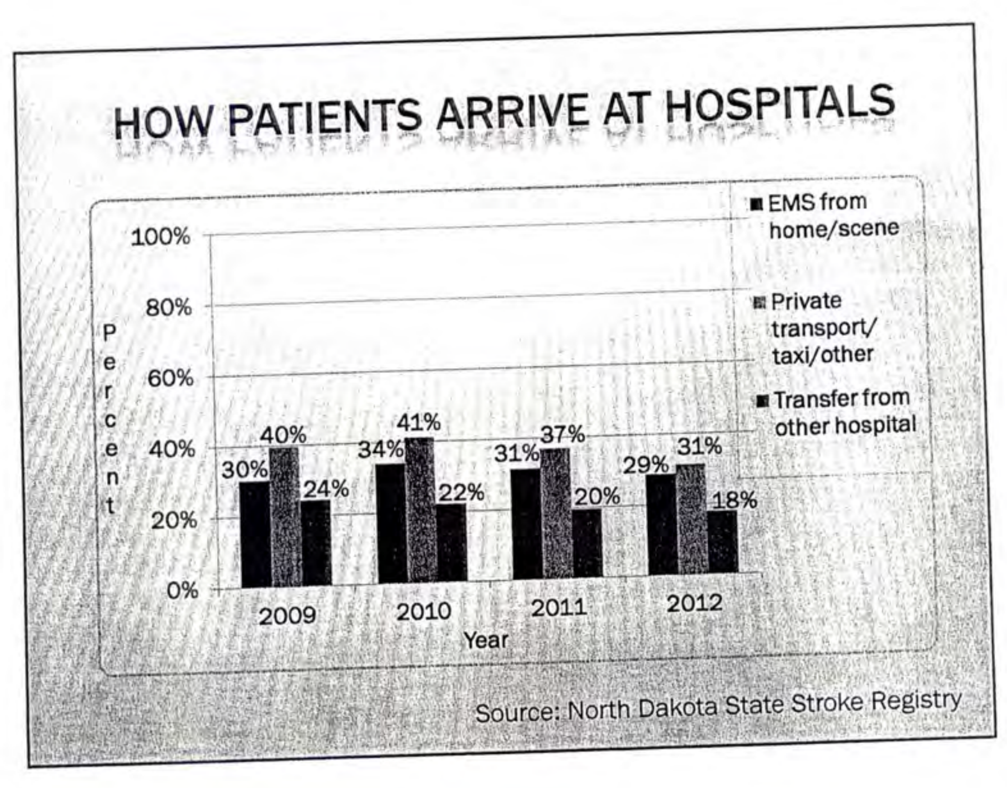
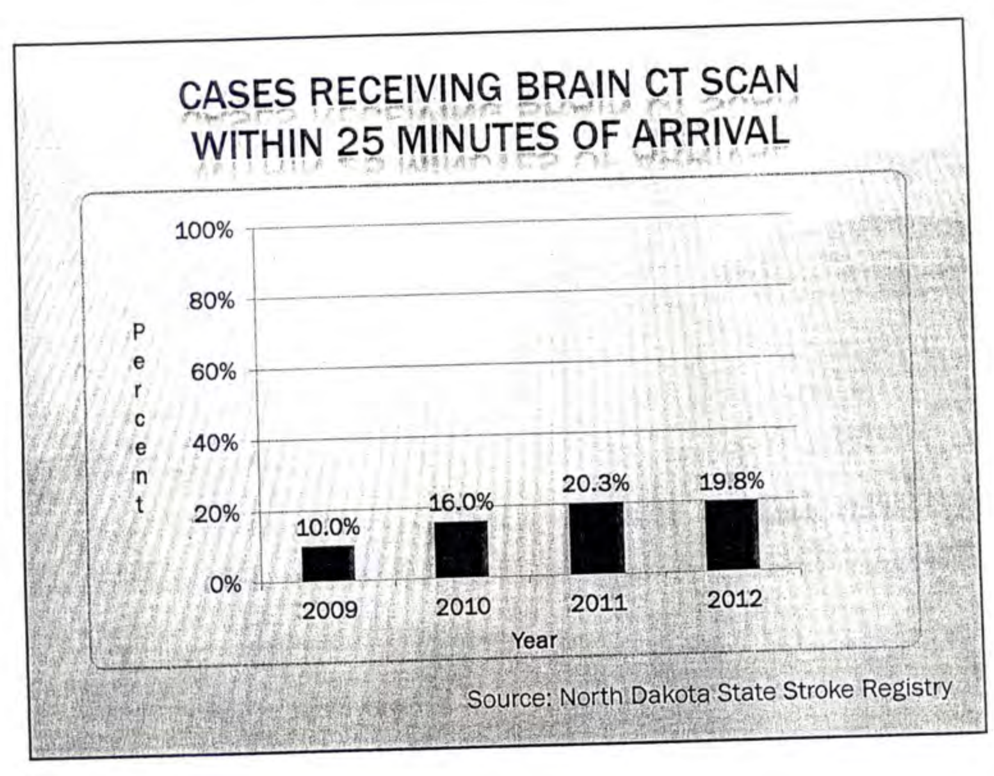
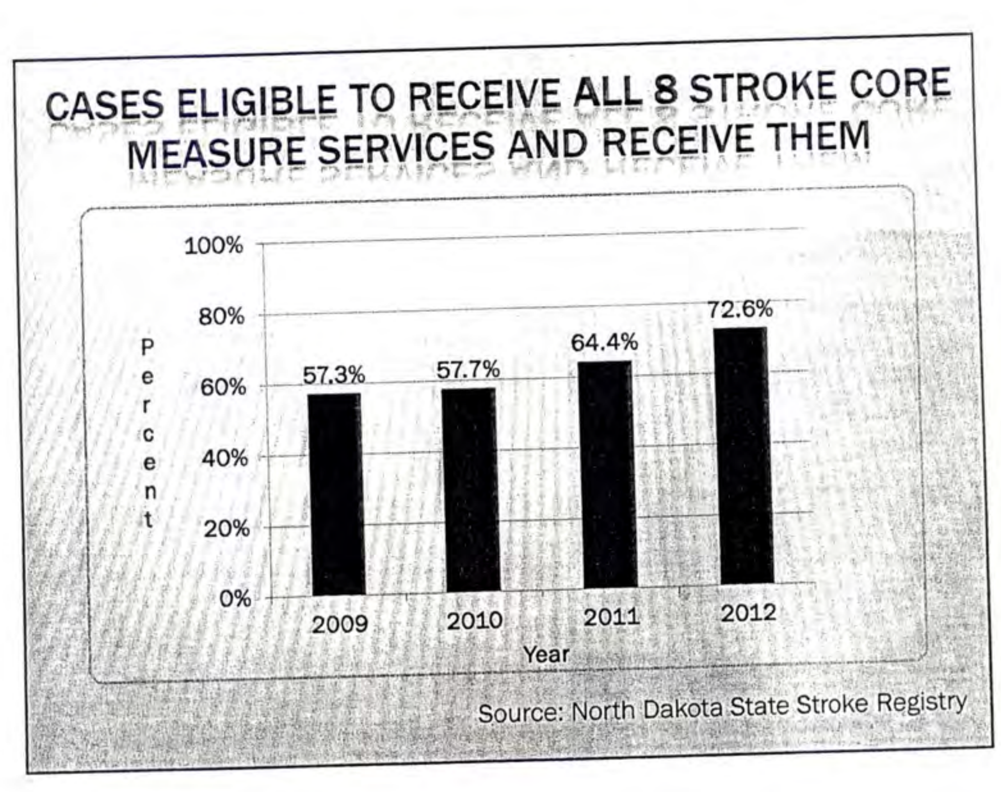
Attachment 7






CASES RECEIVING BRAIN CT SCAN WITHIN 25 MINUTES OF ARRIVAL
100%
80%
60%
40%
20%
0%
Percent
10.0%
16.0%
20.3%
19.8%
2009
2010
2011
2012
Year
Source: North Dakota State Stroke Registry


CASES ELIGIBLE TO RECEIVE ALL 8 STROKE CORE MEASURE SERVICES AND RECEIVE THEM
100%
80%
60%
40%
20%
0%
Percent
57.3%
57.7%
64.4%
72.6%
2009
2010
2011
2012
Year
Source: North Dakota State Stroke Registry

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North Dakota Department of Health
Administrative Services Section
2013-15 Executive Budget

	2009-11 Actual Expenditures	Expend To Date Nov 2012	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	38.93	37.75	37.75	37.75	0.00	0%
511 Salaries	3,556,290	2,716,918	3,879,210	8,434,884	4,555,674	117%
513/514 Temporary, Overtime	172,201	141,149	203,501	273,223	69,722	34%
516 Benefits	1,327,698	961,407	1,547,248	1,719,334	172,086	11%
TOTAL	**5,056,189**	**3,819,474**	**5,629,959**	**10,427,441**	**4,797,482**	**85%**
General Fund	2,173,143	1,806,897	2,772,364	5,319,770	2,547,406	92%
Federal Funds	2,850,264	2,012,577	2,712,601	5,107,671	2,395,070	88%
Other Funds	32,782	0	144,994	0	(144,994)	
OPERATING EXPENSES						
521 Travel	90,603	86,823	141,651	206,652	65,001	46%
531 IT - Software/Supp.	43,456	24,831	26,383	27,384	1,001	4%
532 Professional Supplies & Materials	57,477	79,014	77,833	90,606	12,773	16%
533 Food & Clothing	0	0	0	0	0	
534 Buildings/Vehicle Maintenance Supplies	17,872	3,275	13,231	13,892	661	5%
535 Miscellaneous Supplies	0	0	0	0	0	
536 Office Supplies	94,077	34,717	74,937	89,137	14,200	19%
541 Postage	202,131	118,127	200,073	177,147	(22,926)	-11%
542 Printing	50,328	58,153	52,468	54,066	1,598	3%
551 IT Equip Under $5000	35,364	17,232	29,651	49,620	19,969	67%
552 Other Equip Under $5000	0	0	0	0	0	
553 Office Equip Under $5000	16,772	1,591	1,591	0	(1,591)	
561 Utilities	0	0	0	0	0	
571 Insurance	59,682	38,544	79,956	79,956	0	0%
581 Lease/Rentals - Equipment	3,217	2,161	3,097	3,097	0	0%
582 Lease \Rentals-- Buildings./Land	15,550	11,554	16,911	17,060	149	1%
591 Repairs	28,970	5,016	13,137	13,793	656	5%
601 IT-Data Processing	249,265	156,025	218,817	240,947	22,130	10%
602 IT-Telephone	66,900	41,629	66,096	67,241	1,145	2%
603 IT - Contractual Services	19,790	74,167	42,630	26,000	(16,630)	-39%
611 Professional Development	72,399	56,128	83,467	98,568	15,101	18%
621 **Operating Fees & Services**	**25,631**	**27,342**	**34,280**	**44,509**	**10,229**	30%
623 **Professional Services**	**288,971**	**284,995**	**1,066,850**	**1,690,226**	623,376	58%
625 Medical, Dental, and Optical	0		0	0	0	
Operating Budget Adjustment	0	0	0	0	0	
TOTAL	**1,438,455**	**1,121,324**	**2,243,059**	**2,989,901**	**746,842**	**33%**
General Fund	296,366	108,746	235,013	296,325	61,312	26%
Federal Funds	742,246	768,688	1,550,039	2,000,954	450,915	29%
Other Funds	399,843	243,890	458,007	692,622	234,615	51%
CAPITAL ASSETS						
683 Other Capital Payments	0		0	0	0	
684 Extraordinary Repairs	0		0	0	0	
691 Equipment >$5000	6,517		0	0	0	
693 IT Equip >$5000	0		0	0	0	
TOTAL	**6,517**	**0**	**0**	**0**	**0**	
General Fund	6,517		0	0	0	
Federal Funds	0		0	0	0	
Other Funds	0		0	0		
GRANTS\SPECIAL LINE ITEMS						
712 Grants - Non State	2,675,000	2,247,521	3,000,000	5,134,000	2,134,000	71%
722 Grants - In State	0		0	0	0	
-71 Tobacco Prevention/Control	0		0	0	0	
-72 WIC Food Payments	0		0	0	0	
-78 Cont Approp - CHTF/EPA	0		0	0	0	
-79 Federal Stimulus Funds	0	0	0	0	0	
TOTAL	**2,675,000**	**2,247,521**	**3,000,000**	**5,134,000**	**2,134,000**	**71%**
General Fund	2,675,000	2,247,521	3,000,000	4,934,000	1,934,000	64%
Federal Funds	0	0	0	200,000	200,000	100%
Other Funds	0		0	0	0	
DEPARTMENT ID TOTAL						
TOTAL	**9,176,161**	**7,188,319**	**10,873,018**	**18,551,342**	**7,678,324**	**71%**
General Fund	5,151,026	4,163,164	6,007,377	10,550,095	4,542,718	76%
Federal Funds	3,592,510	2,781,265	4,262,640	7,308,625	3,045,985	71%
Other Funds	432,625	243,890	603,001	692,622	89,621	15%

North Dakota Department of Health
Administrative Services Section
2013-15 Executive Budget

Professional Services Line Item

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	26,600	27,500	900	3.4%
Certificate of Public Advantage	100,000	100,000	-	0.0%
Employee training (UND)	20,000	20,000	-	0.0%
Strategic Planning	25,000	25,000	-	0.0%
Audit	60,000	82,500	22,500	37.5%
Healthy ND - Ehren's Consulting	100,000	100,000	-	0.0%
Reach Partners-Local/Tribal Comm Based Health Init.		32,000	32,000	100.0%
SE Regional Network (Bush Foundation)	100,000	180,585	80,585	80.6%
Community Transformation - Local/Tribal Comm Based	289,500	540,241	250,741	86.6%
Community Transformation Small Communities	345,750	582,400	236,650	68.4%
Total Professional Services	**$ 1,066,850**	**$ 1,690,226**	**$ 623,376**	**58.4%**

Information Technology Contractual Services

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Nexus Reporting System	35,130	26,000	(9,130)	-26.0%
Web Design	7,500	-	(7,500)	-100.0%
Total IT Contractual Services	**$ 42,630**	**$ 26,000**	**$ (16,630)**	**-39.0%**

North Dakota Department of Health
Administrative Services Section
2013-15 Executive Budget

Grant Line Item

Description	2011-13 Current Budget	Expend To Date Nov 2012	2011-13 Amount Remaining	2013-15 Executive Budget	2013-15 General Fund	2013-15 Federal Fund	2013-15 Special Fund
Local Public - State Aid	3,000,000	2,247,521	752,479	3,750,000	3,750,000		
Comm Based Health Wellness Init		-	-	200,000		200,000	
Local Public Health - Oil Impact		-	-	1,184,000	1,184,000		
Total Grants	**$ 3,000,000**	**$ 2,247,521**	**$ 752,479**	**$ 5,134,000**	**$ 4,934,000**	**$ 200,000**	**$ -**

North Dakota Department of Health
Administrative Services Section
2013-15 Executive Budget

Summary of Federal & Other Funds

		2013-15 Executive Budget
Federal Funds		
Preventive Health Service Block Grant		340,782
Public Health Emergency Preparedness		545,713
Vital Records Federal Contracts		339,750
Community Transformation Grant		1,632,813
Unidentified Salary Equity Package		2,047,777
Indirect Cost Pool		2,401,790
	Total	**$ 7,308,625**
Other Funds		
Environmental Health Practitioner Licenses		3,000
Vital Records Postage Revenue		150,000
Certificate of Public Advantage		100,000
Bush Foundation		196,880
Indirect Cost Pool		242,742
	Total	**$ 692,622**

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4 pages

North Dakota Department of Health
Health Resources Section
2013-15 Executive Budget

	2009-11 Actual Expenditures	Expend To Date Nov 2012	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**46.00**	**48.50**	**48.50**	**48.50**	**0.00**	**0%**
511 Salaries	4,359,888	3,333,688	5,021,537	5,092,632	71,095	1%
513/514 Temporary, Overtime	18,460	33,972	50,000	190,063	140,063	280%
516 Benefits	1,548,263	1,210,553	1,960,136	2,192,127	231,991	12%
TOTAL	**5,926,611**	**4,578,213**	**7,031,673**	**7,474,822**	**443,149**	**6%**
General Fund	1,650,594	1,281,896	1,828,766	2,023,565	194,799	11%
Federal Funds	3,465,547	2,707,311	4,151,533	4,248,180	96,647	2%
Other Funds	810,470	589,006	1,051,374	1,203,077	151,703	14%
OPERATING EXPENSES						
521 Travel	634,495	463,772	800,290	972,709	172,419	22%
531 IT - Software/Supp.	25,187	16,255	43,962	66,461	22,499	51%
532 Professional Supplies & Materials	7,027	3,408	11,261	11,825	564	5%
533 Food & Clothing	42	0	121	127	6	5%
534 Buildings/Vehicle Maintenance Supplies	586	1,823	890	935	45	5%
535 Miscellaneous Supplies	0	765	0	0	0	
536 Office Supplies	24,389	15,089	42,995	44,304	1,309	3%
541 Postage	37,124	17,660	43,640	45,822	2,182	5%
542 Printing	36,281	8,774	9,861	10,161	300	3%
551 IT Equip Under $5000	33,610	39,839	55,595	68,450	12,855	23%
552 Other Equip Under $5000	0	0	0	0	0	
553 Office Equip Under $5000	71,919	18,072	15,436	21,050	5,614	36%
561 Utilities	0	0	0	0	0	
571 Insurance	0	0	0	0	0	
581 Lease/Rentals - Equipment	2,075	819	2,837	2,837	0	0%
582 Lease \Rentals-- Buildings./Land	95,673	81,928	113,704	125,757	12,053	11%
591 Repairs	2,815	1,339	4,098	4,303	205	5%
601 IT-Data Processing	161,487	133,588	179,574	136,825	(42,749)	-24%
602 IT-Telephone	55,014	37,417	64,259	64,259	0	0%
603 IT - Contractual Services	0	0	0	110,000	110,000	100%
611 Professional Development	34,465	29,818	64,695	67,930	3,235	5%
621 **Operating Fees & Services**	**13,819**	**117,194**	**116,823**	**113,389**	**(3,434)**	-3%
623 **Professional Services**	**26,997**	**7,346**	**38,389**	**31,500**	**(6,889)**	-18%
625 Medical, Dental, and Optical	0		0	0	0	
Operating Budget Adjustment	**0**	**0**	**0**	**0**	**0**	
TOTAL	**1,263,005**	**994,906**	**1,608,430**	**1,898,644**	**290,214**	**18%**
General Fund	341,514	177,991	307,947	509,601	201,654	65%
Federal Funds	772,526	619,286	1,020,296	1,173,748	153,452	15%
Other Funds	148,965	197,629	280,187	215,295	(64,892)	-23%
CAPITAL ASSETS						
683 Other Capital Payments	0		0	0	0	
684 Extraordinary Repairs	0		0	0	0	
691 Equipment >$5000	0	10,567	10,567	10,000	(567)	-5%
693 IT Equip >$5000	0		4,433	15,000	10,567	238%
TOTAL	**0**	**10,567**	**15,000**	**25,000**	**10,000**	**67%**
General Fund	0		0	0	0	
Federal Funds	0	10,567	10,567	10,000	(567)	-5%
Other Funds	0		4,433	15,000	10,567	238%
GRANTS\SPECIAL LINE ITEMS						
712 Grants - Non State	0		0	0	0	
722 Grants - In State	0		0	0	0	
-71 Tobacco Prevention/Control	0		0	0	0	
-72 WIC Food Payments	0		0	0	0	
-78 Cont Approp - CHTF/EPA	0		0	0	0	
-79 Federal Stimulus Funds	17,191		0	0	0	
TOTAL	**17,191**	**0**	**0**	**0**	**0**	
General Fund	0		0	0	0	
Federal Funds	17,191		0	0	0	
Other Funds	0		0	0	0	
DEPARTMENT ID TOTAL						
TOTAL	**7,206,807**	**5,583,686**	**8,655,103**	**9,398,466**	**743,363**	**9%**
General Fund	1,992,108	1,459,887	2,136,713	2,533,166	396,453	19%
Federal Funds	4,255,264	3,337,164	5,182,396	5,431,928	249,532	5%
Other Funds	959,435	786,635	1,335,994	1,433,372	97,378	7%

North Dakota Department of Health
Health Resources Section
2013-15 Executive Budget

Professional Services Line Item

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Legal Fees - Administrative Hearings	100	2,500	2,400	2400.0%
Legal Fees - Attorney General	13,914	18,200	4,286	30.8%
Contractual Assistance	10,375	10,800	425	4.1%
Conversion to Microfiche	14,000	-	(14,000)	-100.0%
			-	
Total Professional Services	**$ 38,389**	**$ 31,500**	**$ (6,889)**	**-17.9%**

Information Technology Contractual Services

Description	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Food & Lodging Licensing Management System	-	110,000	110,000	100.0%
			-	
Total IT Contractual Services	**$ -**	**$ 110,000**	**$ 110,000**	**100.0%**

North Dakota Department of Health
Health Resources Section
2013-15 Executive Budget

Equipment > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total
Copier Replacement	HF	1	10,000	10,000
				-

Total Equipment > $5,000 **$ 10,000**

IT Equipment/Software > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total
Wide Format Digital Scanner	LSC	1	15,000	15,000
				-

Total IT Equipment/Software > $5,000 **$ 15,000**

This equipment is funded with federal and special funds

North Dakota Department of Health
Health Resources Section
2013-15 Executive Budget

Summary of Federal & Other Funds

		2013-15 Executive Budget
Federal Funds		
Medicaid Title 19		2,084,680
Medicare Title 18		3,227,609
Clinical Laboratory Improvement Amendments Program		119,639
Total	**$**	**5,431,928**
Other Funds		
Hospital Licensing Fees		187,020
Basic Care Fees		36,360
Nurse Aid Registry Fees		108,000
Health Care Trust Fund (Nurse Aid Registry)		167,725
Food & Lodging Licensure		785,063
Board of Funeral Services		8,000
Construction Fees		141,204
Total	**$**	**1,433,372**

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5 pages

North Dakota Code 23-17.5-02 - Discussions or negotiations - Certificate of public advantage

A health care provider may discuss preliminary matters toward, or may negotiate, a cooperative agreement with another health care provider or third-party payer if the likely benefits to health care consumers which may result from the agreement outweigh the disadvantages attributable to a potential reduction in competition that may result from the agreement. The parties to a cooperative agreement may apply to the department for a certificate of public advantage governing the agreement. Although a health care provider or third-party payer is not required to apply for a certificate of public advantage, a party that does not apply for a certificate does not receive the exclusion from state antitrust enforcement and intended federal antitrust immunity provided by section 23-17.5-10. The application must include an executed copy of the cooperative agreement and must describe the nature and scope of the cooperation in the agreement and any consideration passing to any party under the agreement. The applicants shall file a copy of the application and related materials with the attorney general and the department. The department shall review the application and shall hold a public hearing on the application. The department shall grant or deny the application within ninety days of the date of filing of the application. The decision must be in writing and must set forth the basis for the decision. The department shall furnish a copy of the decision to the applicants, the attorney general, and any intervenor.

CHAPTER 23-17.5
HEALTH CARE PROVIDER COOPERATIVE AGREEMENTS

23-17.5-01. Definitions.

In this chapter, unless the context otherwise requires:

1. "Active supervision" means actual state direction, supervision, or control that results in the exercise of power by the department or the attorney general to review anticompetitive conduct that results from, or is authorized by, a cooperative agreement for which a certificate of public advantage has been issued pursuant to this chapter. The term includes the authority granted the department or attorney general by this chapter to terminate or cancel a certificate of public advantage or to investigate or enjoin a cooperative agreement, and other conditions to the certificate provided under section 23-17.5-03.1.
2. "Cooperative agreement" means:
   a. An agreement among two or more health care providers or third-party payers for the sharing, allocation, or referral of patients, personnel, instructional programs, support services and facilities, or medical, diagnostic, or laboratory facilities or procedures or other services traditionally offered by health care providers; or
   b. An agreement among two or more health care providers for acquisition of control, consolidation, merger, or sale of assets of those health care providers.
3. "Department" means the state department of health.
4. "Health care provider" means any person who delivers, administers, or supervises health care products or services, for profit or otherwise, in the ordinary course of business or professional practice.
5. "Third-party payer" means any insurer or other entity responsible for providing payment for health care services, including workforce safety and insurance, the comprehensive health association of North Dakota, and any self-insured entity.

23-17.5-02. Discussions or negotiations - Certificate of public advantage.

A health care provider may discuss preliminary matters toward, or may negotiate, a cooperative agreement with another health care provider or third-party payer if the likely benefits to health care consumers which may result from the agreement outweigh the disadvantages attributable to a potential reduction in competition that may result from the agreement. The parties to a cooperative agreement may apply to the department for a certificate of public advantage governing the agreement. Although a health care provider or third-party payer is not required to apply for a certificate of public advantage, a party that does not apply for a certificate does not receive the exclusion from state antitrust enforcement and intended federal antitrust immunity provided by section 23-17.5-10. The application must include an executed copy of the cooperative agreement and must describe the nature and scope of the cooperation in the agreement and any consideration passing to any party under the agreement. The applicants shall file a copy of the application and related materials with the attorney general and the department. The department shall review the application and shall hold a public hearing on the application. The department shall grant or deny the application within ninety days of the date of filing of the application. The decision must be in writing and must set forth the basis for the decision. The department shall furnish a copy of the decision to the applicants, the attorney general, and any intervenor.

23-17.5-03. Standards for certification.

The department shall issue a certificate of public advantage for cooperative agreement if the department determines that the applicants have demonstrated by clear and convincing evidence that the likely benefits to health care consumers which may result from the agreement outweigh the disadvantages attributable to a potential reduction in competition that may result from the agreement. The department shall consult with the attorney general regarding its evaluation of a potential reduction in competition which may result from a cooperative agreement.

1. In evaluating the likely benefits of a cooperative agreement to health care consumers, the department shall consider whether any of the following benefits may result from the cooperative agreement:
   a. Enhancement of the quality of health care services provided to residents of this state;
   b. Preservation of health care facilities or services in geographical proximity to the communities traditionally served by those facilities or services;
   c. Gains in the cost efficiency of services provided by the parties involved;
   d. Improvements in the utilization of health care resources and equipment;
   e. Avoidance of duplication of health care resources; and
   f. Enhancement of the ability to cooperatively provide services to underserved or low-income patients.
2. The department's evaluation of the disadvantages attributable to a potential reduction in competition which may result from the agreement may include the following factors:
   a. The extent of any likely adverse impact on the bargaining power of health maintenance organizations, preferred provider organizations, managed health care service agents, or other health care payers in negotiating payment and service arrangements with hospitals, physicians, allied health care professionals, or other health care providers;
   b. The extent of any reduction in competition among physicians, allied health professionals, other health care providers, or persons furnishing goods or services to or in competition with providers or third-party payers that is likely to result directly or indirectly from the cooperative agreement;
   c. The extent of any likely adverse impact on patients in the quality, availability, and price of health care services; and
   d. The availability of arrangements that are less restrictive to competition and achieve the same benefits or a more favorable balance of likely benefits to health care consumers over disadvantages attributable to a potential reduction in competition which may result from the agreement.

23-17.5-03.1. Active supervision.

The decision granting an application for a certificate of public advantage must include conditions for active supervision. The active supervision must be sufficient for the department to determine periodically whether circumstances may be present to meet the criteria for certificate termination pursuant to section 23-17.5-04 and must otherwise be structured to provide a reasonable basis for state action immunity from federal antitrust laws as interpreted by applicable laws, judicial decisions, opinions of the attorney general, and statements of antitrust enforcement policy issued by the United States department of justice and the federal trade commission. The conditions for active supervision, except the authority granted the department or attorney general by this chapter, may be modified or terminated by agreement between the parties to the cooperative agreement and the department.

23-17.5-04. Certificate termination.

The department may, after notice and hearing, terminate a certificate of public advantage if the department determines that:

1. The likely or actual benefits to health care consumers that result, or may result, from the certified agreement no longer outweigh the disadvantages attributable to a potential or actual reduction in competition which results, or may result, from the agreement; or
2. Performance by the parties under the certified agreement does not conform to the representations made by the parties in the application or to the provisions of any conditions attached to the certificate of public advantage by the department at the time the application was granted.

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23-17.5-05. Records.

The department shall maintain all cooperative agreements for which the certificates of public advantage remain in effect. Any party to a cooperative agreement who terminates the agreement shall file a notice of termination with the department within thirty days after termination.

23-17.5-06. Investigation by attorney general.

The attorney general, at any time after an application is filed under section 23-17.5-02, may require by subpoena the attendance and testimony of witnesses and the production of documents in the county in which the applicants are located for the purpose of investigating whether the cooperative agreement satisfies the standards set forth in section 23-17.5-03. The attorney general may seek an order from the district court compelling compliance with a subpoena issued under this section.

23-17.5-07. Cooperative agreement enjoined - Automatic stay - Standards for adjudication.

The attorney general may seek to enjoin the operation of a cooperative agreement for which an application for certificate of public advantage has been filed by filing suit against the parties to the cooperative agreement in district court. The attorney general may file an action before or after the department acts on the application for a certificate, but the action must be brought no later than forty days following the department's approval of an application for certificate of public advantage. Upon the filing of the complaint, the department's certification, if previously issued, must be stayed and the cooperative agreement is of no further force unless the court orders otherwise or until the action is concluded. The attorney general may apply to the court for ancillary temporary or preliminary relief necessary to stay the cooperative agreement pending final disposition of the case. In any action, the applicants for a certificate bear the burden of establishing by clear and convincing evidence that the likely benefits to health care consumers which may result from the cooperative agreement outweigh the disadvantages attributable to a potential reduction in competition which may result from the agreement. The court shall review whether the agreement constitutes an unreasonable restraint of trade under state or federal law in assessing the disadvantages attributable to a potential reduction in competition which may result from the agreement.

23-17.5-08. Cancellation of a certificate of public advantage.

If, at any time following the forty-day period specified in section 23-17.5-07, the attorney general determines that, as a result of changed circumstances, the benefits to health care consumers which result from a certified agreement no longer outweigh the disadvantages attributable to a reduction in competition resulting from the agreement, the attorney general may file suit in district court seeking to cancel the certificate of public advantage. In an action brought under this section, the attorney general has the burden of establishing by a preponderance of the evidence that, as a result of changed circumstances, the likely or actual benefits to health care consumers which result, or may result, from the agreement and the unavoidable costs of canceling the agreement are outweighed by the disadvantages attributable to a potential or actual reduction in competition which results, or may result, from the agreement. If the attorney general first establishes by a preponderance of the evidence that the department's certification was obtained as a result of material misrepresentation to the department or the attorney general as the result of coercion, threats, or intimidation toward any party to the cooperative agreement, the parties to the agreement bear the burden of establishing by clear and convincing evidence that the likely or actual benefits to health care consumers which result, or may result, from the agreement and the unavoidable costs of canceling the agreement are outweighed by the disadvantages attributable to a potential or actual reduction in competition which results, or may result, from the agreement.

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23-17.5-09. Resolution by consent decree - Attorney's fees.

The district court may resolve any action brought by the attorney general under section 23-17.5-07 or 23-17.5-08 by entering an order that, with the consent of the parties, modifies the cooperative agreement. Upon the entry of the order, the parties to the cooperative agreement have the protection specified in section 23-17.5-10 and the cooperative agreement has the effectiveness specified in section 23-17.5-10. If the attorney general prevails in an action under section 23-17.5-06, 23-17.5-07, or 23-17.5-08, the attorney general is entitled to an award of the reasonable costs of the investigation or litigation and reasonable attorney's fees, expert witness fees, and court costs incurred in litigation.

23-17.5-10. Exclusion from state antitrust enforcement - Federal antitrust immunity intended - Application.

A health care provider or third-party payer who participates in the discussion or negotiation of a cooperative agreement for which an application is filed is engaged in conduct for which no action may be brought pursuant to chapter 51-08.1 for penalties, damages, injunctive enforcement, or other remedies. A health care provider or third-party payer who participates in the implementation of a cooperative agreement, for which a certificate of public advantage was issued, is engaged in conduct for which no action may be brought pursuant to chapter 51-08.1 for penalties, damages, injunctive enforcement, or other remedies. The intent of this section is that the conduct be provided state action immunity from federal antitrust laws. This exclusion from state antitrust enforcement and intended federal antitrust immunity applies unless the discussion or negotiation exceeds the scope of a cooperative agreement as authorized by this chapter or the implementation exceeds the scope of the cooperative agreement for which a certificate of public advantage was issued. This section does not exempt hospitals or other health care providers from compliance with laws governing hospital cost reimbursement.

23-17.5-11. Assessment - Health care cooperative agreement fund.

The department shall establish an assessment to be paid by each party to a cooperative agreement. The aggregate amount of the assessment for a cooperative agreement may not exceed forty thousand dollars, unless the department determines that an extraordinary need exists for an additional amount to ensure effective evaluation of the application or supervision under section 23-17.5-03.1. The parties may require that the determination of the need for an additional amount is subject to approval by the state health council. An appeal may be taken under chapter 28-32 from a determination of the health council. After consultation with the parties, the department may require the payment of the assessment on an incremental basis and may require separate payments for the process of evaluating the application or for the process of active supervision. The assessment may be modified by agreement between the department and the parties to the cooperative agreement. The department shall deposit the moneys received under this section in the health care cooperative agreement fund of the state treasury.

23-17.5-12. Health care cooperative agreement fund - Appropriation.

The funds in the health care cooperative agreement fund are available to the state department of health, subject to legislative appropriation, for evaluation and active supervision of cooperative agreements among health care providers or third-party payers and for reimbursement to the attorney general for expenses incurred pursuant to this chapter. Any amounts reimbursed to the attorney general under this section are hereby appropriated.

Testimony 3 SB 2004 3-21-13

North Dakota Department of Health
Community Health Section
2013-15 Executive Budget

Federal Funds and Associated FTE

	2013-15 Executive Budget	FTE's
Federal Funds		
Women's Way	3,081,227	4.64
Comprehensive Cancer	663,950	3.34
Cancer Management Leadership Coordination	101,648	0.50
Behavior Risk Factor Surveillance System (BRFSS)	834,471	1.00
Cardiovascular Health Assistance Program	1,086,840	3.24
Coordinated Chronic Diseasae	1,219,525	1.05
Family Planning Services	2,271,463	2.64
Maternal and Child Health Services Block Grant (MCH)	3,129,671	9.61
Oral Disease Prevention Program	618,131	1.91
Early Childhood Comprehensive Systems (ECCS)	292,005	0.15
DHS New Parent Newsletter	20,000	-
School Health	737,891	1.40
Oral Health Workforce Activities	554,810	1.04
Express Grant for SIDS	10,000	-
Family Violence & Prevention Services Grant	1,447,474	0.51
Child Safety Program	295,716	0.30
STOP Violence Against Women Formula Grants	1,596,480	0.83
Sexual Violence Prevention and Education	176,921	0.25
Consumer Product Safety	1,700	-
Grants to Encourage Arrest	966,877	0.08
Sexual Assault Service Grant Program	460,258	0.12
Women, Infant and Children (WIC) - Supplemental Food	31,825,169	3.46
Women, Infant and Children (WIC) - EBT	510,260	0.50
WIC Peer Counseling	230,000	0.10
Preventive Health Block Grant	30,078	-
Diabetes Prev. & Control (Chronic Disease)	649,352	2.53
Tobacco Prevention (Chronic Disease)	1,994,564	3.90
Total	**$ 54,806,481**	**43.10**

Testimony 1
SB 2004
03-27-13

Community Health
Professional Supplies & Materials
2013-15 Executive Budget

	11-13 Budget	Expenditures/ Obligations Thru 02/2013	Anticipated Purchases Yet this Bn	Balance Remaining	13-15 Budget Request
TOTAL	**557,766**	**253,246**	**126,256**	**178,263**	**635,654**
General Fund	13,944	4,854	1,700	7,390	15,891
Federal/Special Fund	543,822	248,392	124,556	170,874	619,763

Reasons for funds remaining in Professional Supplies and Materials line:

We had budgeted for the purchase of crib kits for the Crib for Kids Program, unfortunately, we have not been able to secure any grants for the crib kit purchases. One crib kit is approximately $75 and we had hoped to purchase approximately 1,300 kits = $97,500 - all special funds.

Remaining is excess federal authority for grant activities that will not occur in this expenditure category.

13-15 Budget Request is based on a 5% inflation increase and $50,000 purchase of breast pumps.

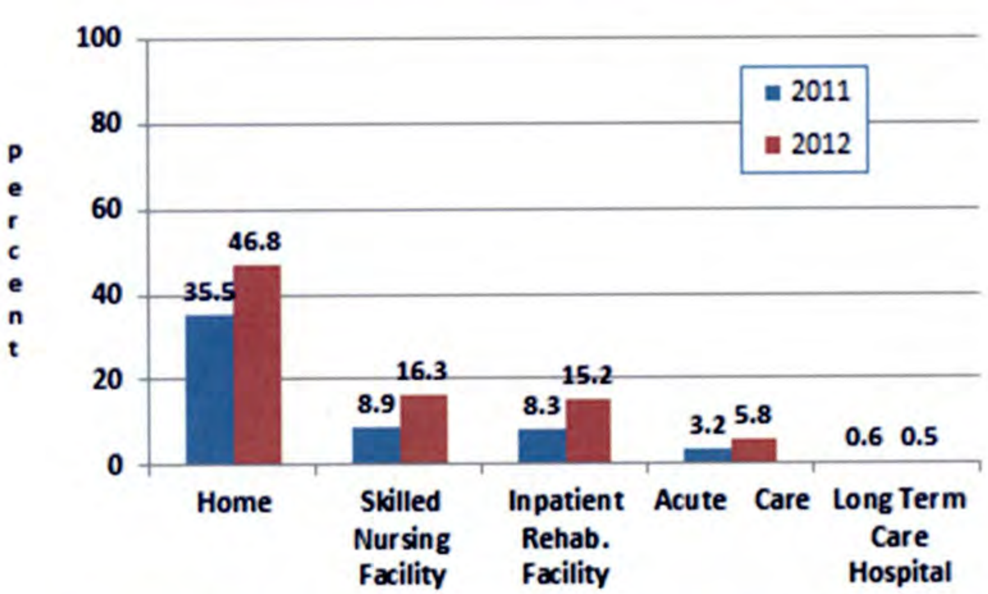
North Dakota Department of Health
Fetal Alcohol Syndrome
2011-13 Budget

University of North Dakota Contract

Personnel	**263,594**
Prenatal Screening Project Coordinator (Annual Salary $42,333 x 2)	84,666
Prenatal Screening Project Coordinator (Annual Salary $42,333 x 1.75)	74,083
Administrative Assistant (Annual Salary $48,131 x 45% x 2)	43,318
Professor (Annual Salary $123,053 x 25% x 2) Dr Burd	61,527
Fringe Benefits	**79,078**
30% of personnel amount	
Travel, Food and Lodging	**9,000**
Trips to 62 prenatal care sites	
Supplies	**1,031**
Communications(Telephone/Postage)	**1,980**
Other	**33,775**
Printing	1,700
Indirect Cost @ 9 %	32,075
TOTAL BUDGET	**388,458**

North Dakota Stroke Patient Discharge Information

The ND Stroke Registry data indicates stroke patients in North Dakota are arriving at hospitals sooner, therefore increasing their chances of having less severe and/or long-lasting effects as well as reduced recovery time. This increases the likelihood of stroke patients being discharged to their homes, skilled nursing facilities, inpatient rehabilitation facilities, and acute care services.



*Categories do not add to 100 percent because some categories are not displayed.

Source: North Dakota State Stroke Registry

Definitions:

Skilled Nursing Facilities -Nursing home that provides long term health care needs for individuals who have the potential to function independently after a limited period of care.

Inpatient Rehabilitation Facilities -Comprehensive rehabilitative services to those patients suffering a functional loss in more than one area (i.e. speech, walking, eating, self-care, etc.) with 24-hour supervision and treatment.

Acute Care Hospitals -24-hour inpatient care to patients for brief, but severe, episodes of illness.

Long-term Care Hospitals –Patients stay more than 25 days on average. Furnish extended medical and rehabilitative care to those that need hospital-level care for relatively extended periods.

North Dakota Department of Health
NDQuits
2013-15 Executive Budget

Associated FTE's

Description	FTE's
Center for Disease Control - Federal Funds	
Tobacco Cessation Director	0.50
Chronic Disease Division Director	0.05
Epidemiologist	0.25
Admin Support	0.30
Health Promotion Coordinator	0.40
Total Associated FTE	**1.50**

NDQuits Budget

Description		2013-15 Executive Budget
Professional Fees		
Community Health Trust Fund - 316		
NDQuits Vendor-Healthways		1,640,000
NDQuits Vendor-UND		818,238
NDQuits Vendor-Results Unlimited		297,116
NDQuits Vendor Evaluation		40,000
Tobacco Consultants -Cameo Communications		20,000
Center for Disease Control - Federal Funds		
NDQuits Vendor-Results Unlimited		527,820
Tobacco Consultants -Cameo Communications		60,000
Quality Improvement Project		60,000
NDQuits/QuitNet Vendor Evaluation		80,000
Total Professional Services	**$**	**3,543,174**
Grants		
Center for Disease Control - Federal Funds		
University of North Dakota		5,000
Total NDQuits Budget	**$**	**3,548,174**

North Dakota Department of Health
Food and Lodging Division
Current Fees
2013 - 2015

Assisted Living Facility	$100
Bar/Tavern	$65
Bed & Breakfast Facility	$35
Beverages	$65
Child Care Facility	$35
Electrologist - Initial and Renewal	$50/$25
Electronic Hair Removal Technician - Initial and Renewal	$30/$25
Food Processing Plant	$45
Limited Restaurant	$90
Lodging Establishment with 1-3 rooms	$40
Lodging Establishment with 4-10 rooms	$55
Lodging Establishment with 11-20 rooms	$80
Lodging Establishment with 21-50 rooms	$100
Lodging Establishment with 51+ rooms	$125
MHP/TP/CG owned by state/municipality/non-profit	$0
MHP/TP/CG with 3-10 lots	$75
MHP/TP/CG with 11-25 lots	$110
MHP/TP/CG with 26-50 lots	$145
MHP/TP/CG with 51+ lots	$180
Mobile Food/Temporary Food	$85
Restaurant - Flat Fee of $90 + $.50/seat	$180/max
Retail Food Store/Meat Market/Bakery (<2500 square feet)	$90
Retail Food Store/Meat Market/Bakery (2500-5000 square feet)	$100
Retail Food Store/Meat Market/Bakery (>5000 square feet)	$115
Maximum License Fee for MK <2500 square feet	$125
Maximum License Fee for MK 2500-5000 square feet	$170
Maximum License Fee for MK >5000 square feet	$240
Salvage Food	$80
School	$115
Tanning Facility with 1-10 beds	$90
Tanning Facility with 11+ beds	$110
Tattoo & Body Art Establishment	$110
Vending Machine	$25

North Dakota Department of Health
Affordable Care Act Funding
2013-15 Executive Budget

Federal Grant	2013-15 Request Total
Community Transformation Grant	891,368
Small Community Transformation Grant	750,000
Coordinated Chronic Disease	1,243,525
Oral Disease Prevention Program	26,634
Federal Loan Repayment Grant	440,000
Epidemiology & Lab Capacity Supplemental	724,130
ARRA Immunization	130,000
Immunization Infrastructure & Performance	693,000
Immunization Base	802,162
Immunization Capacity Building	400,000
Total ACA Federal Grants	**6,100,819**

Note:
Above funding includes federal funds of $100,814 received to cover administrative costs through the Department's federally approved indirect rate.

Testimony 2 SB2004
03.27.13

Detailed explanation for Environmental Health Section: Extraordinaary Repairs State Lab Building

Install and fix to prevent freeze up, overheating; landscaping $11,850

Condensing Coil: ($1,550)
Because of either design or sizing issues, the condensing coils for the annex air conditioners cannot adequately remove excess heat from the system when the temperature is elevated and/or the humidity is quite high. This leads to inadequate cooling of the building and ultimately to overheating of the air conditioner causing it to shut down. The only work around that we've been able to determine is to cool the coils by running cold water over them. This funding is to install a water "distribution" system on the coils that would eliminate the "rube goldbergesque", inefficient system we've been trying to get by with.

HVAC Freeze-up: ($5,500)
Because of the design of the HVAC systems, sizing of the protective grills, and air flow through them in the buildings the air intakes will freeze solid due to ice buildup during periods of fog in the winter. This problem is most severe in the original building. When the air intakes freeze it shuts down the entire HVAC (heating, ventilation and air conditioning) system for the building. The only solution is to go out onto the roof and manually remove the ice from the intakes (often in the middle of the night). A technical solution has been proposed by an outside engineer and this funding is to implement it in the original building.

Landscaping – trees (around building and replace shelter belt die-off), sidewalks, etc ....($4,800)
The trees and shrubs on the laboratory grounds almost entirely pre-date the construction of the laboratory or were planted at the time of the construction over 35 years ago. Over the last few years a number of these have been lost due to age, disease, or storm damage. We expect this loss to continue or even accelerate over the upcoming years (especially in the shelterbelt) as they continue to age. This funding is to start to replace and/or supplement some of these lost trees.

Chemistry		2009		2010		2011		2012	
	Sample types	Samples	Tests	Samples	Tests	Samples	Tests	Samples	Tests
Class C	Program	1,264	59,315	694	35,355	339	22,888	349	23,657
Class D	Discharge	546	2,408	569	2,441	648	3,310	471	2,283
Class F	Fluorides	957	957	936	936	884	884	821	821
Class G	State Water Commission	2,564	47,962	2,465	48,583	2,242	41,564	2,113	42,753
Class J	Petroleum	532	3,683	433	3,052	319	2,249	345	2,247
Class K	Feed	204	1,193	75	508	66	577	20	110
Class L	Fertilizer	185	1,124	94	562	280	1,358	138	990
Class N	Private	1,044	12,613	945	10,480	1,006	11,243	871	13,088
Class Q	QA/QC	303	2,719	253	2,148	302	3,944	276	2,718
Class R	Surface water	4,321	86,493	3,648	80,149	4,138	75,589	2,839	60,227
Class S	Drinking water	2,630	17,033	2,621	12,825	2,265	15,594	2,610	15,926
Class T	Special / oilfield	1	1	11	1,804	10	30	23	542
Class W	Discharge COC	0	0	17	651	8	214	0	0
Class X	Hazard waste COC	2	18	2	30	0	0	0	0
	Totals	**14,553**	**235,519**	**12,763**	**199,524**	**12,507**	**179,444**	**10,876**	**165,362**
	Ave test/sample		**16.183536**		**15.633002**		**14.347485**		**15.204303**

	Samples	Tests
Chemistry		
2009	14,553	235,519
2010	12,763	199,524
2011	12,507	179,444
2012	10,876	165,362
Microbiology		
2009	70,565	110,175
2010	68,382	104,353
2011	69,896	105,613
2012	71,772	107,188

testimony #1

Prepared by the Legislative Council staff
for House Appropriations - Human
Resources
April 5, 2013

LISTING OF PROPOSED CHANGES TO SENATE BILL NO. 2004

Department - State Department of Health

Proposed funding changes:

Description	FTE	General Fund	Special Funds	Total
1. Adjusts the state employee compensation and benefits package		($1,311,730)	($1,118,123)	($2,429,853)
2. Transfers $2,223,289, of which $707,673 is from the general fund, from the salaries and wages line item to an accrued leave payments line item				$0
3. Removes funding for workforce safety insurance for volunteers included in the executive recommendation. The additional payment was determined to be unnecessary by WSI.		($84,000)		($84,000)
4. Oil impact funding for grants to local public health units in oil-impacted areas of the state included in the executive recommendation and approved by the Senate is removed.		($1,184,000)		($1,184,000)
5. Operating expenses are reduced department wide.		($50,000)	($200,000)	($250,000)
6. Professional services to contract with the University of North Dakota School of Medicine and Health Sciences to perform autopsies in the eastern part of the state, included in the executive recommendation and approved by the Senate, are removed.		($640,000)		($640,000)
7. Funding for 1 FTE position ($135,000) to implement a community paramedic/community health care worker pilot project and for educational startup costs ($141,600) is removed.	(1.00)	($276,600)		($276,600)
8. The funding source of one-time funding for a food and lodging licensing management system included in the executive recommendation and approved by the Senate is changed from the general fund to other funds.		($110,000)	$110,000	$0
9. Funding for oil-related temporary FTE positions included in the executive recommendation and approved by the Senate is removed.		($140,063)		($140,063)
10. Funding for oil-related FTE positions is removed. The executive recommendation changed the funding source of the these positions from special funds to the general fund.		($24,978)		($24,978)

11. Funding for 1 FTE laboratory services position ($101,638) and related operating expenses ($335,543) and capital assets ($224,000) included in the executive recommendation is removed.	(1.00)	($661,181)		($661,181)
12. Funding for 2 FTE municipal facilities postions ($286,748) and related operating expenses ($24,427) included in the executive recommendation is removed.	(2.00)	($311,175)		($311,175)
13. Funding for 1 FTE water quality position ($131,974) and related operating expenses ($24,233) included in the executive recommendation is removed.	(1.00)	($156,207)		($156,207)
14. Funding for rural emergency medical services grants is reduced to provide a total of $2.19 million, of which $1.25 million is from the insurance tax distribution fund. The executive recommendation included $7.34 million, of which $1.25 million is from the insurance tax distribution fund, $2.35 million more than the 2011-13 biennium.		($5,150,000)		($5,150,000)
15. Funding increases provided in the executive recommendation in the salaries and wages line item ($139,096) and the operating expenses line item ($60,904) for an emergency medical services grants manager are removed.		($200,000)		($200,000)
16.a. The funding source for the increase in funding for the continued implementation of the statewide integrated stroke system of care is changed from the tobacco prevention and control trust fund to the general fund to provide a total of $856,324 from the general fund. The executive recommendation included $473,324 from the general fund for the statewide integrated stroke system of care. Funding was added by the Senate to provide a total of $856,324 for the statewide integrated stroke system of care, of which $473,324 is from the general fund.		$383,000	($383,000)	$0
16.b. Funding added by the Senate from the tobacco prevention and control trust fund to provide an increase in funding for the continued implementation of the statewide integrated stroke system of care of is removed. The executive recommendation included $473,324 from the general fund for the statewide integrated stroke system of care. Funding was added by the Senate to provide a total of $856,324 for the statewide integrated stroke system of care, of which $473,324 is from the general fund.			($383,000)	($383,000)
17. Contingent funding is added for family violence services and prevention grants. The funding is **contingent** on a reduction in federal funds resulting from sequestration.		$80,000		$80,000
18. Operating expenses are reduced due to the repeal of Chapter 23-17.5 of the North Dakota Century Code related health care provider cooperative agreements.			($100,000)	($100,000)
Total proposed funding changes	(5.00)	($9,836,934)	($2,074,123)	($11,911,057)

Other proposed changes:

1. **LEGISLATIVE MANAGEMENT STUDY - COMBINED STATE DEPARTMENT OF HEALTH AND DEPARTMENT OF HUMAN SERVICES.** The legislative management shall consider studying during the 2013-14 interim the feasibility and desirability of combining the state department of health and the department of human services. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fourth legislative assembly.

2. **FAMILY VIOLENCE GRANTS - CONTINGENT FUNDING.** The grants line item in section 1 of this Act includes $80,000 from the general fund for family violence services and prevention grants. This funding is contingent on the state department of health certifying to the director of the office of management and budget that federal funds available to the department for family violence grants has been reduced due to federal sequestration. The department may spend these funds to the extent that federal funds are reduced.

3. A section is added to repeal Chapter 23-17.5 of the North Dakota Century Code related health care provider cooperative agreements.

4. A section added by the Senate to provide $383,000 from the tobacco prevention and control trust fund for the continued implementation of the statewide integrated stroke system of care is removed.

13.8154.02009
Title.

Fiscal No. 2

Prepared by the Legislative Council staff for House Appropriations - Human Resources Division Committee
April 8, 2013

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

Page 1, line 2, after "repeal" insert "chapter 23-17.5 and"

Page 1, line 2, after the second "to" insert "health care provider cooperative agreements and"

Page 1, replace lines 13 through 16 with:

"Salaries and wages	$49,351,659	$3,391,987	$52,743,646
Accrued leave payments	0	2,223,289	2,223,289
Operating expenses	50,272,030	(13,780,180)	36,491,850
Capital assets	1,998,073	2,215	2,000,288
Grants	57,928,038	(6,705,309)	51,222,729"

Page 1, replace lines 20 through 23 with:

"Total all funds	$189,870,305	($14,829,391)	$175,040,914
Less estimated income	156,956,525	(18,028,735)	138,927,790
Total general fund	$32,913,780	$3,199,344	$36,113,124
Full-time equivalent positions	344.00	5.00	349.00"

Page 2, replace lines 11 and 12 with:

"Less estimated income	3,992,228	265,000
Total general fund	$1,100,000	$500,000"

Page 2, after line 16, insert:

"**SECTION 3. FAMILY VIOLENCE GRANTS - CONTINGENT FUNDING.** The grants line item in section 1 of this Act includes $80,000 from the general fund for family violence services and prevention grants. This funding is contingent on the state department of health certifying to the director of the office of management and budget that federal funds available to the department for family violence grants has been reduced due to federal sequestration. The department may spend these funds to the extent that federal funds are reduced."

Page 2, remove lines 23 through 25

Page 3, after line 2, insert:

"**SECTION 7. REPEAL.** Chapter 23-17.5 of the North Dakota Century Code is repealed."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - House Action

	Executive Budget	Senate Version	House Changes	House Version
Salaries and wages	$58,149,478	$58,191,244	($5,447,598)	$52,743,646
Operating expenses	38,152,557	38,527,557	(2,035,707)	36,491,850
Capital assets	2,224,288	2,224,288	(224,000)	2,000,288
Grants	57,316,529	57,484,729	(6,262,000)	51,222,729
Tobacco prevention	5,544,251	5,544,251		5,544,251

WIC food payments	24,659,861	24,659,861		24,659,861
Federal stimulus funds	155,000	155,000		155,000
Accrued leave payments			2,223,289	2,223,289
Total all funds	$186,201,964	$186,786,930	($11,746,016)	$175,040,914
Less estimated income	140,216,701	140,618,913	(1,691,123)	138,927,790
General fund	$45,985,263	$46,168,017	($10,054,893)	$36,113,124
FTE	354.00	354.00	(5.00)	349.00

Department No. 301 - State Department of Health - Detail of House Changes

	Adjusts State Employee Compensation and Benefits Package[1]	Provides Separate Line Item for Accrued Leave Payments[2]	Removes Workforce Safety Insurance for Volunteers[3]	Removes Funding for Oil Impact Grants[4]	Decreases Funding for Operating Expenses[5]	Removes Funding for School of Medicine Autopsy Serives[6]
Salaries and wages	($2,429,853)	($2,223,289)				
Operating expenses			(84,000)		(250,000)	(640,000)
Capital assets						
Grants				(1,184,000)		
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments		2,223,289				
Total all funds	($2,429,853)	$0	($84,000)	($1,184,000)	($250,000)	($640,000)
Less estimated income	(1,118,123)	0	0	0	(200,000)	0
General fund	($1,311,730)	$0	($84,000)	($1,184,000)	($50,000)	($640,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Community Paramedic[7]	Adjusts Funding Source of Food and Lodging Licensing System[8]	Removes Funding for Environmental Health FTE Positions[9]	Decreases Funding for Emergency Medical Services Grants[10]	Removes Funding for Emergency Medical Services Manager[11]	Decreases Funding for Statewide Stroke System of Care[12]
Salaries and wages	($135,000)		($520,360)		($139,096)	
Operating expenses	(141,600)		(384,203)		(60,904)	(375,000)
Capital assets			(224,000)			
Grants				(5,150,000)		(8,000)
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments						
Total all funds	($276,600)	$0	($1,128,563)	($5,150,000)	($200,000)	($383,000)
Less estimated income	0	110,000	0	0	0	(383,000)
General fund	($276,600)	($110,000)	($1,128,563)	($5,150,000)	($200,000)	$0
FTE	(1.00)	0.00	(4.00)	0.00	0.00	0.00

	Adds Contingent Funding for Family Violence Services and Prevention Grants[13]	Removes Funding Related to Health Care Provider Cooperative Agreements[14]	Total House Changes
Salaries and wages			($5,447,598)
Operating expenses		(100,000)	(2,035,707)
Capital assets			(224,000)
Grants	80,000		(6,262,000)
Tobacco prevention			
WIC food payments			
Federal stimulus funds			
Accrued leave payments			2,223,289

Total all funds	$80,000	($100,000)	($11,746,016)
Less estimated income	0	(100,000)	(1,691,123)
General fund	$80,000	$0	($10,054,893)
FTE	0.00	0.00	(5.00)

[1] This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 2 to 4 percent per year.
- Reduces the market component from 2 to 4 percent per year for employees below the midpoint of their salary range to up to 2 percent for employees in the first quartile of their salary range for the first year of the biennium only.
- Removes funding for additional retirement contribution increases.

[2] A portion of salaries and wages funding from the general fund ($707,673) and from other funds ($1,515,616) for permanent employees compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

[3] Removes funding for workforce safety insurance for volunteers included in the executive recommendation. The additional payment was determined to be unnecessary by Workforce Safety and Insurance.

[4] Oil impact funding for grants to local public health units in oil-impacted areas of the state included in the executive recommendation and approved by the Senate is removed.

[5] Operating expenses are reduced department wide.

[6] Professional services to contract with the University of North Dakota School of Medicine and Health Sciences to perform autopsies in the eastern part of the state, included in the executive recommendation and approved by the Senate, are removed.

[7] Funding for 1 FTE position to implement a community paramedic/community health care worker pilot project and for educational startup costs is removed.

[8] The funding source of one-time funding for a food and lodging licensing management system included in the executive recommendation and approved by the Senate is changed from the general fund to special funds from food and lodging fees.

[9] Funding for 4 environmental health FTE positions, included in the executive recommendation and approved by the Senate, is removed as follows:

- 1 FTE laboratory services position ($101,638) and related operating expenses ($335,543) and capital assets ($224,000);
- 2 FTE municipal facilities positions ($286,748) and related operating expenses ($24,427); and
- 1 FTE water quality position ($131,974) and related operating expenses ($24,233).

[10] Funding for rural emergency medical services grants is reduced to provide a total of $2.19 million, of which $940,000 is from the general fund and $1.25 million is from the insurance tax distribution fund. The executive recommendation included $7.34 million, of which $6.09 million is from the general fund and $1.25 million is from the insurance tax distribution fund, $2.35 million more than the 2011-13 biennium.

[11] Funding increases provided in the executive recommendation in the salaries and wages line item and the operating expenses line item for an emergency medical services grants manager are removed.

[12] Funding added by the Senate from the tobacco prevention and control trust fund to provide an increase in funding for the continued implementation of the statewide integrated stroke system of care is removed. The executive recommendation included $473,324 from the general fund for the statewide integrated stroke system of care. Funding was added by the Senate to provide a total of $856,324 for

the statewide integrated stroke system of care, of which $473,324 is from the general fund.

[13] Contingent funding is added for family violence services and prevention grants. The funding is contingent on a reduction in federal funds resulting from sequestration.

[14] Operating expenses are reduced due to the repeal of Chapter 23-17.5 of the North Dakota Century Code, related to health care provider cooperative agreements.

In addition, this amendment:

- Adds a section to provide the additional funding in the grants line item for family violence services and prevention grants of $80,000 from the general fund is contingent on the state department of health certifying to the director of the office of management and budget that federal funds available to the department for family violence grants has been reduced due to federal sequestration. The department may spend these funds to the extent that federal funds are reduced.
- Adds a section to repeal Chapter 23-17.5 of the North Dakota Century Code, related to health care provider cooperative agreements.
- Removes a section added by the Senate to provide $383,000 from the tobacco prevention and control trust fund for the continued implementation of the statewide integrated stroke system of care.

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - Funding Summary

	Executive Budget	Senate Version	House Changes	House Version
State Department of Health				
Salaries and wages	$58,149,478	$58,191,244	($5,315,624)	$52,875,620
Operating expenses	38,152,557	38,527,557	(2,011,474)	36,516,083
Capital assets	2,224,288	2,224,288	(224,000)	2,000,288
Grants	57,316,529	57,484,729	(6,262,000)	51,222,729
Tobacco prevention	5,544,251	5,544,251		5,544,251
WIC food payments	24,659,861	24,659,861		24,659,861
Federal stimulus funds	155,000	155,000		155,000
Accrued leave payments			2,223,289	2,223,289
Total all funds	$186,201,964	$186,786,930	($11,589,809)	$175,197,121
Less estimated income	140,216,701	140,618,913	(1,691,123)	138,927,790
General fund	$45,985,263	$46,168,017	($9,898,686)	$36,269,331
FTE	354.00	354.00	(4.00)	350.00
Bill Total				
Total all funds	$186,201,964	$186,786,930	($11,589,809)	$175,197,121
Less estimated income	140,216,701	140,618,913	(1,691,123)	138,927,790
General fund	$45,985,263	$46,168,017	($9,898,686)	$36,269,331
FTE	354.00	354.00	(4.00)	350.00

Senate Bill No. 2004 - State Department of Health - Senate Action

	Executive Budget	Senate Changes	Senate Version
Salaries and wages	$58,149,478	$41,766	$58,191,244
Operating expenses	38,152,557	375,000	38,527,557
Capital assets	2,224,288		2,224,288
Grants	57,316,529	168,200	57,484,729
Tobacco prevention	5,544,251		5,544,251
WIC food payments	24,659,861		24,659,861
Federal stimulus funds	155,000		155,000
Total all funds	$186,201,964	$584,966	$186,786,930
Less estimated income	140,216,701	402,212	140,618,913
General fund	$45,985,263	$182,754	$46,168,017
FTE	354.00	0.00	354.00

Department 301 - State Department of Health - Detail of Senate Changes

	Corrects Executive Compensation Package[1]	Increases Funding for Colorectal Screenings[2]	Increases Funding for Statewide Stroke System of Care[3]	Total Senate Changes
Salaries and wages	41,766			41,766
Operating expenses			375,000	375,000
Capital assets				
Grants		160,200	8,000	168,200
Tobacco prevention				
WIC food payments				
Federal stimulus funds				
Total all funds	$41,766	$160,200	$383,000	$584,966
Less estimated income	19,212	0	383,000	402,212
General fund	$22,554	$160,200	$0	$182,754
FTE	0.00	0.00	0.00	0.00

[1] Funding is added due to a calculation error in the executive compensation package.

[2] Funding is added for recommended followup colorectal screenings to provide a total of $762,800 from the general fund for the colorectal screening initiative, an increase of $285,200 from the 2011-13 biennium.

[3] This amendment provides funding from the tobacco prevention and control trust fund to increase funding for continued implementation of the statewide integrated stroke system of care to provide a total of $856,324, of which $473,324 is from the general fund.

A section is added to provide recommended followup colorectal screenings as part of the colorectal screening initiative and to provide that the cost of recommended followup screenings not exceed $1,800 per screening.

A section is added to the bill to repeal Section 23-46-05 relating to a distribution limit on state financial assistance for emergency medical services.

Senate Bill No. 2004 - State Department of Health - House Action

	Executive Budget	Senate Version	House Changes	House Version
Salaries and wages	$58,149,478	$58,191,244	($5,315,624)	$52,875,620
Operating expenses	38,152,557	38,527,557	(2,011,474)	36,516,083
Capital assets	2,224,288	2,224,288	(224,000)	2,000,288
Grants	57,316,529	57,484,729	(6,262,000)	51,222,729
Tobacco prevention	5,544,251	5,544,251		5,544,251
WIC food payments	24,659,861	24,659,861		24,659,861
Federal stimulus funds	155,000	155,000		155,000
Accrued leave payments			2,223,289	2,223,289
Total all funds	$186,201,964	$186,786,930	($11,589,809)	$175,197,121
Less estimated income	140,216,701	140,618,913	(1,691,123)	138,927,790
General fund	$45,985,263	$46,168,017	($9,898,686)	$36,269,331
FTE	354.00	354.00	(4.00)	350.00

Department 301 - State Department of Health - Detail of House Changes

	Adjusts State Employee Compensation and Benefits Package[1]	Provides Separate Line Item for Accrued Leave Payments[2]	Removes Workforce Safety Insurance for Volunteers[3]	Removes Funding for Oil Impact Grants[4]	Decreases Funding for Operating Expenses[5]	Removes Funding for School of Medicine Autopsy Services[6]
Salaries and wages	(2,429,853)	(2,223,289)				
Operating expenses			(84,000)		(250,000)	(640,000)
Capital assets						
Grants				(1,184,000)		
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments		2,223,289				
Total all funds	($2,429,853)	$0	($84,000)	($1,184,000)	($250,000)	($640,000)
Less estimated income	(1,118,123)	0	0	0	(200,000)	0
General fund	($1,311,730)	$0	($84,000)	($1,184,000)	($50,000)	($640,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Community Paramedic[7]	Adjusts Funding Source of Food and Lodging Licensing System[8]	Removes Funding for Environmental Health FTE Positions[9]	Decreases Funding for Emergency Medical Services Grants[10]	Removes Funding for Emergency Medical Services Manager[11]	Decreases Funding for Statewide Stroke System of Care[12]
Salaries and wages	(135,000)		(388,386)		(139,096)	
Operating expenses	(141,600)		(359,970)		(60,904)	(375,000)
Capital assets			(224,000)			
Grants				(5,150,000)		(8,000)
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments						
Total all funds	($276,600)	$0	($972,356)	($5,150,000)	($200,000)	($383,000)
Less estimated income	0	110,000	0	0	0	(383,000)
General fund	($276,600)	($110,000)	($972,356)	($5,150,000)	($200,000)	$0
FTE	(1.00)	0.00	(3.00)	0.00	0.00	0.00

	Adds Contingent Funding for Family Violence Services and Prevention Grants[13]	Removes Funding Related to Health Care Provider Cooperative Agreements[14]	Total House Changes
Salaries and wages			(5,315,624)
Operating expenses		(100,000)	(2,011,474)
Capital assets			(224,000)
Grants	80,000		(6,262,000)
Tobacco prevention			
WIC food payments			
Federal stimulus funds			
Accrued leave payments			2,223,289
Total all funds	$80,000	($100,000)	($11,589,809)
Less estimated income	0	(100,000)	(1,691,123)
General fund	$80,000	$0	($9,898,686)
FTE	0.00	0.00	(4.00)

[1] This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 2 to 4 percent per year.

- Reduces the market component from 2 to 4 percent per year for employees below the midpoint of their salary range to up to 2 percent for employees in the first quartile of their salary range for the first year of the biennium only.
- Removes funding for additional retirement contribution increases.

[2] A portion of salaries and wages funding from the general fund ($707,673) and from other funds ($1,515,616) for permanent employees' compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

[3] Removes funding for workforce safety insurance for volunteers included in the executive recommendation. The additional payment was determined to be unnecessary by Workforce Safety and Insurance.

[4] Oil impact funding for grants to local public health units in oil-impacted areas of the state included in the executive recommendation and approved by the Senate is removed.

[5] Operating expenses are reduced departmentwide.

[6] Professional services to contract with the University of North Dakota School of Medicine and Health Sciences to perform autopsies in the eastern part of the state, included in the executive recommendation and approved by the Senate are removed.

[7] Funding for 1 FTE position to implement a community paramedic/community health care worker pilot project and for educational startup costs is removed.

[8] The funding source of one-time funding for a food and lodging licensing management system included in the executive recommendation and approved by the Senate is changed from the general fund to special funds from food and lodging fees.

[9] Funding for 3 environmental health FTE positions, included in the executive recommendation and approved by the Senate is removed as follows:

- 1 FTE laboratory services position ($101,638) and related operating expenses ($335,543) and capital assets ($224,000), and
- 2 FTE municipal facilities positions ($286,748) and related operating expenses ($24,427).

[10] Funding for rural emergency medical services grants is reduced to provide a total of $2.19 million, of which $940,000 is from the general fund and $1.25 million is from the insurance tax distribution fund. The executive recommendation included $7.34 million, of which $6.09 million is from the general fund and $1.25 million is from the insurance tax distribution fund, $2.35 million more than the 2011-13 biennium.

[11] Funding increases provided in the executive recommendation in the salaries and wages line item and the operating expenses line item for an emergency medical services grants manager are removed.

[12] Funding added by the Senate from the tobacco prevention and control trust fund to provide an increase in funding for the continued implementation of the statewide integrated stroke system of care is removed. The executive recommendation included $473,324 from the general fund for the statewide integrated stroke system of care. Funding was added by the Senate to provide a total of $856,324 for the statewide integrated stroke system of care, of which $473,324 is from the general fund.

[13] Contingent funding is added for family violence services and prevention grants. The funding is contingent on a reduction in federal funds resulting from sequestration.

[14] Operating expenses are reduced due to the repeal of Chapter 23-17.5 related to health care provider cooperative agreements.

In addition, this amendment:

- Adds a section to provide the additional funding in the grants line item for family violence services and prevention grants of $80,000 from the general fund is contingent on the State Department of Health certifying to the Director of the Office of Management and Budget that federal funds available to the department for family violence grants has been reduced due to federal sequestration. The department may spend these funds to the extent that federal funds are reduced.
- Adds a section to repeal Chapter 23-17.5 related to health care provider cooperative agreements.

- Removes a section added by the Senate to provide $383,000 from the tobacco prevention and control trust fund for the continued implementation of the statewide integrated stroke system of care.

Department of Health
Impacts of House Amendments
2013-15 Budget

April 19, 2013

#1
SB 2004
4-19-13 a.m.
Conf Comm

1. This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 2 to 4 percent per year.
- Reduces the market component from 2 to 4 percent per year for employees below the midpoint of their salary range to up to 2 percent for employees in the first quartile of their salary range for the first year of the biennium only.
- Removes funding for additional retirement contribution increases.

With the loss of this funding:

a.) 47% of DoH employees will continue to be more than 10% below average salaries for like classifications in other ND state agencies and 13% will be more than 20% below average salaries for like classifications in other ND state agencies.

b.) We will be less likely to reduce turnover rate which is over 10%.

c.) 65% of our employees will remain in the 1st or lowest quartile with only 6% in the 3rd or 4th quartile.

d.) We will be even less likely to begin to compete with salaries in the private market.

2. A portion of salaries and wages funding from the general fund ($707,673) and from other funds ($1,515,616) for permanent employees' compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

The DoH will likely need to go to the emergency commission for permission to spend the accrued leave line on salaries or we would have to delay start oil impact positions, leave positions open or reduce services.

3. Removes funding for workforce safety insurance for volunteers included in the executive recommendation. The additional payment was determined to be unnecessary by Workforce Safety and Insurance.

Initially we were informed by WSI that we would have to pay this increased amount. We recently received in writing from WSI that we would not be billed the increased amount and we informed the House Appropriations subcommittee. This reduction has no consequence to the DoH.

4. Oil impact funding for grants to local public health units in oil-impacted areas of the state included in the executive recommendation and approved by the Senate is removed.

Impacts to the 3 local public health units (Upper Missouri – Williston area, Southwest – Dickinson area, and First District – Minot area) most affected by energy development include

a.) Inability to deal with increased workloads for vaccinations, infectious disease, communicable disease and other public health nursing services.
b.) Inability to deal with increased environmental impacts such as sewage treatment permitting, septic tank hauler permitting, non-community water inspections, sewage dumping, and waste burning.
c.) At existing wages, they will continue to have difficulty filling staff vacancies to complete the work.

5. Operating expenses are reduced departmentwide.

The federal reduction to operating may be attainable since our federal grants are decreasing – that will mean less travel, printing, supplies, and contracts to various entities. We will need to look for general fund cuts in the same areas as well as well as medical supplies or vaccines.

6. Professional services to contract with the University of North Dakota School of Medicine and Health Sciences to perform autopsies in the eastern part of the state, included in the executive recommendation and approved by the Senate are removed.

This funding would have paid UND to conduct approximately160 autopsies per year. UND would do the autopsies for the eastern counties in the state so that they would also save on costs to transport the bodies to Bismarck. DoH caseload has increased 22% from 300 in 2010 to 367 in 2012 since we were last before the legislature. Recommended caseload for accreditation is at 225 – 250 autopsies. The DoH medical examiner cannot continue at this pace. Without help, autopsy results will continue to get slower and we may not be able to do an autopsy that should be done. Families will wait longer for cause of death and insurance payments. In some cases we have had to pay UND to help out in the current biennium. We are currently over budget in this area.

Currently UND conducts around 60 autopsies from Grand Forks through an arrangement with them. If DoH pays UND to conduct 100 autopsies that would have come to the DoH, Grand Forks will expect their autopsies to be covered by the state as well. So the proposal sends approximately 100 that would have come to us to UND and covers the cost for the 60 Grand Forks autopsies as well.

Also, NDCC 11-19.1-18 (2.) clearly indicates "**Except for the cost of an autopsy performed by the state forensic examiner**........, all costs with respect to the autopsy, the transporting of the body for autopsy, and the

costs of the investigation or inquiry are the responsibility of the county. So we do not have the authority to charge fees for the autopsies.

7. Funding for 1 FTE position to implement a community paramedic/community health care worker pilot project and for educational startup costs is removed.

Half of the position would develop trainings and coordinate efforts to use the EMS workforce to address community health and medical needs that communities currently do not have the resources to address. Half of the funding is the educational startup costs. EMS workers would be trained to provide a variety of services during their downtime that would be billable and improve the financial stability of the ambulance services. These services could include assessments, chronic disease management, blood draws, diagnostic cardiac monitoring, fall prevention, medication reconciliation to individuals in homes, schools and places of employment. Half of the funding would be used for training of the EMS workforce.

The other half of this position would work to continue the STEMI project, a community based initiative aimed at improving the system of care for heart attack patients in ND.

8. The funding source of one-time funding for a food and lodging licensing management system included in the executive recommendation and approved by the Senate is changed from the general fund to special funds from food and lodging fees.

We would have to increase food and lodging fees to pay for the new licensing management system which is 20 years old. We have included all fee revenue in the base budget so none is estimated to be available for this system without increasing fees. Fees were last increased effective April 1, 2008.

9. Funding for 3 environmental health FTE positions, included in the executive recommendation and approved by the Senate is removed as follows:

- 1 FTE laboratory services position ($101,638) and related operating expenses ($335,543) and capital assets ($224,000), and
- 2 FTE municipal facilities positions ($286,748) and related operating expenses ($24,427).

Work effort has significantly increased in all areas of the Environmental Health Section as noted in our presentation to both committees. As development continues environmental impacts and potential challenges will continue to increase as well. Staff conduct field inspections, permit reviews/approvals/compliance, initiate enforcement, evaluate the science needed to comply with federal and state laws and monitor environmental quality. Reduction in the number of FTE's requested by the Environmental

Health Section to address oilfield development and associated impacts will result in:

- Slower response times to oilfield spills, remediation oversight, and responding to citizen complaints.
- Delayed review and approval of environmental compliance permits not only associated in the oilfield development counties but statewide.
- Reduce the frequency any one facility will be inspected for compliance with environmental permit conditions.
- Reduced compliance outreach and inspection frequency may result in increased environmental quality degradation and enforcement action.

The DoH has experienced an exponential increase in all environmental protection activities with little relief expected. Some caseloads are tripling and quadrupling. DoH requested 12 new FTEs to address these issues and the governor funded 9 of them. The modest increase in FTEs is expected to assist the DoH in meeting its obligations to the citizens of the state but will not eliminate the challenges.

10. Funding for rural emergency medical services grants is reduced to provide a total of $2.19 million, of which $940,000 is from the general fund and $1.25 million is from the insurance tax distribution fund. The executive recommendation included $7.34 million, of which $6.09 million is from the general fund and $1.25 million is from the insurance tax distribution fund, $2.35 million more than the 2011-13 biennium.

This is a 58% reduction in funding to ambulance services from the current biennium funding level. Most ambulance services do not generate enough revenue to cover expenses and are already experiencing a shrinking volunteer workforce, increased populations, increases in severity of patients increases in uncompensated care and increases in the costs of equipment. There is no one entity charged with the financial support of ambulance services.

11. Funding increases provided in the executive recommendation in the salaries and wages line item and the operating expenses line item for an emergency medical services grants manager are removed.

The 2011 Legislative Assembly provided $4,250,000 for rural EMS assistance grants and allowed this to cover administrative costs of the department. We are using approximately $200,000 of that for salary and operating expenses for a temporary position to manage the grants. In the current biennium the $200,000 was in the grants line item so for the 2013-15 biennium we simply moved the $200,000 from the grants line item to correctly reflect it in the salaries and operating line items. Removal of this funding would leave no one to make sure the grants are awarded and used

as mandated in law or we would need to discontinue some other general fund service to cover this function. This position is currently filled.

12. Funding added by the Senate from the tobacco prevention and control trust fund to provide an increase in funding for the continued implementation of the statewide integrated stroke system of care is removed. The executive recommendation included $473,324 from the general fund for the statewide integrated stroke system of care. Funding was added by the Senate to provide a total of $856,324 for the statewide integrated stroke system of care, of which $473,324 is from the general fund.

The funding would have expanded the aphasia project (survivors of stroke learn to talk and read) to more college campuses that have speech therapy programs. It would also have supported increased cost of license fees for the registry and assisted hospitals statewide on quality improvement related to outcomes such as giving meds sooner or improving arrival times to the hospital to increase survivor rates. It would have provided public education on signs and symptoms of stroke. All of these are part of the recommendations of the stroke system of care task force. This funding was not included in the governor's budget.

13. Contingent funding is added for family violence services and prevention grants. The funding is contingent on a reduction in federal funds resulting from sequestration.

This funding would allow us to keep domestic violence/rape crisis grants at current levels even if there are federal fund cuts from sequestration. These grants provide direct services to victims of domestic violence and sexual assault such as crisis line, emotional support, safety planning, shelter, criminal justice advocacy (protection orders, attending and explaining court procedures to victims), counseling services, support group, and to support the victim during the forensic medical examination at the hospital. This contingency funding was not included in the governor's budget.

14. Operating expenses are reduced due to the repeal of Chapter 23-17.5 related to health care provider cooperative agreements.

The DoH has never had a request for the analysis provided for in NDCC 23-17.5. As long as the chapter is repealed along with the reduction in funding there would be no budgetary consequence to the department.

13.8154.02010
Title.

Sen. Kilzer
SB 2004 Conf.
4-22-13

Prepared by the Legislative Council staff for Senator Wardner
April 8, 2013

#1

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

Page 1, line 2, after the semicolon insert "to amend and reenact section 14-02.1-01 of the North Dakota Century Code as amended in section 1 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, and the new section to chapter 14-02.1 of the North Dakota Century Code as created by section 3 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, relating to the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain;"

Page 3, after line 2, insert:

"**SECTION 7. AMENDMENT.** Section 14-02.1-01 of the North Dakota Century Code as amended in section 1 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, is amended and reenacted as follows:

14-02.1-01. Purpose.

~~The purpose of this section is to protect the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain.~~The purpose of this chapter is to protect unborn human life and maternal health within present constitutional limits. It reaffirms the tradition of the state of North Dakota to protect every human life whether unborn or aged, healthy or sick.

SECTION 8. AMENDMENT. The new section to chapter 14-02.1 of the North Dakota Century Code as created by section 3 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, is amended and reenacted as follows:

Determination of postfertilization age - Abortion of unborn child of twenty or more weeks postfertilization age prohibited.

1. The purpose of this section is to protect the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain.

2. Except in the case of a medical emergency, an abortion may not be performed or induced or be attempted to be performed or induced unless the physician performing or inducing the abortion has first made a determination of the probable postfertilization age of the unborn child or relied upon such a determination made by another physician. In making the determination, the physician shall make those inquiries of the woman and perform or cause to be performed the medical examinations and tests as a reasonably prudent physician, knowledgeable about the case and the medical conditions involved, would consider necessary to perform in making an accurate diagnosis with respect to postfertilization age.

~~2.~~3. Except in the case of a medical emergency, a person may not perform or induce or attempt to perform or induce an abortion upon a woman when it has been determined, by the physician performing or inducing or attempting to perform or induce the abortion or by another physician upon

whose determination that physician relies, that the probable postfertilization age of the woman's unborn child is twenty or more weeks."

Renumber accordingly

SB 2004
#1
Conf Com
4-23-13

13.8154.02010
Title.

Prepared by the Legislative Council staff for
Senator Wardner

April 8, 2013

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

Page 1, line 2, after the semicolon insert "to amend and reenact section 14-02.1-01 of the North Dakota Century Code as amended in section 1 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, and the new section to chapter 14-02.1 of the North Dakota Century Code as created by section 3 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, relating to the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain;"

Page 3, after line 2, insert:

"**SECTION 7. AMENDMENT.** Section 14-02.1-01 of the North Dakota Century Code as amended in section 1 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, is amended and reenacted as follows:

14-02.1-01. Purpose.

~~The purpose of this section is to protect the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain.~~The purpose of this chapter is to protect unborn human life and maternal health within present constitutional limits. It reaffirms the tradition of the state of North Dakota to protect every human life whether unborn or aged, healthy or sick.

SECTION 8. AMENDMENT. The new section to chapter 14-02.1 of the North Dakota Century Code as created by section 3 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, is amended and reenacted as follows:

Determination of postfertilization age - Abortion of unborn child of twenty or more weeks postfertilization age prohibited.

1. The purpose of this section is to protect the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain.

2. Except in the case of a medical emergency, an abortion may not be performed or induced or be attempted to be performed or induced unless the physician performing or inducing the abortion has first made a determination of the probable postfertilization age of the unborn child or relied upon such a determination made by another physician. In making the determination, the physician shall make those inquiries of the woman and perform or cause to be performed the medical examinations and tests as a reasonably prudent physician, knowledgeable about the case and the medical conditions involved, would consider necessary to perform in making an accurate diagnosis with respect to postfertilization age.

~~2.~~3. Except in the case of a medical emergency, a person may not perform or induce or attempt to perform or induce an abortion upon a woman when it has been determined, by the physician performing or inducing or attempting to perform or induce the abortion or by another physician upon

whose determination that physician relies, that the probable postfertilization age of the woman's unborn child is twenty or more weeks."

Renumber accordingly

Lori Laschkewitsch
SB 2004
4-25-13

Emergency Services Grants

Health Department - SB 2004

	2011-2013	2013-2015 Recommendation	2013-2015 Senate Version	2013-2015 House Version	Conference Committee	Increase from Rec/Senate
EMS Grants						
General Fund	$3,000,000	$5,350,000	$5,350,000	$0	$6,250,000	$900,000
Insurance Tax Distribution Fund	1,250,000	1,250,000	1,250,000	1,250,000	1,250,000	0
Total EMS Grants	$4,250,000	$6,600,000	$6,600,000	$1,250,000	$7,500,000	$900,000
Training Grants						
General Fund	940,000	940,000	940,000	940,000	940,000	0
Total Grants	**$5,190,000**	**$7,540,000**	**$7,540,000**	**$2,190,000**	**$8,440,000**	**$900,000**

13.8154.02014
Title.
Fiscal No. 1

Prepared by the Legislative Council staff for Senator Kilzer

#1

April 26, 2013

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

That the House recede from its amendments as printed on pages 1383-1387 of the Senate Journal and pages 1463-1466 of the House Journal and that Engrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, after the semicolon insert "to amend and reenact section 14-02.1-01 of the North Dakota Century Code as amended in section 1 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, and the new section to chapter 14-02.1 of the North Dakota Century Code as created by section 3 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, relating to the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain;"

Page 1, line 2, after "repeal" insert "chapter 23-17.5 and"

Page 1, line 2, after the second to insert "health care provider cooperative agreements and"

Page 1, replace lines 13 through 16 with:

"Salaries and wages	$49,351,659	$5,260,119	$54,611,778
Accrued leave payments	0	2,223,289	2,223,289
Operating expenses	50,272,030	(12,379,016)	37,893,014
Capital assets	1,998,073	226,215	2,224,288
Grants	57,928,038	(1,447,309)	56,480,729"

Page 1, replace lines 20 through 23 with:

"Total all funds	$189,870,305	($6,078,095)	$183,792,210
Less estimated income	156,956,525	(17,005,091)	139,951,434
Total general fund	$32,913,780	$10,926,996	$43,840,776
Full-time equivalent positions	344.00	9.00	353.00"

Page 2, replace lines 11 and 12 with:

"Less estimated income	3,992,228	265,000
Total general fund	$1,100,000	$500,000"

Page 2, after line 16, insert:

"**SECTION 3. FAMILY VIOLENCE GRANTS - CONTINGENT FUNDING.** The grants line item in section 1 of this Act includes $80,000 from the general fund for family violence services and prevention grants. This funding is contingent on the state department of health certifying to the director of the office of management and budget that federal funds available to the department for family violence grants have been reduced due to federal sequestration. The department may spend these funds to the extent that federal funds are reduced."

Page 3, after line 2, insert:

"**SECTION 8. AMENDMENT.** Section 14-02.1-01 of the North Dakota Century Code as amended in section 1 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, is amended and reenacted as follows:

14-02.1-01. Purpose.

~~The purpose of this section is to protect the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain.~~ The purpose of this chapter is to protect unborn human life and maternal health within present constitutional limits. It reaffirms the tradition of the state of North Dakota to protect every human life whether unborn or aged, healthy or sick.

SECTION 9. AMENDMENT. The new section to chapter 14-02.1 of the North Dakota Century Code as created by section 3 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, is amended and reenacted as follows:

Determination of postfertilization age - Abortion of unborn child of twenty or more weeks postfertilization age prohibited.

1. The purpose of this section is to protect the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain.

2. Except in the case of a medical emergency, an abortion may not be performed or induced or be attempted to be performed or induced unless the physician performing or inducing the abortion has first made a determination of the probable postfertilization age of the unborn child or relied upon such a determination made by another physician. In making the determination, the physician shall make those inquiries of the woman and perform or cause to be performed the medical examinations and tests as a reasonably prudent physician, knowledgeable about the case and the medical conditions involved, would consider necessary to perform in making an accurate diagnosis with respect to postfertilization age.

~~2.~~ 3. Except in the case of a medical emergency, a person may not perform or induce or attempt to perform or induce an abortion upon a woman when it has been determined, by the physician performing or inducing or attempting to perform or induce the abortion or by another physician upon whose determination that physician relies, that the probable postfertilization age of the woman's unborn child is twenty or more weeks."

Page 3, line 3, replace "Section" with "Chapter 23-17.5 and section"

Page 3, line 3, replace "is" with "are"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$58,149,478	$58,191,244	($3,579,466)	$54,611,778	$52,875,620	$1,736,158
Operating expenses	38,152,557	38,527,557	(634,543)	37,893,014	36,516,083	1,376,931
Capital assets	2,224,288	2,224,288		2,224,288	2,000,288	224,000
Grants	57,316,529	57,484,729	(1,004,000)	56,480,729	51,222,729	5,258,000
Tobacco prevention	5,544,251	5,544,251		5,544,251	5,544,251	
WIC food payments	24,659,861	24,659,861		24,659,861	24,659,861	
Federal stimulus funds	155,000	155,000		155,000	155,000	
Accrued leave payments			2,223,289	2,223,289	2,223,289	
	$186,201,964	$186,786,930	($2,994,720)	$183,792,210	$175,197,121	$8,595,089

Total all funds						
Less estimated income	140,216,701	140,618,913	(667,479)	139,951,434	138,927,790	1,023,644
General fund	$45,985,263	$46,168,017	($2,327,241)	$43,840,776	$36,269,331	$7,571,445
FTE	354.00	354.00	(1.00)	353.00	350.00	3.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Adjusts State Employee Compensation and Benefits Package[1]	Provides Separate Line Item for Accrued Leave Payments[2]	Removes Workforce Safety and Insurance for Volunteers[3]	Removes Funding for Oil Impact Grants[4]	Increases Funding for Grants to Local Public Health Units[5]	Decreases Funding for Operating Expenses[6]
Salaries and wages	($1,254,539)	($2,223,289)				
Operating expenses			(84,000)			(125,000)
Capital assets						
Grants				(1,184,000)	250,000	
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments		2,223,289				
Total all funds	($1,254,539)	$0	($84,000)	($1,184,000)	$250,000	($125,000)
Less estimated income	(577,479)	0	0	0	0	(100,000)
General fund	($677,060)	$0	($84,000)	($1,184,000)	$250,000	($25,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Decreases Funding for School of Medicine Autopsy Services[7]	Adjusts Funding Source of Food and Lodging Licensing System[8]	Removes Funding for One Environmental Health FTE Position[9]	Decreases Funding for Emergency Medical Services Grants[10]	Adds Contingent Funding for Family Violence Services and Prevention Grants[11]	Removes Funding Related to Health Care Provider Cooperative Agreements[12]
Salaries and wages			($101,638)			
Operating expenses	(240,000)		(85,543)			(100,000)
Capital assets						
Grants				(150,000)	80,000	
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments						
Total all funds	($240,000)	$0	($187,181)	($150,000)	$80,000	($100,000)
Less estimated income	0	110,000	0	0	0	(100,000)
General fund	($240,000)	($110,000)	($187,181)	($150,000)	$80,000	$0
FTE	0.00	0.00	(1.00)	0.00	0.00	0.00

	Total Conference Committee Changes
Salaries and wages	($3,579,466)
Operating expenses	(634,543)
Capital assets	
Grants	(1,004,000)
Tobacco prevention	
WIC food payments	
Federal stimulus funds	
Accrued leave payments	2,223,289
Total all funds	($2,994,720)
Less estimated income	(667,479)
General fund	($2,327,241)
FTE	(1.00)

[1] This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 3 to 5 percent for the first year of the biennium and 2 to 4 percent for the second year of the biennium.
- Reduces the market component from 2 to 4 percent per year to 1 to 2 percent per year for employees below the midpoint of their salary range.
- Reduces funding for retirement contribution increases to provide for a 1 percent state and 1 percent employee increase beginning in January 2014 and no increase in January 2015.

[2] A portion of salaries and wages funding from the general fund ($707,673) and from other funds ($1,515,616) for permanent employees' compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

[3] Removes funding for Workforce Safety and Insurance for volunteers included in the executive recommendation, the same as the House. The additional payment was determined to be unnecessary by Workforce Safety and Insurance.

[4] Oil impact funding for grants to local public health units in oil-impacted areas of the state included in the executive recommendation and approved by the Senate is removed, the same as the House.

[5] Funding for local public health units is increased to provide a total of $4 million from the general fund, $1 million more than the 2011-13 biennium. The additional funds are to be distributed to public health units in non-oil-producing counties. The House and Senate did not change the executive recommendation to provide $3,750,000 from the general fund for local public health units statewide.

[6] Operating expenses are reduced departmentwide. The House reduced operating expenses $250,000 and the Senate made no reductions.

[7] Professional services to contract with the University of North Dakota School of Medicine and Health Sciences to perform autopsies in the eastern part of the state, included in the executive recommendation and approved by the Senate are reduced to provide a total of $400,000. The House removed this funding.

[8] The funding source of one-time funding for a food and lodging licensing management system included in the executive recommendation and approved by the Senate is changed from the general fund to special funds from food and lodging fees, the same as the House.

[9] Funding for 1 FTE laboratory services position ($101,638) and related operating expenses ($85,543) included in the executive recommendation and approved by the Senate is removed, the same as the House.

The conference committee restored funding for 2 FTE municipal facilities positions ($286,748) and related operating expenses ($24,427), laboratory operating expenses ($250,000), and capital assets ($224,000) included in the executive recommendation and approved by the Senate. The House removed these FTE positions and related funding.

[10] Funding for rural emergency medical services grants is reduced to provide a total of $7.19 million, of which $5.94 million is from the general fund and $1.25 million is from the insurance tax distribution fund, $2 million more than the 2011-13 biennium. The executive recommendation included $7.34 million, of which $6.09 million is from the general fund and $1.25 million is from the insurance tax distribution fund, $2.15 million more than the 2011-13 biennium. The House reduced emergency medical services grants by $5.15 million and the Senate did not change the executive recommendation.

[11] Contingent funding is added for family violence services and prevention grants. The funding is contingent on a reduction in federal funds resulting from sequestration, the same as the House.

[12] Operating expenses are reduced due to the repeal of Chapter 23-17.5 related to health care provider cooperative agreements, the same as the House.

The Conference Committee restored:

- Funding from the tobacco prevention and control trust fund added by the Senate to increase funding for continued implementation of the statewide integrated stroke system of care to provide a total of $856,324, of which $473,324 is from the general fund. The House removed this funding.
- Funding for 1 FTE position to implement a community paramedic/community health care worker pilot project and for educational startup costs (salaries and wages - $135,000 and operating expenses - $141,600) removed by the House.
- Funding increases provided in the executive recommendation in the salaries and wages line item ($139,096) and the operating expenses line item ($60,904) for an emergency medical services grants manager removed by the House.

In addition, this amendment:

- Adds a section to provide the additional funding in the grants line item for family violence services and prevention grants of $80,000 from the general fund is contingent on the State Department of Health certifying to the Director of the Office of Management and Budget that federal funds available to the department for family violence grants has been reduced due to federal sequestration, the same as the House. The department may spend these funds to the extent that federal funds are reduced.
- Adds a section to repeal Chapter 23-17.5 related to health care provider cooperative agreements, the same as the House.
- Restores a section added by the Senate and removed by the House to provide $383,000 from the tobacco prevention and control trust fund for the continued implementation of the statewide integrated stroke system of care.
- Adds two sections to amend Century Code sections amended by Senate Bill No. 2368. These amendments were not included in the executive recommendation nor the Senate or House versions.

13.8154.02015
Title.

Prepared by the Legislative Council staff for Senator Kilzer

April 26, 2013

#2

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

Page 1, line 2, after the semicolon insert "to amend and reenact section 11-19.1-18 of the North Dakota Century Code, relating to costs of autopsies;"

Page 3, after line 2, insert:

"**SECTION 7. AMENDMENT.** Section 11-19.1-18 of the North Dakota Century Code is amended and reenacted as follows:

11-19.1-18. State forensic examiner - Authority - Costs.

1. The state forensic examiner may order an autopsy and exercise all powers and authority bestowed upon the office of the coroner and, at any time, may assume jurisdiction over a deceased human body. Whenever requested to do so by the local coroner, acting coroner, or the local state's attorney, the state forensic examiner or the examiner's designee shall assume jurisdiction over a deceased human body for purposes of investigating the cause of death, the manner of death, and the mode in which the death occurred.

2. ~~Except for the~~The cost of an autopsy performed by the state forensic examiner or the examiner's designee and ~~for~~ the cost of an autopsy, investigation, or inquiry that results from the death of a patient or resident of the state hospital or any other state residential facility or an inmate of a state penal institution~~,~~ are the responsibility of the state.

3. Except as otherwise provided by law all costs with respect to the autopsy, the transporting of the body for autopsy, and the costs of the investigation or inquiry are the responsibility of the county. Through December 31, 2013, the entire cost of an autopsy performed by the university of North Dakota school of medicine and health sciences is the responsibility of the state. Effective January 1, 2014, one-half of the cost of an autopsy performed by the university of North Dakota school of medicine and health sciences is the responsibility of the state and one-half of the cost is the responsibility of the county."

Renumber accordingly

Karlene Fine
SB 2014
4-27-13

#1

Senate Bill 2014 – Amendments to facilitate the ability of the Department of Commerce to administer the energy conservation program.

b. The industrial commission for the funding of programs for development of ~~energy conservation and~~ renewable energy sources; for studies for development of cogeneration systems that increase the capacity of a system to produce more than one kind of energy from the same fuel; for studies for development of waste products utilization; and for the making of grants and loans in connection therewith.

<u>c. The department of commerce for the funding of programs for development of energy conservation and for the making of grants and loans in connection therewith.</u>

13.9696.01000

Prepared by the North Dakota Legislative Council staff for Conference Committee
April 2013

#2

ENGROSSED SENATE BILL NO. 2018 - PROPOSED AMENDMENTS

This memorandum provides information on the proposed amendments to Engrossed Senate Bill No. 2018 under consideration by the conference committee, as shown in the schedule below.

	Total Funds		
	Senate Version	House Version	Conference Committee Version
Proposed fiscal changes			
Research North Dakota	$10,000,000	$0	$6,000,000
Research North Dakota venture grants	$2,000,000	$0	$2,000,000
Research North Dakota biotechnology grants	$0	$6,000,000	$4,000,000
Theodore Roosevelt Center - $3 million of special funds	$0	$9,000,000	$15,000,000
Child care facility grants	$5,000,000	$0	$0
Child care facility grants - Housing incentive fund	$0	$2,600,000	$0
Early childhood provider grants - Funding source change (housing incentive fund to general fund)	$0	$400,000	$400,000
Maximum fund balance - Housing incentive fund	$50,000,000	$30,000,000	$0
Child care facility loan guarantee - Bank of North Dakota	$200,000	$0	$0
Census office	$498,852	$400,000	$400,000
Unmanned aircraft system - Funding source change (strategic investment and improvements fund to general fund)	$5,000,000	$5,000,000	$5,000,000
Tourism large infrastructure grants	$1,325,000	$500,000	$750,000
Tourism operations and marketing	$9,184,329	$8,684,329	$9,184,329
North Dakota planning initiative	$1,000,000	$0	$0
Visual North Dakota	$0	$0	$250,000
Designate a portion of carryover for *USS North Dakota*	$0	$100,000	$100,000
Designate a portion of carryover for IDEA Center	$0	$300,000	$300,000
Grants line item - Additional funding for entrepreneur centers	$0	$0	$300,000
Upper Great Plains Transportation Institute transportation study	$350,000	$0	$0
InnovateND	$500,000	$450,000	$450,000
Operation Intern	$1,500,000	$1,000,000	$1,500,000
Flood impact grants	$11,782,866	$18,358,866	$18,358,866
Salaries and wages line - Compensation package	$12,658,468	$12,185,425	$12,361,114
Accrued leave payments	$0	$243,767	$243,767
Other proposed changes			
Agricultural products utilization fund new continuing appropriation	Included	Removed	Removed
New loan guarantee program for child care facilities	Included	Removed	Removed
Expansion of beginning entrepreneur loan guarantee	N/A	Included	Included
New Housing Finance Agency program for child care facilities	Included	Removed	Removed
Expansion of housing incentive fund for child care facilities	Included	Included	Removed
Housing incentive fund tax credits and effective and expiration dates	N/A	Included	Removed
Research North Dakota biotechnology grant requirements	N/A	Included	Further amend
Unmanned aircraft system program and new continuing appropriation	N/A	Included	Included
Creation of energy conservation fund and new continuing appropriation	Included	Removed	Removed
Base retention grant change to direct grants	N/A	Included	Included
Legislative Management study of intellectual property	N/A	Included	Further amend
Legislative Management study of children's science center	N/A	N/A	Included
Legislative Management study of an energy corridor	N/A	N/A	Included
Amendment to provide "greater weight to firms headquartered in North Dakota"	N/A	N/A	Included
Amendment to remove unemployment restrictions from Senate Bill No. 2218	N/A	N/A	Included

13.8154.02016
Title.
Fiscal No. 2

Prepared by the Legislative Council staff for Conference Committee
April 28, 2013

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

That the House recede from its amendments as printed on pages 1383-1387 of the Senate Journal and pages 1463-1466 of the House Journal and that Engrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, after the semicolon insert "to amend and reenact section 11-19.1-18 of the North Dakota Century Code, relating to costs of autopsies; to amend and reenact section 14-02.1-01 of the North Dakota Century Code as amended in section 1 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, and the new section to chapter 14-02.1 of the North Dakota Century Code as created by section 3 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, relating to the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain;"

Page 1, line 2, after "repeal" insert "chapter 23-17.5 and"

Page 1, line 2, after the second "to" insert "health care provider cooperative agreements and"

Page 1, replace lines 13 through 16 with:

"Salaries and wages	$49,351,659	$5,260,119	$54,611,778
Accrued leave payments	0	2,223,289	2,223,289
Operating expenses	50,272,030	(12,299,016)	37,973,014
Capital assets	1,998,073	226,215	2,224,288
Grants	57,928,038	(1,447,309)	56,480,729"

Page 1, replace lines 20 through 23 with:

"Total all funds	$189,870,305	($5,998,095)	$183,872,210
Less estimated income	156,956,525	(17,165,091)	139,791,434
Total general fund	$32,913,780	$11,166,996	$44,080,776
Full-time equivalent positions	344.00	9.00	353.00"

Page 2, after line 7, insert:

"Funding to contract for autopsies	0	480,000"

Page 2, replace lines 10 through 12 with:

"Total all funds	$5,092,228	$1,245,000
Less estimated income	3,992,228	488,000
Total general fund	$1,100,000	$757,000"

Page 2, after line 16, insert:

"**SECTION 3. FAMILY VIOLENCE GRANTS - CONTINGENT FUNDING.** The grants line item in section 1 of this Act includes $80,000 from the general fund for family violence services and prevention grants. This funding is contingent on the state department of health certifying to the director of the office of management and budget that federal funds available to the department for family violence grants have been reduced due to federal sequestration. The department may spend these funds to the extent that federal funds are reduced."

Page 2, remove lines 23 through 25

Page 3, after line 2, insert:

"**SECTION 7. AMENDMENT.** Section 11-19.1-18 of the North Dakota Century Code is amended and reenacted as follows:

11-19.1-18. State forensic examiner - Authority - University of North Dakota school of medicine and health sciences - Costs.

1. The state forensic examiner may order an autopsy and exercise all powers and authority bestowed upon the office of the coroner and, at any time, may assume jurisdiction over a deceased human body. Whenever requested to do so by the local coroner, acting coroner, or the local state's attorney, the state forensic examiner or the examiner's designee shall assume jurisdiction over a deceased human body for purposes of investigating the cause of death, the manner of death, and the mode in which the death occurred.

2. ~~Except for the cost of an autopsy performed by the state forensic examiner or the examiner's designee and for the~~The cost of an autopsy, investigation, or inquiry that results from the death of a patient or resident of the state hospital or any other state residential facility or an inmate of a state penal institution~~,~~ is the responsibility of the state.

3. Except as otherwise provided by law, all costs with respect to ~~the~~ an autopsy, the transporting of the body for autopsy, and the costs of the investigation or inquiry are the responsibility of the county. However, the county is responsible for twenty-five percent of the cost of an autopsy:

    a. Performed by the state forensic examiner or the examiner's designee and the state is responsible for seventy-five percent of the cost of that autopsy; and

    b. Performed, at the request of the county, by the university of North Dakota school of medicine and health sciences and the state is responsible for seventy-five percent of the cost of that autopsy.

SECTION 8. AMENDMENT. Section 14-02.1-01 of the North Dakota Century Code as amended in section 1 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, is amended and reenacted as follows:

14-02.1-01. Purpose.

~~The purpose of this section is to protect the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain.~~The purpose of this chapter is to protect unborn human life and maternal health within present constitutional limits. It reaffirms the tradition of the state of North Dakota to protect every human life whether unborn or aged, healthy or sick.

SECTION 9. AMENDMENT. The new section to chapter 14-02.1 of the North Dakota Century Code as created by section 3 of Senate Bill No. 2368, as approved by the sixty-third legislative assembly, is amended and reenacted as follows:

Determination of postfertilization age - Abortion of unborn child of twenty or more weeks postfertilization age prohibited.

1. The purpose of this section is to protect the state's compelling interest in the unborn human life from the time the unborn child is capable of feeling pain.

2. Except in the case of a medical emergency, an abortion may not be performed or induced or be attempted to be performed or induced unless the physician performing or inducing the abortion has first made a determination of the probable postfertilization age of the unborn child or relied upon such a determination made by another physician. In making the determination, the physician shall make those inquiries of the woman and perform or cause to be performed the medical examinations and tests as a reasonably prudent physician, knowledgeable about the case and the medical conditions involved, would consider necessary to perform in making an accurate diagnosis with respect to postfertilization age.

~~2.~~3. Except in the case of a medical emergency, a person may not perform or induce or attempt to perform or induce an abortion upon a woman when it has been determined, by the physician performing or inducing or attempting to perform or induce the abortion or by another physician upon whose determination that physician relies, that the probable postfertilization age of the woman's unborn child is twenty or more weeks."

Page 3, line 3, replace "Section" with "Chapter 23-17.5 and section"

Page 3, line 3, replace "is" with "are"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$58,149,478	$58,191,244	($3,579,466)	$54,611,778	$52,875,620	$1,736,158
Operating expenses	38,152,557	38,527,557	(554,543)	37,973,014	36,516,083	1,456,931
Capital assets	2,224,288	2,224,288		2,224,288	2,000,288	224,000
Grants	57,316,529	57,484,729	(1,004,000)	56,480,729	51,222,729	5,258,000
Tobacco prevention	5,544,251	5,544,251		5,544,251	5,544,251	
WIC food payments	24,659,861	24,659,861		24,659,861	24,659,861	
Federal stimulus funds	155,000	155,000		155,000	155,000	
Accrued leave payments			2,223,289	2,223,289	2,223,289	
Total all funds	$186,201,964	$186,786,930	($2,914,720)	$183,872,210	$175,197,121	$8,675,089
Less estimated income	140,216,701	140,618,913	(827,479)	139,791,434	138,927,790	863,644
General fund	$45,985,263	$46,168,017	($2,087,241)	$44,080,776	$36,269,331	$7,811,445
FTE	354.00	354.00	(1.00)	353.00	350.00	3.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Adjusts State Employee Compensation and Benefits Package[1]	Provides Separate Line Item for Accrued Leave Payments[2]	Removes Workforce Safety and Insurance for Volunteers[3]	Removes Funding for Oil Impact Grants[4]	Increases Funding for Grants to Local Public Health Units[5]	Decreases Funding for Operating Expenses[6]
Salaries and wages	($1,254,539)	($2,223,289)				
Operating expenses			(84,000)			(125,000)
Capital assets						
Grants				(1,184,000)	250,000	
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments		2,223,289				
Total all funds	($1,254,539)	$0	($84,000)	($1,184,000)	$250,000	($125,000)
Less estimated income	(577,479)	0	0	0	0	(100,000)
General fund	($677,060)	$0	($84,000)	($1,184,000)	$250,000	($25,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Decreases Funding for School of Medicine Autopsy Services[7]	Adjusts Funding Source of Food and Lodging Licensing System[8]	Removes Funding for One Environmental Health FTE Position[9]	Decreases Funding for Emergency Medical Services Grants[10]	Adds Contingent Funding for Family Violence Services and Prevention Grants[11]	Removes Funding Related to Health Care Provider Cooperative Agreements[12]
Salaries and wages			($101,638)			
Operating expenses	(160,000)		(85,543)			(100,000)
Capital assets						
Grants				(150,000)	80,000	
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Accrued leave payments						
Total all funds	($160,000)	$0	($187,181)	($150,000)	$80,000	($100,000)
Less estimated income	223,000	110,000	0	0	0	(100,000)
General fund	($383,000)	($110,000)	($187,181)	($150,000)	$80,000	$0
FTE	0.00	0.00	(1.00)	0.00	0.00	0.00

	Adjusts Funding Source for Statewide Stroke System of Care[13]	Total Conference Committee Changes
Salaries and wages		($3,579,466)
Operating expenses		(554,543)
Capital assets		
Grants		(1,004,000)
Tobacco prevention		
WIC food payments		
Federal stimulus funds		
Accrued leave payments		2,223,289
Total all funds	$0	($2,914,720)
Less estimated income	(383,000)	(827,479)
General fund	$383,000	($2,087,241)
FTE	0.00	(1.00)

[1] This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 3 to 5 percent for the first

year of the biennium and 2 to 4 percent for the second year of the biennium.
- Reduces the market component from 2 to 4 percent per year to 1 to 2 percent per year for employees below the midpoint of their salary range.
- Reduces funding for retirement contribution increases to provide for a 1 percent state and 1 percent employee increase beginning in January 2014 and no increase in January 2015.

[2] A portion of salaries and wages funding from the general fund ($707,673) and from other funds ($1,515,616) for permanent employees' compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

[3] Removes funding for Workforce Safety and Insurance for volunteers included in the executive recommendation, the same as the House. The additional payment was determined to be unnecessary by Workforce Safety and Insurance.

[4] Oil impact funding for grants to local public health units in oil-impacted areas of the state included in the executive recommendation and approved by the Senate is removed, the same as the House.

[5] Funding for local public health units statewide is increased to provide a total of $4 million from the general fund, $1 million more than the 2011-13 biennium. The House and Senate did not change the executive recommendation to provide $3,750,000 from the general fund for local public health units, of which $750,000 is to be distributed to public health units in non-oil-producing counties.

[6] Operating expenses are reduced departmentwide. The House reduced operating expenses $250,000 and the Senate made no reductions.

[7] Professional services to contract with the University of North Dakota School of Medicine and Health Sciences to perform autopsies in the eastern part of the state, included in the executive recommendation and approved by the Senate are reduced to provide a total of $480,000. The conference committee provided one-time funding from the general fund ($257,000) and from special funds derived from autopsy fees ($223,000). The House removed this funding.

[8] The funding source of one-time funding for a food and lodging licensing management system included in the executive recommendation and approved by the Senate is changed from the general fund to special funds from food and lodging fees, the same as the House version version.

[9] Funding for 1 FTE laboratory services position ($101,638) and related operating expenses ($85,543) included in the executive recommendation and approved by the Senate is removed, the same as the House version.

The conference committee restored funding for 2 FTE municipal facilities positions ($286,748) and related operating expenses ($24,427), laboratory operating expenses ($250,000), and capital assets ($224,000) included in the executive recommendation and approved by the Senate. The House removed these FTE positions and related funding.

[10] Funding for rural emergency medical services grants is reduced to provide a total of $7.19 million, of which $5.94 million is from the general fund and $1.25 million is from the insurance tax distribution fund, $2 million more than the 2011-13 biennium. The executive recommendation included $7.34 million, of which $6.09 million is from the general fund and $1.25 million is from the insurance tax distribution fund, $2.15 million more than the 2011-13 biennium. The House reduced emergency medical services grants by $5.15 million and the Senate did not change the executive recommendation.

[11] Contingent funding is added for family violence services and prevention grants. The funding is contingent on a reduction in federal funds resulting from sequestration, the same as the House version.

[12] Operating expenses are reduced due to the repeal of Chapter 23-17.5 related to health care provider cooperative agreements, the same as the House version.

[13] The source of funding added by the Senate to increase funding for the continued implementation of the statewide integrated stroke system of care is changed from the tobacco prevention and control trust fund to the general fund to provide a total of $856,324 from the general fund. The House removed this funding increase. The executive recommendation included $473,324 from the general fund for the statewide integrated stroke system of care. Funding from the tobacco prevention and control trust fund was added by the Senate to provide a total of $856,324 for the statewide integrated stroke system of care, of which $473,324 is from the general fund.

The Conference Committee restored:

- Funding for 1 FTE position to implement a community paramedic/community health care worker pilot project and for educational startup costs (salaries and wages - $135,000 and operating expenses - $141,600) removed by the House.
- Funding increases provided in the executive recommendation in the salaries and wages line item ($139,096) and the operating expenses line item ($60,904) for an emergency medical services grants manager position removed by the House.

In addition, this amendment:

- Adds a section to provide the additional funding in the grants line item for family violence services and prevention grants of $80,000 from the general fund is contingent on the State Department of Health certifying to the Director of the Office of Management and Budget that federal funds available to the department for family violence grants has been reduced due to federal sequestration, the same as the House. The department may spend these funds to the extent that federal funds are reduced.
- Adds a section to repeal Chapter 23-17.5 related to health care provider cooperative agreements, the same as the House.
- Removes a section added by the Senate to provide $383,000 from the tobacco prevention and control trust fund for the continued implementation of the statewide integrated stroke system of care, the same as the House. The Conference Committee changed the funding source of this increase to the general fund.
- Adds two sections to amend Century Code sections amended by Senate Bill No. 2368. These amendments were not included in the executive recommendation nor the Senate or House versions.
- Adds a section to amend Section 11-19.1-18 to provide the state is responsible for 75 percent of the cost of an autopsy and the county is responsible for the remaining 25 percent.