

**2021 SENATE HUMAN SERVICES**

**SB 2303**

# 2021 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Sakakawea Room, State Capitol

SB 2303  
2/9/2021 AM

A BILL for an Act to amend and reenact section 23-35-02.1 of the North Dakota Century Code, relating to tribal health units.

**Madam Chair Lee** opened the hearing on SB 2303 at 10:09 a.m. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

## **Discussion Topics:**

- Public Health Units and Tribal collaboration
- Duplication of services
- Mandate of “shall”
- Parity
- Tribal sovereignty
- Federal funding to tribal nations for public health

**[10:09] Senator Richard Marcellais, District 9.** Introduced SB 2303 and provided testimony #6018 in favor.

**[10:14] Nathan Davis, Health Care Liaison, Turtle Mountain.** Provided oral testimony in favor.

**[10:28] Barbara Frydenlund, Nurse Administrator, Rolette County Public Health.** Provided neutral testimony #5994.

**[10:47] Representative Gretchen Dobervich, District 11.** Provided oral neutral testimony.

**Additional written testimony: (3)**

**Kelly Nagel, Director, Office of Systems and Performance, NDDoH.** Provided written neutral testimony #5871.

**Brenda Stallman, Administrator, Traill District Health Unit.** Provided written testimony #5848 in opposition.

**Theresa Hill, Administrator, Public Health.** Provided written testimony #6090 in opposition.

**Madam Chair Lee** closed the hearing on SB 2303 at 10:54 a.m.

*Justin Velez, Committee Clerk*



## NORTH DAKOTA SENATE

STATE CAPITOL  
600 EAST BOULEVARD  
BISMARCK, ND 58505-0360



### Senator Richard Marcellais

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### COMMITTEES:

Education  
Government and Veterans Affairs

## **SB 2303 Testimony**

### **Senate Human Committee**

**Sakakawea Room 2/09/21 @ 9:30 am**

*Chairwoman Lee members of the Senate Human Services Committee for the record my name is Richard Marcellais Senator from Rolette County District 9.*

*I come before you with a constituent request. I electronically submitted my testimony yesterday, but have made changes and respectfully ask that you refer to my verbal testimony today, and the written copy I just shared with you.*

*Under current North Dakota Century Code 23-35-02.1 Tribal Nations residing in North Dakota may establish a tribal public health unit “the external boundaries of which border more than four counties.” This law was established specifically for one of the five tribal nations in North Dakota, excluding the other four from the opportunity. Since this law was enacted that tribal nation has chosen not to establish a public health unit, has that option. The intent of SB 2303 is to honor tribal sovereignty and provide all nations residing North Dakota with the same opportunity, by removing the requirement that the external tribal boundaries border more than four counties.*

*This bill also changes the requirement that the tribal public health unit shall collaborate. No currently existing public health units in the state are required to collaborate with another public health unit.*

*Changing the language from shall to may provides collaboration without a government forced mandate.*

*You have likely received and read opposing testimony regarding the fear of potential financial impact the passage of this bill could have on non-tribal public health units. There are currently not tribal nations in North Dakota I am aware of, who are planning to establish a public health unit in the immediate future.*

*The process to do so would require a considerable amount of time, planning, workforce development, collaboration and negotiation, which would take several years to accomplish. There is no way to know what exact financial impact to non-tribal public health units would be today.*

*SB 2303 is not an implication that tribal members have received poor or rationed public health services from currently existing services. It is about **all** tribal nations in North Dakota having the opportunity to establish a public health unit if they choose to.*

*Chairwomen Lee members of the Senate Human Services Committee, I urge Do Pass on Senate Bill 2303. I stand for questions.*

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Chairperson, Lee and members of the Senate Human Services Committee.

My name is Barbara Frydenlund. I am the Nurse Administrator of Rolette County Public Health District. Our service area comprises Rolette County which includes the Turtle Mountain Band of Chippewa Nation. I am also serving as the 2021 ND SACCHO President.

I find SB 2303 a very sensitive subject for Rolette County Public Health District. It has been and will always be my goal to enhance working relationships with tribal and non-tribal health entities for the delivery of preventive health services to Rolette County residents regardless of place of residence. Rolette County Public Health District is committed to preventing disease, promoting healthy lifestyles and protecting the environment with the goal of minimizing the health disparities of our residents.

The 1999 ND Legislature, through ND Century Code 23-35-02 ensured all land in the state be in a public health unit by 2001. As a result of this forwarding thinking, all North Dakota residents, including those individuals residing on tribal lands, have the privilege of having the opportunity to receive comprehensive preventive and sometimes clinical health services provided by local public health districts/departments.

To create a new public health district/department within an area where services are already being provided would be a disservice to the citizens of the new jurisdiction, as well as those still relying on service by the pre-established public health agencies, not to mention the potential duplication of services. Statewide, local public health districts/departments have a long history of forming partnerships with each other and with local service providers to assure comprehensive health services are in place.

As an example of a high level of public health response, Rolette County Public Health District (RCPHD) works diligently with all health entities, including Turtle Mountain Tribal

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Health and Indian Health Service, within Rolette County to deliver a comprehensive COVID 19 response. RCPHD provided the leadership to Tribal Health on logistics, communication and staffing for COVID 19 testing within the boundaries of the Turtle Mountain Reservation. RCPHD staff has continued to provide technical support to tribal COVID 19 contact tracers and has been instrumental acting as a COVID 19 health liaison for the Belcourt school system. The vaccine delivery within Rolette County has been coordinated through RCPHD, Indian Health Service, private clinics, FQHC and extended care facilities.

The “silver lining” of COVID 19 for Rolette County has been the increase in collaborative efforts between the for-mentioned agencies. We have seized the moment to work to break down barriers in delivery of services to ALL Rolette County residents. I view the development of an additional public health district within Rolette County or any North Dakota County as an increase in potential segregation of services.

Emergency preparedness and response services are critically important. With that said, comprehensive public health services go much deeper than COVID 19 response. Local health districts/departments have in place a multitude of programs that citizens seek and utilize. Immunizations, maternal child health, school health services, tobacco and substance abuse prevention, injury prevention, jail health, foot care, oral health care and home visits to the elderly are some of them. Environmental health services are also a critical need that is being met by local public health through collaboration of local health districts/departments within 6 regions of the state. Highly trained and educated specialists are in place within our largest health districts/departments and charged with assisting surrounding counties through formal agreements and funding structures to deliver essential services. These activities include, but are not limited to, investigation

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of nuisance complaints, septic evaluations, and development and implementation of plans relating to response to public health emergencies.

Adding an additional public health district within a county that has an established health district will further increase overhead costs while available dollars to serve the population in each jurisdiction would be reduced.

Local public health districts/departments are dependent upon an array of funding sources to provide essential services. The funding streams to each existing public health district/department are variable.

Rolette County is considered one of the poorest counties in the nation and struggles to make ends meet at the county, city and tribal levels. The local public health mill levy maximum is limited to 5 mills by North Dakota Law. The following is a breakdown of our funding stream for fiscal year 2020 excluding CARES Act, one-time grant funding.

| Source   | Dollar Value          | % of Budget |                            |
|--|-----------------------|-------------|----------------------------|
| Local Mill Levy  | \$ 93,000.00          | 8%          | <i>Just shy of 5 mills</i> |
| State Aid  | \$ 43,753.00          | 4%          |                            |
| Grants (Fed, State, Local)                                   | \$ 699,071.00         | 62%         |                            |
| Fee for Service  | \$ 291,199.00         | 26%         |                            |
| Misc.  | \$ 7,994.00           | <1%         |                            |
| TOTAL 2020 Budget<br><i>Excluding COVID One Time Funding</i> | <b>\$1,135,075.00</b> | 100%        |                            |

I noted that within SB 2303 “shall” was replaced with “may” collaborate with bordering public health units regarding the provision of public health services. Speaking as a public health Nurse Administrator who has spent the past 18 years working to decrease

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segregation and silos of public health care within Rolette County, I am truly disheartened in this suggested language.

If additional culturally competent services for tribal residents are being sought, RCPHD would welcome the invitation to provide services directly on tribal lands. RCPHD continues to place a huge amount of effort in expanding our services. Health Disparities within Rolette County are huge and spread across the life span. RCPHD staff make extensive efforts to go to the people to provide preventive services, many of our services are performed outside of the wall of our public health clinic. Through Cares Act Funding, RCPHD has purchased a refurbished Mobile Clinic to allow us to provide public health services in areas of the county that lack infrastructure for us to provide services. RCPHD has expanded our outreach to provide comprehensive public health services by standing up a satellite public health clinic in Dunseith, thus serving a population for which transportation is a barrier to seeking preventive health services. We collaborate with the WIC program to provide one stop shop for WIC services, immunizations, health tracks and fluoride varnish services. As I mentioned earlier, RCPHD has worked extensively with Tribal Health and Indian Health Service to establish COVID 19 testing sites and to coordinate vaccine administration to ALL residents of Rolette County.

Passing a bill to potentially create additional health district within Rolette County would increase the segregation and silos of service, escalate the demands placed on the limited fiscal resources available at local and state level for public health delivery and potentially negatively impact with services currently available to ALL Rolette County residents including our tribal communities.



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The goal of RCPHD is to continue to increase our reach of services and would value to the opportunity to enhance the relationship with tribal health to provide a greater level of services on tribal lands, to avoid duplication of services, to utilize fiscal resources in the most efficient way and not to segregate services within Rolette County.

Local public health district/departments operate efficiently through careful use of resources, fiscal accountability, avoidance of duplication of service and assessment of local needs.

RCPHD values relationships with our local, tribal, regional, and state partners. We appreciate the support of our state legislators and the North Dakota Department of Health.

With the above said, I am opposed to SB 2303 with the intent to establish an additional public health district within Rolette County.

Sincerely,

Barbara Frydenlund

Good Morning Chairman Lee and members of the Senate Human Services Committee. My name is Kelly Nagel and I am the [Director of the Office of Systems and Performance with the North Dakota Department of Health. I do not have testimony for SB 2303 but want to let you know I am available to answer questions, if needed. Thank You.

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Chairperson Lee and members of the Senate Human Services Committee,

ND Century Code 23-35-02 states all land in the state must be in a public health unit. Tribal lands in ND are already served with comprehensive services provided by local public health departments.

To create a new public health department within an area where services are already being provided would be a disservice to the citizens of the new jurisdiction, as well as those still relying on service by the pre-established public health agency(ies). Local public health departments have a long history of forming partnerships with each other, local service providers, and disparate populations to assure a core level of services are in place.

Environmental health and emergency preparedness services are critical needs that are in place through collaboration of local health departments within 6 regions of the state. Highly trained and educated specialists in place with our largest health departments assist surrounding counties through formal agreements and funding structures to deliver essential services. These activities include, but are not limited to, investigation of nuisance complaints, septic evaluations, and development and implementation of plans relating to response to public health emergencies. Those of us in smaller health departments, in cooperation with our regional partners, plan for hazmat incidents, natural disasters, and response to disease threats such as Covid. By now, we are all aware of the massive effort required to test and vaccinate in response to the pandemic. To increase the number of health departments that rely on regional services, but are not staffed to manage them, would be overtaxing and a huge drain on existing services.

Local health departments have in place a multitude of programs that citizens seek and use. Immunizations, maternal child health, school health services, tobacco and substance abuse prevention, injury prevention, jail health, home visits to the elderly are some of them. By carving out a portion of an existing service area to duplicate services already in place would add significant cost and yield no added value.

Local health departments are dependent upon a multitude of funding sources to provide essential services. The largest source of revenue supporting local health departments is local tax dollars, providing 33% of overall funding. Fees for services are necessary and generate 25% of total revenue to local health departments. Other sources include federal funding, state aid, tobacco, and other grant sources. By adding to the existing number of health departments, overhead costs would increase while available dollars to serve the population in each jurisdiction would be reduced.

Because passing this bill would increase the demands placed on limited resources in place for public health delivery just to continue with services already available to tribal communities, I am opposed to SB 2303.

Local public health departments operate efficiently through careful use of resources and assessment of local needs. We value relationships with our local, regional, tribal, and state partners. We appreciate the support of our state legislators and are responsive to questions and need for additional information.

I ask for your consideration to oppose SB 2303.

Brenda Stallman, RN  
Administrator, Traill District Health Unit

Hello Senator Lee,

Thank you for all that you are doing in Bismarck, it has to be a very strange session for all of you. We talked about SB 2303, as a SACCHO, last Friday and again today. There are several reasons that public health is concerned and I know you will hear from many of us. Of course we want everyone to receive access to public health services, which we believe is currently the case. LPH Units in the counties with tribal lands, have tried hard to assure that the tribal areas have equal access to services. As a county which does not have any tribal land, I can't speak specifically to that, but trust that my colleagues are doing all that they can. This bill changes the wording from "shall to may" where it refers to collaboration with LPH which is definitely a concern as we surely don't need two public health units vying for the same funds or duplicating current services.

Of course there is concern related to funding and quality, would requirements be put in place to assure that every health unit is providing a minimal level of services for their citizens.

Thank you for your time and consideration. Theresa

# 2021 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Sakakawea Room, State Capitol

SB 2303  
2/9/2021 PM

A BILL for an Act to amend and reenact section 23-35-02.1 of the North Dakota Century Code, relating to tribal health units.

**Madam Chair Lee** opened the discussion on SB 2303 at 3:08 p.m. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

### Discussion Topics:

- Rolette county and Tribal collaboration
- Duplication of services
- Responsibility of providing health services
- Administrative costs
- Funding of public health units
- Feasibility study
- Federal funding requirements.

**[3:29] Kelly Nagel, Director, Office of Systems and Performance, North Dakota Department of Health.** Provided clarification on funding from public health units.

**Senator K. Roers** moves **DO PASS**.

**Senator Anderson** seconded.

| Senators                        | Vote |
|---------------------------------|------|
| Senator Judy Lee                | N    |
| Senator Kristin Roers           | Y    |
| Senator Howard C. Anderson, Jr. | Y    |
| Senator David A. Clemens        | Y    |
| Senator Kathy Hogan             | Y    |
| Senator Oley Larsen             | N    |

The motion passed 4-2-0

**Senator K. Roers** will carry SB 2311.

**Additional written testimony:** N/A

**Madam Chair Lee** closed the discussion on SB 2303 at 3:46 p.m.

*Justin Velez, Committee Clerk*

**REPORT OF STANDING COMMITTEE**

**SB 2303: Human Services Committee (Sen. Lee, Chairman)** recommends **DO PASS** (4 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). SB 2303 was placed on the Eleventh order on the calendar.

**2021 HOUSE HUMAN SERVICES**

**SB 2303**



# 2021 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

SB 2303  
3/10/2021

|                                 |
|---------------------------------|
| Relating to tribal health units |
|---------------------------------|

**Vice Chair Rohr** opened the committee hearing at 10:30 a.m.

| Representatives                   | Attendance |
|-----------------------------------|------------|
| Representative Robin Weisz        | A          |
| Representative Karen M. Rohr      | P          |
| Representative Mike Beltz         | P          |
| Representative Chuck Damschen     | P          |
| Representative Bill Devlin        | P          |
| Representative Gretchen Dobervich | P          |
| Representative Clayton Fegley     | P          |
| Representative Dwight Kiefert     | P          |
| Representative Todd Porter        | P          |
| Representative Matthew Ruby       | A          |
| Representative Mary Schneider     | P          |
| Representative Kathy Skroch       | P          |
| Representative Bill Tveit         | P          |
| Representative Greg Westlind      | P          |

### Discussion Topics:

- Local health unit
- Covid 19 testing
- Contract tracing
- Additional public health district

**Sen. Richard Marcellais, District 9 (10:30)** introduced the bill, testified in favor, and submitted testimony #8209.

**Nathan Davis, Healthcare Liaison Turtle Mountain Band of Chippewa Indians (10:36)** testified in favor.

**Mary Korsmo, North Dakota State Association of City & County Health Officials (10:43)** introduced Barbara Frydenlund, Nurse Administrator Rolette County Public Health District.

**Barbara Frydenlund, Nurse Administrator Rolette County Public Health District (10:45)** testified in opposition and submitted testimony #8480.

**Kelly Nagel, Director Office of Systems & Performance North Dakota Department of Health (11:10)** testified neutral and submitted testimony #8326.

**Vice Chair Rohr** adjourned at 11:17 a.m.

*Tamara Krause, Committee Clerk*

**NORTH DAKOTA SENATE**

STATE CAPITOL  
600 EAST BOULEVARD  
BISMARCK, ND 58505-0360

**Senator Richard Marcellais**

District 9  
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**COMMITTEES:**

Education  
Government and Veterans Affairs

***SB 2303 Testimony***  
***House Human Committee***  
***Pioneer Room***

*Chairmen Weisz members of the House Human Services Committee for the record my name is Richard Marcellais Senator from Rolette County District 9.*

*I am here this morning to testify in favor of SB 2303– relating to tribal health units. Under current North Dakota Century Code 23-35-02.1, tribal nations residing in North Dakota may establish a tribal public health unit if “the external boundaries of which boarder more than four counties.” Under current law, all tribal nations residing in North Dakota may establish a public health unit, except the Turtle Mountain Band of Chippewa Nation. Our nation’s land base borders three counties and a country. While there are no immediate plans to establish a tribal public health unit, this bill would create equity in the ability of all tribal nation’s residing in North Dakota to if they chose to, establish a public unit.*

*This bill also changes the requirement that the tribal public health unit shall collaborate regarding the provision of health services with bordering public health units, to may collaborate. No other public health units in the state are required to collaborate with another public health unit.*

*Chairmen Weisz members of the House Human Services Committee, I urge Do  
Pass on Senate Bill 2303. I stand for questions.*

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Chairperson Weisz and members of the House Human Services Committee.

My name is Barbara Frydenlund. I am the Nurse Administrator of Rolette County Public Health District. Our service area comprises Rolette County which includes the Turtle Mountain Band of Chippewa Nation. I am also serving as the 2021 ND SACCHO President.

I find SB 2303 a very sensitive subject for Rolette County Public Health District. It has been and will always be my goal to enhance working relationships with tribal and non-tribal health entities for the delivery of preventive health services to Rolette County residents regardless of place of residence. Rolette County Public Health District is committed to preventing disease, promoting healthy lifestyles and protecting the environment with the goal of minimizing the health disparities of our residents.

The 1999 ND Legislature, through ND Century Code 23-35-02 ensured all land in the state be in a public health unit by 2001. As a result of this forwarding thinking, all North Dakota residents, including those individuals residing on tribal lands, have the privilege of having the opportunity to receive comprehensive preventive and sometimes clinical health services provided by local public health districts/departments.

To create a new public health district/department within an area where services are already being provided would be a disservice to the citizens of the new jurisdiction, as well as those still relying on service by the pre-established public health agencies, not to mention the potential duplication of services. Statewide, local public health districts/departments have a long history of forming partnerships with each other and with local service providers to assure comprehensive health services are in place.

**During the summer of 2020 I was aware of frustration for Tribal Health in not being recognized as a Public Health Authority on Tribal Land which procedurally delayed Tribal Health from obtaining COVID test results for individuals receiving covid testing at tribal sponsored testing events and a delay in setting up Tribal contact tracing. Again, these issues emerged as *procedural* between tribal health and NDDOH. It is my opinion that administrative rules relating to this barrier should be addressed rather than establishment of another health district within the county of an existing health district.**

As an example of a high level of public health response, Rolette County Public Health District (RCPHD) works diligently with all health entities, including Turtle Mountain Tribal Health and Indian Health Service, within Rolette County to deliver a comprehensive COVID 19 response. RCPHD provided the leadership to Tribal Health on logistics, communication and staffing for COVID 19 testing within the boundaries of the Turtle Mountain Reservation. RCPHD staff has continued to provide technical support to tribal COVID 19 contact tracers and has been instrumental acting as a COVID 19 health liaison for the Belcourt school system. The vaccine delivery within Rolette County has been coordinated through RCPHD, Indian Health Service, private clinics, FQHC and extended care facilities.

The “silver lining” of COVID 19 for Rolette County has been the increase in collaborative efforts between the for-mentioned agencies. We have seized the moment to work to break down barriers in delivery of services to ALL Rolette County residents. I view the development of an additional public health district within Rolette County or any North Dakota County as an increase in potential segregation of services.

Emergency preparedness and response services are critically important. With that said, comprehensive public health services go much deeper than COVID 19 response. Local health districts/departments have in place a multitude of programs that citizens seek and utilize. Immunizations, maternal child health, school health services, tobacco and substance abuse prevention, injury prevention, jail health, foot care, oral health care and home visits to the elderly are some of them. Environmental health services are also a critical need that is being met by local public health through collaboration of local health districts/departments within 6 regions of the state. Highly trained and educated specialists are in place within our largest health districts/departments and charged with assisting surrounding counties through formal agreements and funding structures to deliver essential services. These activities include, but are not limited to, investigation of nuisance complaints, septic evaluations, and development and implementation of plans relating to response to public health emergencies.

Adding an additional public health district within a county that has an established health district will further increase overhead costs while available dollars to serve the population in each jurisdiction would be reduced.

Local public health districts/departments are dependent upon an array of funding sources to provide essential services. The funding streams to each existing public health district/department are variable.

Rolette County is considered one of the poorest counties in the nation and struggles to make ends meet at the county, city and tribal levels. The local public health mill levy maximum is limited to 5 mills by North Dakota Law. The following is a breakdown of our funding stream for fiscal year 2020 **excluding** CARES Act, one-time grant funding.

| Source   | Dollar Value          | % of Budget |                            |
|--|-----------------------|-------------|----------------------------|
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| Fee for Service  | \$ 291,199.00         | 26%         |                            |
| Misc.  | \$ 7,994.00           | <1%         |                            |
| TOTAL 2020 Budget<br><i>Excluding COVID One Time Funding</i> | <b>\$1,135,075.00</b> | 100%        |                            |

Speaking as a public health Nurse Administrator who has spent the past 18 years working to decrease segregation and silos of public health care within Rolette County, I genuinely want to see continued collaboration and services for all residents of Rolette County.

If additional culturally competent services for tribal residents are being sought, RCPHD would welcome the invitation to provide services directly on tribal lands. RCPHD continues to place a huge amount of effort in expanding our services. Health Disparities within Rolette County are huge and spread across the life span. RCPHD staff make extensive efforts to go to the people to provide preventive services, many of our services are performed outside of the wall of our public health clinic. Through Cares Act Funding, RCPHD has purchased a refurbished Mobile Clinic to allow us to provide public health services in areas of the county that lack infrastructure for us to provide services. RCPHD has expanded our outreach to provide comprehensive public health

03/09/2021

services by standing up a satellite public health clinic in Dunseith, thus serving a population for which transportation is a barrier to seeking preventive health services. We collaborate with the WIC program to provide one stop shop for WIC services, immunizations, health tracks and fluoride varnish services. As I mentioned earlier, RCPHD has worked extensively with Tribal Health and Indian Health Service to establish COVID 19 testing sites and to coordinate vaccine administration to ALL residents of Rolette County.

Passing a bill to potentially create additional health district within Rolette County would increase the segregation and silos of service, escalate the demands placed on the limited fiscal resources available at local and state level for public health delivery and potentially negatively impact with services currently available to ALL Rolette County residents including our tribal communities.

The goal of RCPHD is to continue to increase our reach of services and would value to the opportunity to enhance the relationship with tribal health to provide a greater level of services on tribal lands, to avoid duplication of services, to utilize fiscal resources in the most efficient way and not to segregate services within Rolette County.

Local public health district/departments operate efficiently through careful use of resources, fiscal accountability, avoidance of duplication of service and assessment of local needs.

RCPHD values relationships with our local, tribal, regional, and state partners. We appreciate the support of our state legislators and the North Dakota Department of Health.



03/09/2021

With the above said, I am opposed to SB 2303 with the intent to establish an additional public health district within Rolette County, and would prefer to that the procedures of communication and collaboration between the NDDOH and Tribal Nations be explored.

Sincerely,

Barbara Frydenlund

Good Morning Chairman Weisz and members of the House Human Services Committee. My name is Kelly Nagel and I am the Director of the Office of Systems and Performance with the North Dakota Department of Health. I serve as the local public health liaison. I do not have testimony for SB 2303 but want to let you know I am available to answer questions, if needed. Thank You.

# 2021 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

SB 2303  
3/10/2021 PM

|                                 |
|---------------------------------|
| Relating to tribal health units |
|---------------------------------|

**Chairman Weisz** opened the committee meeting at 3:57 p.m.

| Representatives                   | Attendance |
|-----------------------------------|------------|
| Representative Robin Weisz        | P          |
| Representative Karen M. Rohr      | P          |
| Representative Mike Beltz         | P          |
| Representative Chuck Damschen     | P          |
| Representative Bill Devlin        | P          |
| Representative Gretchen Dobervich | P          |
| Representative Clayton Fegley     | P          |
| Representative Dwight Kiefert     | P          |
| Representative Todd Porter        | P          |
| Representative Matthew Ruby       | A          |
| Representative Mary Schneider     | P          |
| Representative Kathy Skroch       | P          |
| Representative Bill Tveit         | P          |
| Representative Greg Westlind      | P          |

### Discussion Topics:

- Four county boundaries
- Local public health
- Social service zones
- Tribal sovereignty & parity

**Chairman Weisz** deemed further committee action next week.

**Chairman Weisz** adjourned at 4:05 p.m.

*Tamara Krause, Committee Clerk*

# 2021 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

SB 2303  
3/16/2021

|                                 |
|---------------------------------|
| Relating to tribal health units |
|---------------------------------|

**Chairman Weisz** opened the committee meeting at 10:47 a.m.

| Representatives                   | Attendance |
|-----------------------------------|------------|
| Representative Robin Weisz        | P          |
| Representative Karen M. Rohr      | P          |
| Representative Mike Beltz         | P          |
| Representative Chuck Damschen     | P          |
| Representative Bill Devlin        | P          |
| Representative Gretchen Dobervich | P          |
| Representative Clayton Fegley     | P          |
| Representative Dwight Kiefert     | P          |
| Representative Todd Porter        | P          |
| Representative Matthew Ruby       | P          |
| Representative Mary Schneider     | P          |
| Representative Kathy Skroch       | P          |
| Representative Bill Tveit         | P          |
| Representative Greg Westlind      | P          |

### Discussion Topics:

- Four different public health units
- Expand reservation boundaries
- Satellite office
- Transportation issues

**Rep. Todd Porter (10:58)** moved **Do Not Pass**

**Rep. Kathy Skroch (10:59)** second

| Representatives                   | Vote |
|-----------------------------------|------|
| Representative Robin Weisz        | Y    |
| Representative Karen M. Rohr      | Y    |
| Representative Mike Beltz         | Y    |
| Representative Chuck Damschen     | Y    |
| Representative Bill Devlin        | Y    |
| Representative Gretchen Dobervich | N    |
| Representative Clayton Fegley     | Y    |
| Representative Dwight Kiefert     | Y    |
| Representative Todd Porter        | Y    |
| Representative Matthew Ruby       | Y    |
| Representative Mary Schneider     | N    |

|                              |   |
|------------------------------|---|
| Representative Kathy Skroch  | Y |
| Representative Bill Tveit    | Y |
| Representative Greg Westlind | Y |

**Motion Carried Do Not Pass 12-2-0**

**Bill Carrier:** Rep. Dwight Kiefert

**Chairman Weisz** adjourned at 11:01 a.m.

*Tamara Krause, Committee Clerk*

**REPORT OF STANDING COMMITTEE**

**SB 2303: Human Services Committee (Rep. Weisz, Chairman)** recommends **DO NOT PASS** (12 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). SB 2303 was placed on the Fourteenth order on the calendar.