

**State Department of Health  
Budget 301  
Senate Bill Nos. 2004, 2030, 2226, 2354; House Bill Nos. 1038, 1135**

	<b>FTE Positions</b>	<b>General Fund</b>	<b>Other Funds</b>	<b>Total</b>
2013-15 legislative appropriation	354.00	\$46,001,508 <sup>1</sup>	\$139,568,434	\$185,569,942
2011-13 legislative appropriation	<u>344.00</u>	<u>34,439,780<sup>2</sup></u>	<u>160,948,753</u>	<u>195,388,533</u>
2013-15 appropriation increase (decrease) to 2011-13 appropriation	10.00	\$11,561,728	(\$21,380,319)	(\$9,818,591)

<sup>1</sup>This amount includes \$1,080,000 of one-time funding. Excluding this amount, the agency's ongoing general fund appropriation is \$44,921,508.

<sup>2</sup>This amount reflects 2011-13 supplemental appropriations from the general fund totaling \$426,000 for salaries and wages (\$126,000) and litigation (\$300,000). The litigation funding is provided to pay expenses associated with possible litigation and other administrative proceedings involving the United States Environmental Protection Agency (EPA) which is considered to be one-time funding.

**Item Description**

**FTE changes** - The Legislative Assembly authorized 10 new FTE positions for a total of 354 FTE positions during the 2013-15 biennium. The following table summarizes new FTE positions authorized for the 2013-15 biennium:

<b>Position</b>	<b>New FTE Positions</b>
Air quality environmental scientist II	1.00
Municipal facilities environmental engineer II	2.00
Municipal facilities environmental scientist II	1.00
Waste management environmental scientist II	1.00
Water quality environmental scientist II	3.00
Community paramedic coordinator/STEMI coordinator	1.00
Autism spectrum disorder database coordinator (House Bill No. 1038)	1.00
<b>Total</b>	<b>10.00</b>

**Status/Result**

The following table provides a summary of the new FTE positions and the date the positions were filled:

<b>Position</b>	<b>New FTE Positions</b>	<b>Date Filled</b>
Air quality environmental scientist II	1.00	October 2013
Municipal facilities environmental engineer II	2.00	September 2013, November 2013
Municipal facilities environmental scientist II	1.00	January 2013 <sup>1</sup>
Waste management environmental scientist II	1.00	August 2013
Water quality environmental scientist II	3.00	October 2012 <sup>1</sup> , January 2013 <sup>1</sup> , August 2013
STEMI/stroke coordinator <sup>2</sup>	1.00	April 2014
Autism spectrum disorder database coordinator (House Bill No. 1038)	1.00	April 2014
<b>Total</b>	<b>10.00</b>	

<sup>1</sup>The State Department of Health received Emergency Commission and Budget Section approval in September 2012 to add 3 FTE positions in the Environmental Health Section of the State Department of Health. Funding was provided from the state contingencies appropriation for salaries and wages and operating expenses related to the positions during the 2011-13 biennium.

<sup>2</sup>The Legislative Assembly in Senate Bill No. 2004 provided funding for 1 FTE position to implement a community paramedic/community health care worker pilot project and coordinate the ST-elevation myocardial infarction (STEMI) program. The department determined that it was unlikely that one person would have the skill set to coordinate both the STEMI program and the community paramedic program. The department assigned the new FTE position to the comprehensive emergency cardiovascular medical system and hired a STEMI/stroke coordinator.

**Accrued leave payments** - In Section 1 of Senate Bill No. 2004, the Legislative Assembly identified \$2,223,289, of which \$707,673 is from the general fund, for accrued leave payments.

**One-time funding** - In Section 2 of Senate Bill No. 2004, the Legislative Assembly identified \$1,245,000, of which \$980,000 is from the general fund, as one-time funding for the 2013-15 biennium. The Legislative Assembly provided one-time funding from the general fund for expenses associated with litigation and other administrative proceedings involving the EPA (\$500,000) and to contract with the University of North Dakota (UND) School of Medicine and Health Sciences to perform autopsies in the eastern part of the state (\$480,000). The Legislative Assembly also identified \$110,000 of funding from special funds for a food and lodging licensing management system and \$155,000 from federal fiscal stimulus funds as one-time funding.

In addition, the Legislative Assembly provided in House Bill No. 1135 one-time funding of \$100,000 from the general fund for a mobile dental care services grant.

**Emergency medical services funding** - The Legislative Assembly appropriated \$7,340,000, of which \$6,090,000 is from the general fund and \$1,250,000 is from the insurance tax distribution fund, for rural emergency medical services grants, including training grants (\$940,000).

**Oil and gas impact grants to emergency medical services providers** - The Legislative Assembly in Section 9 of 2103 House Bill No. 1358 appropriated \$239,299,174 from the oil and gas impact grant fund to the Board of University and School Lands for oil and gas impact grants during the 2013-15 biennium. The section also directs the Energy Infrastructure and Impact Office to include certain entities in grant recommendations made to the board, including \$7 million for grants to emergency medical services providers for extraordinary expenditures that would mitigate negative effects of oil development impact affecting emergency medical services providers providing service in oil-producing counties, including the need for increased emergency medical services providers services, staff, funding, equipment, coverage, and personnel training.

The State Department of Health has expended \$67,808 from the accrued leave payments line item for resignations and retirements. The department has not determined whether funding from the accrued leave payments line item will be needed for salaries and wages.

**EPA litigation** - Through March 2014, the State Department of Health has expended \$210,345 for expenses associated with litigation and other administrative proceedings involving the EPA. Expenditures include fees to an independent law firm and the North Dakota Attorney General's office.

**Autopsy funding - UND School of Medicine and Health Sciences** - Through February 2014, the State Department of Health has expended \$83,454 for autopsies contracted through the School of Medicine. See the **State autopsy funding and study** section below.

**Mobile dental care services grant** - The State Department of Health contracted with the Ronald McDonald House, and expenditures are made on a reimbursement basis. Through February 2014, the department has expended \$19,695 for the reimbursement of supplies used. The department anticipates all available funding will be expended.

The State Department of Health has awarded one-half of the \$6.4 million available for rural emergency medical services grants (\$3.2 million) in the first year of the biennium. Requests totaled \$7.8 million. Grants are reimbursement-based, and through February 2014, the department has expended \$1.7 million.

Training grants are disbursed when recipients meet the department's emergency medical services and trauma requirements. Through February 2014, the department has expended \$170,660 of the \$940,000 available for training grants during the 2013-15 biennium.

Through December 2013, the Board of University and School Lands has awarded grants totaling \$4.2 million to ambulance services and emergency medical services providers. In addition, the board has awarded \$2 million in multibenefit grants which benefit both emergency medical services providers and fire districts.

**State autopsy funding and study** - The Legislative Assembly provided as one-time funding \$480,000 from the general fund for professional services to contract with the UND School of Medicine and Health Sciences to perform autopsies in the eastern part of the state. In Section 9 of Senate Bill No. 2004, the Legislative Assembly provided for a Legislative Management study of funding provided by the state for autopsies and state and county responsibilities 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 School of Medicine.

**Comprehensive statewide tobacco prevention and control plan study** - The Legislative Assembly in Senate Bill No. 2004 provided a total tobacco prevention appropriation of \$5,544,251, of which \$3,220,354 is from the community health trust fund and \$2,323,897 is from federal funds. Funding from the community health trust fund provides for community health tobacco programs, the Tobacco Quitline, and a tobacco prevention coordinator. This funding is in addition to \$15,815,828 provided from the tobacco prevention and control trust fund to the Tobacco Prevention and Control Executive Committee.

The Legislative Assembly in Section 2 of 2013 Senate Bill No. 2024 provided for a Legislative Management study of the comprehensive statewide tobacco prevention and control plan used in the state, including reviews of the service delivery system, effectiveness of the comprehensive statewide tobacco prevention and control programs, and comprehensive statewide tobacco prevention and control programs provided by the two agencies to address the Native American population on the Indian reservations.

In addition, the Tobacco Prevention and Control Executive Committee and State Department of Health must work together to create a single assessment of programs in both agencies including funding sources for the

In September 2013, the State Department of Health contracted with the UND School of Medicine and Health Sciences to perform autopsies in the eastern part of the state during the 2013-15 biennium. The contract provides the School of Medicine will serve 13 counties in eastern North Dakota starting September 1, 2013, through June 30, 2015. Beginning July 1, 2014, seven additional counties will be served by the School of Medicine through June 30, 2015.

The contract provides the School of Medicine will bill the department \$83,454 for the period September 1, 2013 through December 31, 2013. Thereafter, the School of Medicine will bill the department in equal quarterly installments of \$62,591 through June 30, 2015, for a total of \$459,000 during the 2013-15 biennium, regardless of the number of autopsies performed. The contract also provides the charge for coverage of additional counties due to department workload or vacation remains at \$2,000 per case.

During the four-month period from September 1, 2013, through December 31, 2013, the School of Medicine performed 60 autopsies. Remaining funding of \$21,000 will be used to purchase an autopsy table at the State Department of Health.

The autopsy funding study has been assigned the interim Health Services Committee. The committee has received information regarding the regions in which autopsies are originating, gaps in autopsy services, the cost of autopsies, and state and county responsibilities for the cost; current and unmet needs, obstacles, and practices within the medicolegal death investigation system; statewide standards for death investigation; and expectations for achieving national standards for death investigation.

The comprehensive statewide tobacco prevention and control plan study has been assigned to the Health Services Committee. The committee has received information regarding the service delivery systems for the comprehensive statewide tobacco prevention and control programs from the Tobacco Prevention and Control Executive Committee and the State Department of Health, tobacco use and changes in tobacco use in the state, and tobacco prevention and control activity on the reservations. The Health Services Committee anticipates receiving information regarding a single assessment of programs in both agencies at a future meeting.

programs, service providers, areas and populations served by the programs, and effectiveness of the programs on improving the health and policy environment in the state. The Tobacco Prevention and Control Executive Committee and State Department of Health must present the assessment to the Legislative Management.

**Family violence services and prevention grants** - The Legislative Assembly in Section 3 of Senate Bill No. 2004 provided that 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 have been reduced due to federal sequestration. The department may spend these funds to the extent that federal funds are reduced.

**Colorectal screening initiative** - The Legislative Assembly increased funding provided in the executive recommendation by \$160,200 from the general fund to provide a total of \$762,800 from the general fund for the colorectal screening initiative. Section 6 of Senate Bill No. 2004 provides that the additional \$160,200 provided in the grants line item is for recommended followup colorectal screenings and that followup colorectal screenings are included as part of the colorectal screening initiative. The cost of recommended followup screenings may not exceed \$1,800 per screening.

**Autism spectrum disorder database** - The Legislative Assembly in House Bill No. 1038 provided \$235,732 from the general fund for 1 FTE position and related operating expenses to establish and administer an autism spectrum disorder database.

The State Department of Health compared 2012 grant awards to 2013 grant awards for the Family Violence and Prevention Services Act, the Sexual Assault Services Program, and the STOP program grants. The net reduction of \$21,881 was requested from the contingency in August 2013. The department anticipates the 2014 grant awards will be reviewed in August 2014 and compared to the 2012 grant awards to determine if additional contingency funding will be requested. Contingency funding remaining at the end of the biennium will be canceled and be part of the department's general fund turnback.

The State Department of Health has provided \$525,000 to six health care facilities for 250 screening colonoscopies at \$2,100 per procedure. In addition, \$160,200 has been obligated for 89 followup colonoscopies at \$1,800 per procedure. Remaining funds (\$77,600) will be used for administrative costs, including grantee supervision, initiative implementation, and program outreach and management.

Eligibility requirements for the colorectal screening initiative include:

- North Dakota resident.
- Aged 50 to 65.
- Household income at or below 200 percent of the federal poverty level.
- Uninsured or underinsured.
- Has not been screened or is past due for screening.
- No prior personal history of colon cancer or genetic colorectal polyp disorders.

Followup colonoscopy funds are awarded to facility grantees for an individual receiving abnormal findings on a screening from 2007 through June 2013 who is due or past due for a followup colonoscopy during the 2013-15 biennium and for individuals who receive abnormal findings on a screening during the 2013-15 biennium that require followup before July 1, 2015. Through March 2014, the department has distributed \$57,600 to two facilities for 32 followup colonoscopies on individuals identified during the 2011-13 biennium as needing followup screenings.

The State Department of Health hired an autism database administrator in April 2014. The State Epidemiologist has obtained quotes for the MAVEN autism module. Costs to expand the MAVEN license and for maintenance exceed projections made during the 2013 legislative session by approximately \$20,000. The additional costs will be paid from the department's existing budget.

**Comprehensive emergency cardiovascular medical system** - The Legislative Assembly in 2013 House Bill No. 1175 required the State Department of Health to maintain a comprehensive emergency cardiovascular medical system. The bill also requires the department to form an acute cardiovascular emergency medical system of care advisory committee. The fiscal note prepared by the department indicated the bill has no fiscal impact on the department as these responsibilities can be provided by a position, included in the executive recommendation and approved by the Legislative Assembly, to implement a community paramedic/community health care worker pilot project and coordinate the STEMI program.

**Community paramedic/community health care worker pilot project** - The Legislative Assembly provided \$276,600 from the general fund for 1 FTE position to implement a community paramedic/community health care worker pilot project, including funding for educational startup costs, and to coordinate the STEMI program.

The Legislative Assembly in Senate Concurrent Resolution No. 4002 provided for a study of the feasibility and desirability of community paramedics providing additional clinical and public health services, particularly in rural areas of the state, including the ability to receive third-party reimbursement for the cost of these services and the effect of these services on the operations and sustainability of the current emergency medical services system.

**Regional public health networks** - The Legislative Assembly in Senate Bill No. 2030 provided an appropriation of \$700,000 from the general fund to the State Department of Health to plan for or establish regional public health networks.

The Legislative Assembly in Senate Bill No. 2004 provided funding for 1 FTE position to implement a community paramedic/community health care worker pilot project and coordinate the STEMI program. The department determined that it was unlikely that one person would have the skill set to coordinate both the STEMI program and the community paramedic program. The department assigned the new FTE position to the comprehensive emergency cardiovascular medical system and hired a STEMI/stroke coordinator in April 2014.

The Stroke System of Care Task Force has met several times and discussions have included information regarding past activities, membership, reports, guidance documents, and future plans. A workgroup will draft designation elements and identify related implementation steps. The department has been working on contracts related to registry licensing, usage, and reimbursement with individual facilities.

The State Department of Health determined that it was unlikely that one person would have the skill set to coordinate both the STEMI program and the community paramedic program. A temporary .5 FTE position was hired in January 2014 for the community paramedic/community health care worker pilot project.

The Community Paramedic Subcommittee of the Emergency Medical Services Advisory Council has recommended a core group of trainers be established. Trainers will complete an existing education program in Minnesota through distance learning, and the clinical experience will be conducted in North Dakota with local physicians and other health care professionals. Once trained, the core group will train other community paramedics in the state. There are currently eight individuals enrolled in training through the Minnesota program.

The subcommittee is considering two community paramedic models--an urban model designed to reduce unnecessary ambulance runs and a rural model designed to provide services where gaps exist in home health care, public health, and hospice. The department has indicated the North Dakota Emergency Medical Services Association will take the lead regarding third-party reimbursement for community paramedic services.

The community paramedic study has been assigned to the Health Services Committee. The committee has received information regarding the feasibility and desirability of community paramedics providing additional clinical and public health services and the effect of these services on the operations and sustainability of the current emergency medical services system, the ability to receive Medicaid reimbursement for the cost of these services, community paramedic programs operating in other states, and the status of the community paramedic and community health care worker pilot program in progress at the State Department of Health.

The State Department of Health received three applications for regional public health network grant funding. Contracts totaling \$700,000 were awarded to:

- Custer District Health Unit for \$200,000, including network partners--Burleigh, Kidder, and Emmons Counties.

- Central Valley District Health for \$250,000, including network partners Wells, Foster, Barnes, LaMoure, Dickey, and McIntosh Counties.
- Nelson-Griggs District Health Unit for \$250,000, including network partners-- Lake Region District Health Unit; Grand Forks Department of Health; and Walsh, Pembina, Towner, and Rolette Counties.

The scope of service in all three contracts provides each grantee conduct community health assessments and network service/activity gap analyses; prepare for accreditation; implement electronic health records, including electronic health record system training; conduct environmental health service assessments; and coordinate environmental health services. Grantees are required to submit an effective joint powers agreement and an annual workplan to the department.

The Legislative Assembly in 2009 Senate Bill No. 2358 created Section 43-28.1-01.1 which provides if funds are appropriated, the Health Council is to select up to three dentists who provide or will provide dental services for three years in a public health clinic or nonprofit dental clinic that uses a sliding fee schedule to bill patients for loan repayment grants. The grant award is \$60,000 per recipient and is paid over a two-year period. The State Department of Health used state funds to leverage federal funds and has enrolled four dentists (Grand Forks-(2) and Fargo-(2)) in the loan repayment program for dentists in public health and nonprofit dental clinics. If additional federal funds can be secured, funding remains for one additional dentist to enroll in the loan repayment program.

**Public health dentist loan repayment program** - The Legislative Assembly in Senate Bill No. 2354 provided an appropriation of \$180,000 from the general fund for a loan repayment program for dentists who practice in a public health setting or nonprofit dental clinic using a sliding fee schedule to bill patients.