

FISCAL NOTE
Requested by Legislative Council
01/09/2019

Revised
Amendment to: SB 2198

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2017-2019 Biennium		2019-2021 Biennium		2021-2023 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2017-2019 Biennium	2019-2021 Biennium	2021-2023 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The Bill provides clarifying language relating to the duties of the department of human services behavioral health division and collaboration with the Department of Health regarding the syringe exchange program.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 of the Bill has no fiscal impact as the Department of Human Services and the Department of Health have in past and continue to work with shared efforts towards providing syringe exchange programs. Section 2 of the Bill has no fiscal impact as the suicide program is simply being moved to the behavioral health division of the Department of Human Services from the Department of Health.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

Name: Brenda M. Weisz

Agency: Department of Health

Telephone: 701-328-4542

Date Prepared: 01/11/2019

FISCAL NOTE
Requested by Legislative Council
01/09/2019

Revised
 Bill/Resolution No.: SB 2198

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Name: Brenda M. Weisz

Agency: Department of Health

Telephone: 701-328-4542

Date Prepared: 01/11/2019

2019 SENATE HUMAN SERVICES

SB 2198

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Red River Room, State Capitol

SB 2198
1/15/2019
Job # 30770

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez/ Carie Winings

Explanation or reason for introduction of bill/resolution:

Relating to duties of the department of human services behavioral health division.

Minutes:

No Attachments

Madam Chair Lee: Opened the hearing on SB 2198.

Senator Anderson: Introduced SB 2198 as prime sponsor on the bill. Gave a brief overview. This is an effort to say the state health department in cooperation with the Department of Human Services will design a program to make it easier for those that have had trouble to implement the syringe exchange program that was developed last session. I will bring an amendment for Page 3, Line 2. The section says that an individual who brings a dirty syringe into the deposit area to get clean syringes cannot be picked up for paraphernalia, but there is a small amount of drug in that syringe as well. We just want to put an inclusion in there that says "or possession of a controlled substance" if they bring those needles back to protect them from that.

(3:55-5:35) Pam Sagness, Director of the Department of Behavioral Health: Testifying in favor of SB 2198

Senator Roers: Can someone explain, Page 3, Line 16-17, the addition of and suicide prevention?

Senator Anderson: I know nothing about that, however I think it is in there because some other definition was changed and they wanted to be sure that this one was consistent with that.

(3:55-5:35) Pam Sagness, Director of Behavioral Health Division, Department of Human Services: Testifying in favor of SB 2198. In answer to your question on adding suicide, it has historically been a program in the Department of Health. We have been working to have the suicide program moved into the Behavioral Health Division of the Department of Human Services. This definition would align to the work that we have been doing to do that. That is also in the Governor's Budget, but it is in the base budget so it was not clearly seen. This just further clarifies that move. Now, specifically, in relation to the amendment mentioned by Senator Anderson, it was brought up to us by local public health and the concerns that they have had with local law enforcement. Still wanting to look for

charges for individuals who are participating in the syringe services programs. By clarifying the true spirit and intent of what the programs are meant to be, it will be important to include that piece that is possession. Also, to mention the partnership between the Department of Health and the Department of Human Services, again because we are separate agencies, it is just really important when we look at programs that are syringe services programs, there is certainly a health component, but there is also the engagement component to services. One of the things that we have done well is that we have to recognize that need to bring our resources together.

Madam Chair Lee: Asked for any additional testimony and there was none.

(5:59) Senator Hogan: Can someone explain the current status of syringe exchange programs in North Dakota?

Lindsey Vanderbush, HIV and STD, and Viral Hepatitis Program Coordinator, North Dakota Department of Health: In terms of syringe service programs, currently we have three programs that have been authorized by the state health department. One is at Custer Health in Mandan, the second is operated by Fargo Cass Public Health in Fargo, and the third is First District Health Unit in Minot that just opened their current exchange. Today is the due date of the second semi-annual report which will report on the number of participants served, enrolled, and outlines all of the things that the bill required that they submit to the state health department in terms of looking at and coordinating of services. In looking at some of the reports to date, they have been really encouraging. For example, the report that Custer Health submitted showed that they served 112 people, and of those, 28 were referred to treatment services. There are more specifics as to what happens at those syringe service programs, could be better explained by the programs themselves, but it really appears to us that they are doing what they were intended to do. Engaging individuals who are injecting drugs and referring them to the appropriate services when they are ready to do so. On ndhealth.gov/hiv/ssp, that is where all of the semi-annual reports are publically available. If you wanted to see the one from the first two quarters that is there and they will be there subsequently.

(9:12) Madam Chair Lee: Is it possible to get a brief overview of the data?

Lindsey Vanderbush: I can provide to you the first semi-annual report. It will take some time to prepare that second report as it is due today. We will include any successes and challenges that those different agencies address.

Madam Chair Lee: As a result of that survey, if you find that there are areas you would like to address within this program, we may hold off a day or two in voting the bill out to see if you have some recommendations. Please let us know.

Lindsey Vanderbush: I will do that.

Senator Larsen: Are there some people that have come forward, some cities that have said they want to try this? What are you hearing in the field?

Lindsey Vanderbush: We do currently work, in terms of guidance and technical assistance, with Fargo Cass Public Health who has an individual who has long standing experience in

working in syringe service programs as well individuals at our state health department who will provide technical assistance to any community or any organization that is looking into whether or not they want to develop syringe service programs. On our website we have guidance that outlines the requirements that were set forth in the previous session as well as recommendations on different types of program components and what those different program components mean so that can guide those programs to what works best in their community.

Madam Chair Lee: How do you promote this opportunity that is available through the information that is provided?

Lindsey Vanderbush: We have provided education through a monthly lunch and learn that goes out to health organizations. We held a training where we brought in national experts on syringe service programs last September that was held at Fargo Cass Public Health, which was well attended. We web archived all of those trainings. There are a number of organizations that reach out to us that are interested. One thing I do hear, is how the question of how to pay for all of this. We have been fortunate that we have been able to use some of our federal funding to help support programs, but not fully. For some locations it might be an issue of how they are going to operationalize that fiscally.

Senator Larsen: What is the relationship with the tribal governments and the tribal entities? Do you actively reach out to them or do they reach out to you?

Lindsey Vanderbush: In terms of tribal governance with syringe service programs, they have been allowable on tribal lands through tribal health even previous to this law. Currently, through the ISH facility in Belcourt, they are operating a syringe service program for individuals in that area. It is not a program that is authorized by the state health department, but it is operating under their existing laws for the individuals in that area. We have been working closely with individuals from Elbow Woods Clinic on hepatitis prevention and this may be a component of that. Syringe service programs isn't something that we aren't going to push on communities. They need to be community lead and driven.

Senator Larsen: Do you share the data?

Lindsey Vanderbush: Yes, we would share all the data.

Senator Larsen: And they are sharing their data as well?

Lindsey Vanderbush: the program that is operated in the Belcourt area is not an authorized program by the state health department so they are not required to submit their semi-annual report.

Pam Sagness: We have been providing funding through the opioid funding that we have been receiving at the Department of Human Services. We have been promoting to local public health and tribes. We do promote this as one of the best practices available. At this time the tribes have not chosen this as one of their strategies.

Madam Chair Lee: Closed the hearing on SB 2198.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Red River Room, State Capitol

SB 2198
1/15/2019
31013

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to duties of the department of human services behavioral health division.

Minutes:

No Attachments

Madam Chair Lee: Well that is what the House does with some regularity. In the mean- time Alex has distributed an amendment that maybe you would like to tell us about if you have some information there. It would be Senator Anderson's amendment and maybe we can get that one put together.

Alex Carthew, Senate Human Services Intern: This amendment is just proposed to fix these gaps Sen. Anderson identified that is in the program so no-one would be able to be criminally liable following because there is still an opioid residue then those three amendments fix that gap to make sure that it's not only the paraphernalia that also end residuals.

Madam Chair Lee: Was that a motion? I suppose we need to be moved to the right bill. 2198.

Senator O. Larsen: Is that amendment is that just the syringe when their because when I am thinking to myself, when their coming into this clinic to get new ones, I am sure they are opening up their stuff and just taking the old one out and so the stuff they have in their hand is that going to be. Are they going to be worried if they've got it in their purse or on their stuff that the whole thing? I am getting a new needle that isn't going to count but this other stuff is going to count.

Senator Anderson: It isn't intended to give people a pass if they have drugs in their pocket or whatever and that's identifiable. Of course what law enforcement unfortunately gets impeded a little bit because we're trying to get these people to use clean syringes so they don't transmit diseases between each other. Well law enforcement is always wants to ask them where they got the stuff in the first place. So, that's one of the reasons they pick them up, not because they are going prosecute them for possession, of this paraphernalia or this drug. But they need an excuse to interview them and hope that they will reveal who their buying from. That is a discouragement for the people to come in there and ask for clean

syringes. So, we're just asking law enforcement in one little more section to back off a little bit there so that we can prevent communicable diseases with this program and they have to go out and find their own evidence someplace if they want to prosecute somebody for possession of drugs.

Senator O. Larsen: My kit when I come in there, and I my kit and I take the syringe out my kit is exempt. They are not going to be hassling me when I come in there, right?

Madam Chair Lee: I don't think so.

Senator Anderson: I can't guarantee that. They might hassle you. So if I were you I would just bring the syringes and not the kit.

Senator O. Larsen: Who thinks about that?

Senator Clemens: This must be the hearing I missed this morning, so I just got a question on this amendment. "or possession of a controlled substance" so where does that tie into this? They can have a controlled substance with them?

Madam Chair Lee: No, when they see a little residue, are you talking about the amendment itself. In the syringe if there coming into exchange the syringe, and the cops have wanted to take their syringe and say oh you've got a little juice in there and we're going to use that to go after you for that.

Senator Anderson: The whole little paragraph there says "the law enforcement officer may not stop, search or seize and individual based on the individuals' participation in the program under this section". Syringes and needles appropriately collected under this section are not considered drug paraphernalia as provided in 19:03.4 and because there may be a little residue in those same syringes we don't want them or possession under 19:03. We did have one case in Minot, ND, where law enforcement where the program operates where law enforcement did attempt to arrest the people for possession because of that residue in those syringes they brought back. We just want to give them a heads up that is not something we intended.

Senator Hogan: I think the other group is I think the staff that worked their when they are collecting all of this. They were a little nervous about their being arrested for possession. It was not just the customers and the consumers but the actual staff.

Senator Anderson: I move amendment 19.0287.01001
2nd Senator Larson
Roll call vote: 6 Yea, 0 No, 0 Absent

Senator K. Roers: I move a do pass as amended
2nd Senator O. Larsen
DO PASS AS AMENDED

Senator O. Larsen: There is a couple of things that when I have a drug problem and I want to go and exchange my needle, it would keep from going there if I knew that I was going there to get a new needle and then I pull into the parking lot and I pull out and I have my kit with me. Then I get pulled over. So I have a clean needle but I have a bunch of junk, or I am in the parking lot and they pull me in there. I know the police pull people over to search for the tinted window, it gives them an excuse. I hope when people go into the needle exchange, the cops know they've got their crap on them. I hope they don't start circling the clocking and saying "oh, I know that car or person, I'll pick them up two days from now and pop him". I hope they let them get their help.

Madam Chair Lee: That is a little bit "sanctuary cityish". In Fargo they don't even have to circle the block because they're in the same building. I haven't heard of any abuses.

Senator O. Larsen: Yeah, I hope not.

Madam Chair Lee: I'm teasing you, I understand we want them to get the help.

Senator O. Larsen: Yeah, that's what it's designed for and I like the idea.

Madam Chair Lee: With that thought in mind, is there any further discussion on this particular measure? If not, please call the roll.

ROLL CALL VOTE: 6 YEA, 0 NAY, 0 ABSENT
Senator Anderson will carry the bill to the floor.

If there is no further business, this meeting is adjourned.

19.0287.01001
Title.02000

Prepared by the Legislative Council staff for
Senator Anderson

January 15, 2019

SA
1001

PROPOSED AMENDMENTS TO SENATE BILL NO. 2198

Page 3, line 2, after "19-03.4" insert "or possession of a controlled substance under section
19-03.1-23"

Renumber accordingly

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2198

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.0287.01001

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐

Motion Made By Sen. Anderson Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Chair Lee	X		Senator Hogan	X	
Vice Chair Larsen	X				
Senator Anderson	X				
Senator Clemens	X				
Senator Roers	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

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

Date: 1/15/19
Roll Call Vote #: 2

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2198

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen. Roers Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Chair Lee	X		Senator Hogan	X	
Vice Chair Larsen	X				
Senator Anderson	X				
Senator Clemens	X				
Senator Roers	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Anderson

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

REPORT OF STANDING COMMITTEE

SB 2198: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2198 was placed on the Sixth order on the calendar.

Page 3, line 2, after "19-03.4" insert "or possession of a controlled substance under section 19-03.1-23"

Renumber accordingly

2019 HOUSE HUMAN SERVICES

SB 2198

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

SB 2198
3/6/2019
33308

☐ Subcommittee
☒ Conference Committee

Committee Clerk: Nicole Klamann by Marjorie Conley
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Explanation or reason for introduction of bill/resolution:

Relating to duties of the department of human services behavioral health division.

Minutes:

Attachment 1, 2

Chairman Weisz: Opened hearing on SB 2198

Senator Judy Lee: Introduced bill. We approved syringe and needle exchange program. This calls for the state department of health in collaboration with the department of Human services behavioral health division to design a syringe exchange program and the department of health shall administer the program. The only other change from current statute you would find subsection 7 that we added that syringes and needles appropriately collected are not considered drug paraphernalia and we also added or possession of a controlled substance. We have found it to be working well in Cass County. It something that we would like to see expanded throughout the state. The two departments together would plan the way it would be implemented.

Chairman Weisz: Law enforcement officers are having an issue with arresting someone in possession. Does this fix the problem?

Senator Judy Lee: Any product that remains in a syringe is not to be used again if it is turned in. It is not intended to be evidence in this case.

Representative Bill Devlin: Why are we needing to include the Department of Health?

Representative Bill Tveit: You eluded to Cass County and how well it's working there. Is that county supported or a different bill?

Senator Judy Lee: It was done through Fargo Cass Public Health. I would defer to Ms. Sagness.

Pam Sagness, Director of Behavioral Health of the Dept. of Human Services: In support, (see attachment 1). This bill clarifies the original intent of syringe services programs and

ensures residue within paraphernalia will not be considered possession resulting in legal charges, eliminating the effectiveness of this program.

Rep. Tveit: Are the people being taken care of that should be with this?

Pam Sagness: The state is not paying for syringes.

Rep. Skroch: Pam I was here when we were debating this 2 years ago and the possibility of enabling drug users. Have you seen increasing illicit drugs, regarding local data.

Pam Sagness: As far as seeing increases, I can get that information for you.

Rep. Dick Anderson: Where is the funding coming from?

Pam Sagness: That is a local question. So each entity gets their funding in different ways.

Rep. Devlin: If you are doing it now, why do you need section 1?

Pam Sagness: I think that there would be a need to have a twofold approach to addressing syringe services. It is not just the disease but how we get services for people with addiction, so I think that is just solidifying that concept. We have been doing it so that the language in this does follow what our practice has been.

Rep. Devlin: If that is what the practice has been, I don't know why you need this language. As you recall, this has been a very controversial bill.

Pam Sagness: I do believe that everything in this bill is something that is currently happening except for the section that was asked by the local public health to clarify the possession. Other than that, the first section, the partnership that is occurring and the last part about suicide prevention that can be done in the budget bills because it is just a line item transfer from one department to the next.

Rep. Skroch: Are you aware of law enforcement arresting someone coming or going from a needle drop?

Pam Sagness: The intent is to have a safe place to exchange needles and have programs accessible.

Chairman Weisz: Further support? Opposition?

Lindsey Vanderbusch HIV-STD-TB Viral Hepatitis Program Manger:
(see attachment 2) Will take any questions.

Chairman Weisz: Does the committee have any questions?

Rep. Anderson: So you would have some answers about where the local funding

comes from?

Lindsey Vanderbusch: Yes. Syringe service programs in North Dakota have both federal and state funding. General funds are not allowed for the syringes themselves, however, there are many components to the syringe service program that has to deal with linkage to health services or linkage to these prevention services. We, through our HIV prevention grant, are able to provide just under \$100,000.00 to authorize programs for them to support the syringe service kind of activities. Any funding for the syringes themselves or other materials that are directly related to injecting would have to come from local funds or private grants from national organizations.

Chairman Weisz: Further questions? Close hearing on SB 2198

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

SB 2198
3/19/2019
33995

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk: Nicole Klamann by Marjorie Conley

Explanation or reason for introduction of bill/resolution:

Relating to duties of the department of human services behavioral health division.

Minutes:

Chairman Weisz: Reopened SB 2198.

Rep. Schneider: All these programs considered to be a success and if the word got out that folks are going to get arrested, if there is any material left in the exchange syringe, it will kill the program. I think that it is an important bill.

Rep. Damschen: Do you have any data on how successful the people have been approached and referred on this program?

Chairman Weisz: No, because we don't require that whoever is doing the program, and in reality anybody can and the law doesn't require that they report to social services.

Rep. Dobervich: 35 clients in a 6 month time period. The needle exchange also helps us reduce the new infections of HIV as well as hepatitis. We have large numbers of people with hepatitis. In addition to moving people with addiction into treatment services, we can really reduce the numbers of new infections of HEP C and HIV.

Chairman Weisz: What are the committee's wishes?

Rep. Fegley: If law enforcement pulls someone over, how do they know if they are in the program or not? So they cannot arrest them if they have paraphernalia with them.

Rep. Ruby: This is just for the needles that are handed in, correct? This isn't for just having possession but for needles that are handed in.

Rep. Ruby: Move a Do Pass.

Rep. Dobervich: Second.

Rep. Devlin: This is not one that we leaped into last session, but I think it has Proven itself and when Pam Sagness presented the CDC information, she showed that people who inject drugs are 5 times more likely to enter treatment for substance use disorder and more likely to reduce or stop injecting when they are part of one of these programs. They proved very beneficial.

Chairman Weisz: Any further discussion?

Rep. Dobervich: The policy that many needle exchange programs is that you only receive one needle in exchange for one needle.

Chairman Weisz: Any further discussion?

Roll Call Vote Yes 9 No 2 Absent 3 **Do Pass Carries.**

Rep. Dobervich is the Carrier for SB 2198.

Date: 3-19-19
Roll Call Vote #: 1

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2198

House Human Services

Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Ruby Seconded By Rep. Dobervich

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		Gretchen Dobervich	X	
Karen M. Rohr - Vice Chairman	A		Mary Schneider	X	
Dick Anderson	A				
Chuck Damschen		X			
Bill Devlin	X				
Clayton Fegley		X			
Dwight Kiefert	X				
Todd Porter	A				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				

Total (Yes) 9 No 2

Absent 3

Floor Assignment Rep. Dobervich

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

REPORT OF STANDING COMMITTEE

SB 2198, as engrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **DO PASS** (9 YEAS, 2 NAYS, 3 ABSENT AND NOT VOTING).
Engrossed SB 2198 was placed on the Fourteenth order on the calendar.

2019 TESTIMONY

SB 2198

Testimony
Engrossed Senate Bill 2198-Department of Human Services
House Human Services Committee
Representative Robin Weisz, Chairman

March 6, 2019

Chairman Weisz and members of the House Human Services Committee, I am Pamela Sagness, Director of the Behavioral Health Division of the Department of Human Services (Department). I appear today to provide testimony in support of Senate Bill 2198.

Senate Bill 2198 adds language to century code defining the partnership between the Department and the Department of Health in the implementation of the syringe services program. The Department does currently partner, bringing content and connections to ensure the syringe exchange programs act as a source of engagement. Research has shown that people who inject drugs are five times more likely to enter treatment for substance use disorder and more likely to reduce or stop injecting when they use a syringe services program (Center for Disease Control).

The language addition on lines 2-3 of page 3 is the result of a request from local public health units currently operating syringe services programs. This addition clarifies the original intent of syringe services programs and ensures residue within paraphernalia will not be considered possession resulting in legal charges and eliminating the effectiveness of these programs.

Senate Bill 2198 also adds language to include suicide prevention in the definition of behavioral health, as defined in Chapter 50-06.01. This aligns with the current request in Senate Bill 2012 and the Executive Budget Request to transfer the suicide prevention program from the Department of Health to the Department of Human Services' Behavioral Health Division.

This concludes my testimony, and I am happy to answer any questions.



North Dakota Syringe Service Program Biannual Report

Biannual Report

January 1, 2018 - June 30, 2018

Programs in North Dakota

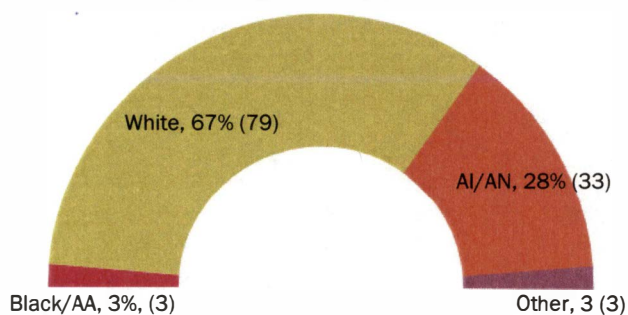
As of June 30, 2018, there are two authorized programs operating in North Dakota.

- Mandan Good Neighbor Project
Operated by Custer Health, Mandan
- Harm Reduction Center
Operated by Fargo Cass Public Health, Fargo
- **118** individuals were served in total by both programs in the reporting period.

Demographic Information

Of the 118 individuals that received services, there were from **5** known counties. Those counties include Barnes, Burleigh, Cass, Grand Forks, Morton and Sioux. There were five clients who declined to share their county of residence and twenty clients from Minnesota.

49% of persons served identified as male, and **50%** identified as female. **1%** declined to disclose their current gender. Below is a chart that shows the breakdown of self-reported race/ethnicity.

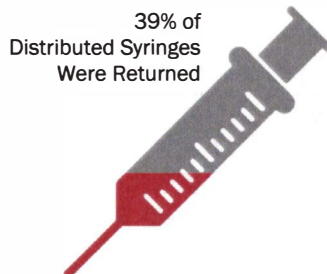


Services Information

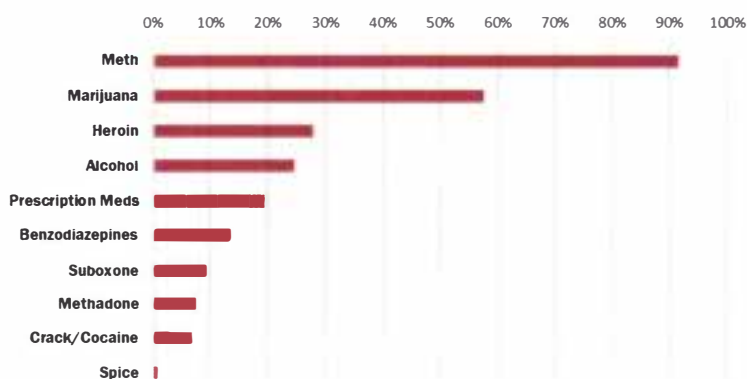
- There were **56** individuals who received testing services (HIV, hepatitis C or STDs).
- Safer sex education was provided, and 1,890 condoms were distributed.
- **11** clients requested and received referral to substance abuse treatment services.

During the reporting period, there were **7,609** syringes distributed and approximately **2,986**

collected. The number of syringes collected could be underreported. An actual count of syringes does not take place, rather they are estimated by the participants and workers by weight or sight within a biohazard container. SSP workers are instructed to not handle syringes or to dig within biohazard containers as this is when an accidental needlestick could occur.



Information collected on the substances reported by participants in the 30 days prior to enrollment at the SSP are described below. Prescription meds, suboxone and methadone responses indicated that these substances were used not as prescribed. Meth was the primary substance reported with **92%** of participants indicating use.



Naloxone is available for distribution at both SSP locations. **68** doses of naloxone were distributed to participants to use when needed to help save the life of a person experiencing overdose due to opioid use.



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North Dakota Syringe Service Program Biannual Report

What are Syringe Service Programs?

Syringe service programs are community-based programs that provide access to sterile needles and syringes free of cost, facilitate safe disposal of used needles and syringes, and provide comprehensive disease prevention and linkage to care and treatment for persons who inject drugs.

Syringe service programs are an effective component of a comprehensive, integrated approach to HIV and hepatitis C prevention among persons who inject drugs.

Reporting Requirements

As required by NDCC 23-01-44, all authorized sites are required to report twice per year on the status and services provided by their programs. These reports contain information about the demographics of the persons served by syringe service programs and the services they received during the reporting period.

It is not recommended that sites document persons by identifiable information, however they must be tracked longitudinally by a SSP created identifier. This allows for clients to receive services at appropriate intervals and to document referrals, education and other services provided on the individual level.

The biannual report required sites to document the following data points.

Demographics:

- Gender of Participants
- Race/Ethnicity
- Current Living Status
- County of Residence
- Substances Used Within the Last 30 Days

Services:

- Number of Participants Serviced
- Number of New Participants Enrolled
- Number of Syringes Distributed
- Number of Syringes Collected

- Number of Persons Tested/Referred for Testing Services
- Number of Persons Who Received Education
- Number of Condoms Distributed
- Number of Doses of Naloxone Distributed
- Number of Persons Referred to Treatment Services

These data points are captured to track the successes and areas of improvement for each individual site and for NDDoH to describe the ancillary services that SSPs are able to provide in their communities.

Benefits and Goals of SSPs

SSPs are shown to reduce drug use by increasing entry into substance use treatment programs. People who inject drugs are 5 times more likely to enter treatment for substance abuse disorder than people who do not utilize these programs. Sites are encouraged to develop partnerships with treatment centers in their area to establish a referral network. Education and referrals to treatment services are also discussed with clients at nearly every encounter within the SSP.

Persons who inject drugs are at high-risk for HIV and hepatitis C infection. SSPs provide or refer for HIV, hepatitis C and STD testing. SSPs also provide linkage to care services, education and prevention tools to reduce the risk new HIV and hepatitis C infections.

Overdose deaths can also be reduced by providing education and training to clients on how to administer naloxone in the event of overdose on an opioid. Programs are encouraged to provide naloxone to clients who use opioids free of charge, if available.

These types of services are also shown to save on long term costs of health care. By preventing infections, it is estimated that the lifetime cost of treating one case of HIV is \$400,000 and prompt linkage to treatment of people with hepatitis C can save 320,000 deaths in the United States.



For more information, call 800.472.2180 or visit
www.ndhealth.gov/HIV/SSP. Last Updated August 2018..

