

NORTH DAKOTA LEGISLATIVE COUNCIL

Minutes of the

EMERGENCY SERVICES COMMITTEE

Monday and Tuesday, June 7-8, 2004

Second Floor Conference Room, Red River Regional Dispatch Center
Fargo, North Dakota

Representative Todd Porter, Chairman, called the meeting to order at 1:00 p.m.

Members present: Representatives Todd Porter, William R. Devlin, Joe Kroeber, Andrew Maragos, Bob Martinson, Jon O. Nelson, Mary K. Nester, Gerald Uglem; Senators Robert S. Erbele, Ralph L. Kilzer, Tim Mathern

Members absent: Representatives Keith Kempenich, James Kerzman, Clara Sue Price; Senator Michael Polovitz

Others present: Kathy Colvin, Red River Regional Dispatch Center, Fargo

Ryan Gellner, Russ Lindblom, Terry Traynor; North Dakota Association of Counties, Bismarck

Deb Flack, Richland County Health Department, Wahpeton

Keith Johnson, Custer Health, Hazen

Douglas Friez, Wayne Baron, Russ Timmreck; Division of Emergency Management, Bismarck

Mary Kay Herrmann, Jim Hausauer; Fargo Cass Public Health Department, Fargo

Brenda Stallman, Traill District Health, Hillsboro

Colleen Sundquist, Sargent County District Health Unit, Forman

Susan Bosak, Bruce G. Pitts; MeritCare Health System, Fargo

Bruce Furness, Bruce Hoover, Pat Zavoral; City of Fargo

Mike Hall, Fargo-Moorhead Ambulance, Fargo

John O. Syverson, State Senator, Fargo

Al Carlson, State Representative, Fargo

Dave Rogness, Cass Fargo Emergency Management, Fargo

Kelly Carlson, State Department of Health, Bismarck

Lois Delmore, State Representative, Grand Forks

Rick Berg, State Representative, Fargo

It was moved by Senator Mathern, seconded by Representative Kroeber, and carried on a voice vote that the minutes of the March 2-3, 2004, meeting be approved as distributed.

WIRELESS 911

Chairman Porter called on Mr. Terry Traynor, North Dakota Association of Counties, for a presentation regarding wireless 911. Mr. Traynor submitted a

written summary of his presentation, a copy of which is on file in the Legislative Council office.

Mr. Traynor said there are two methods through which enhanced 911 services have been funded. He said funding authority is provided through statutory provisions and through home rule provisions. He said fees are levied and collected at the local level. He said there are multijurisdictional public safety answering points, individual county- or city-operated public safety answering points, and contracts for service with other jurisdictions to provide enhanced 911 services. He said State Radio serves as the public safety answering point for 22 counties and the Lake Region multijurisdictional public safety answering point serves five counties. In addition, he said, there are six public safety answering points which are combined city and county entities and four public safety answering points operate as two county partnerships. He said 10 public safety answering points serve single counties and one public safety answering point serves the City of West Fargo. He said Sioux County contracts with an entity in South Dakota for its public safety answering point.

Mr. Traynor said the 23 public safety answering points in North Dakota serve an average of 27,900 persons. He said the number of public safety answering points in North Dakota is significantly lower than in neighboring states. He said there are approximately 12,990 911 calls per month in the state, approximately 40 percent of which are from wireless telephones. He said the total number of agencies dispatched for 911 services statewide is 633, which includes 392 fire departments, 78 law enforcement agencies, and 163 emergency medical agencies.

Mr. Traynor said the number of cellular devices in the state is estimated at 210,000 to 220,000 and increasing steadily, while the number of landlines is 402,000 and is decreasing in many rural areas. As a result of legislation in 2001, he said, the existing local 911 fee was authorized to be extended to wireless telephones. Once the fee is extended, he said, the local jurisdiction has 24 months to request wireless 911 service and all wireless revenue must be held unexpended in a separate fund until wireless 911 service is requested and agreements are executed. He said once the service is requested and agreements are executed, the funds can be placed in

the existing 911 fund and used for similar purposes. He said extending the 911 service to wireless callers is a two-phase process. During Phase 1, he said, a callback number and cellular site information is provided. During Phase 2, he said, latitude and longitude information will be provided.

Mr. Traynor said seven cellular providers in the state have been involved with implementation of the wireless 911 project. He said the providers have over 370 cellular sites in the state. He said the five-year total for recurring costs for implementation of wireless 911 services is approximately \$6 million and the nonrecurring upfront costs are approximately \$800,000. He said the Public Safety Foundation of America awarded the North Dakota Statewide 911 project the second largest grant in the foundation's history in January 2003. In implementing the 911 plan, he said, North Dakota 911 and the North Dakota Association of Counties negotiated a system integration contract with a cost recovery plan in January 2003. He said network upgrades begin in February 2003 and Phase 1 was requested statewide in June 2003. He said the first Phase 2 request was in March 2004 and Phase 2 should be complete in 2005. He said issues that still must be addressed include monitoring and addressing new carriers, renegotiating cost-recovery for the period after January 15, 2007, and voice over Internet protocol.

In response to a question from Representative Porter, Mr. Traynor said it is difficult to quantify the number of North Dakota residents who have dropped landline telephone service in favor of cellular service.

In response to a question from Representative Delmore, Mr. Traynor said the location of cellular towers is a business decision made by the service providers.

In response to a question from Representative Kroeber, Mr. Traynor said rural street sign progress has been slow, but is happening. He said funds from the 911 fees may be used for placing of the street signs.

In response to a question from Representative Nelson, Mr. Traynor said the City of West Fargo made a policy decision to serve as its own public safety answering point rather than cooperate with Fargo and Cass County. He said because the residents of Rolette County could not decide on a local public safety answering point provider, the 911 fee which was authorized was never levied. He said 911 calls in Rolette County are routed to the sheriff's administrative line but are not handled by a trained dispatch operator.

PUBLIC HEALTH UNIT STUDY

Chairman Porter called on Ms. Kelly Carlson, Public Health Liaison, State Department of Health, for comments regarding the public health infrastructure and the ability of public health units to respond to public health issues. Ms. Carlson submitted written

testimony, a copy of which is on file in the Legislative Council office.

Ms. Carlson said health improvement and response to public health issues are best achieved at the local level. However, she said, despite the importance of a local public health unit's capacity to respond to local health needs or emergencies, there is a great diversity in the public health functions carried out by local public health units across the state. She said one public health unit may have a diverse, multidisciplinary workforce that provides newborn and adult home visits, public health nursing services, family planning and other clinic services, health promotion and education, health services to inmates, and environmental health services, while another public health unit may have a staff of one who serves as the administrator, the director of nursing, and the office assistant. She said the main purpose of a public health unit with a staff of one is to provide public health nursing. She said the state's public health infrastructure determines its ability to carry out public health core functions and services.

Ms. Carlson said the American Public Health Association Committee on Administrative Practice has adopted core functions and essential services to guide public health decisionmaking and operations. She said the core functions are described as assessment, policy development, and assurance. Although state law requires all counties to be within a health unit jurisdiction, she said, there are no state laws establishing minimum functions or expectations for local public health unit operations. She said it is difficult for those health units with limited capacity to initiate public health improvement activities. Although it may not be feasible for most local public health units to develop the capacity to carry out each of the 10 essential services of public health, she said, defined minimum standards or core responsibilities would provide direction for local infrastructure development.

Ms. Carlson said four national efforts address local public health capacity. She said the National Association of City and County Health Officials is drafting an operational definition of a functional local public health agency framed around 10 essential services. She said Healthy People 2010 has devoted a chapter to public health infrastructure which includes objectives that seek to increase the proportion of state and local public health agencies that meet national performance standards for essential public health services and increase the proportion of local jurisdictions that have a health improvement plan linked to a state plan. A national public health performance standards program, she said, is a collaborative effort led by the Centers for Disease Control and Prevention. She said the mission of that effort is to improve quality and performance, increase accountability, and increase the science base for public health. She said the Centers for Disease Control and Prevention is

also considering a component in its Futures Initiative to accredit state and local public health entities.

Ms. Carlson said the State Department of Health has coordinated the completion of the national public health performance standards assessment and strategic planning phases. She said the four most important and weakest priority areas identified in the state level assessment are the diagnosing and investigating of health problems and health hazards; monitoring health status to identify health problems; enforcing laws and regulations that protect health and safety; and informing, educating, and empowering people about health issues. She said many of those steps can be integrated and addressed by the Healthy North Dakota Committees.

Ms. Carlson said a lead public health unit has been identified for emergency preparedness and response in each of the eight regions of the state. She said each of those units has employed a public health emergency response coordinator, a public information officer, and an environmental health practitioner to provide services to the region. She said funding for those efforts is provided through a federal bioterrorism grant. In addition, she said, the State Department of Health remotely staffs eight epidemiologists to provide services to the regions regarding disease-related issues and four environmental health practitioners who inspect food and lodging facilities.

Ms. Carlson said the State Department of Health is coordinating the statewide completion of the national public health performance standards local assessment and strategic planning within the local public health units and tribal health units. However, she said, some health units are unable to address this process because of limited capacity. She said the results from the assessments and the developed strategic plans will be integrated into a statewide public health performance improvement plan which will identify critical needs and gaps in local and state resources.

Ms. Carlson said the threat of global terrorism and the emergence of new diseases have placed additional demands on local public health units. During the past year, she said, public health units have been asked to develop plans and protocols to respond to bioterrorism threats and emergencies, develop smallpox plans, and develop plans to respond to the SARS epidemic. She said local health units need the assets and resources necessary to carry out the traditional services of the public health units and the new emergency response requirements. She said it is important that the state adopt and implement minimum standards to enable the state to meet the Healthy People 2010 goals and other state and national public health objectives. However, she said, the public health authority, infrastructure, capacity, assets, and resources necessary to accomplish those objectives are not consistently available across the state.

In response to a question from Representative Porter, Ms. Carlson said she has concerns regarding the ability of public health units to seek legal advice. She said state's attorneys are not required by law to provide legal counsel to public health units and public health units generally have not been able to get advice directly from the Attorney General's office. However, she said, guidelines are being developed regarding access to counsel from the Attorney General's office. She said there are concerns with the Attorney General's office being overburdened if several public health units are asking for advice regarding similar questions.

In response to a question from Senator Mathern, Ms. Carlson said if the federal government required accreditation of public health units, some of the local public health units would not have the capacity to meet the requirements.

In response to a question from Representative Nelson, Ms. Carlson said if the state adopted basic standards for public health units, some of the public health units may need to consolidate to be able to provide the core services. She said each public health unit would have to assess its capacity and determine what would need to be done to meet minimal standards.

In response to a question from Senator Kilzer, Ms. Carlson said the qualifications of the environmental health practitioners and epidemiologists vary widely. She said most of the epidemiologists have nursing backgrounds.

Mr. Keith Johnson, Custer Public Health, said the environmental health practitioners must meet national accreditation standards.

Senator Kilzer said there should be standard qualifications for all of the individuals in those positions. He said he is concerned that large amounts of federal funds are being used in the state with little legislative oversight and that training costs are taking away from the necessary programs and services of the public health units.

In response to a question from Representative Porter, Ms. Carlson said the cost to require public health units to meet minimum standards has not been determined. After the public health performance improvement plan is developed along with minimum standards, she said, funding issues will be addressed.

Chairman Porter called on Ms. Mary Kay Herrmann, Fargo Cass Public Health Department, for comments regarding the committee's study of public health units. Ms. Herrmann submitted written testimony, a copy of which is on file in the Legislative Council office.

Ms. Herrmann said the Fargo Cass Public Health Department is a health department of the City of Fargo that serves Cass County on a contract basis. In addition, she said, the department contracts with the City of West Fargo for environmental health services and health officer services. She said the

department operates under the direction of an appointed board of health which has representatives from the Fargo City Commission, the Cass County Commission, and the West Fargo City Commission. In addition, she said, the board includes a physician, a dentist, a community representative, a business representative, and a rural representative. She said the department contracts with a health officer who is onsite about 20 hours per week and available on an on-call basis.

Ms. Herrmann said the department has a staff of 109 persons, including public health nurses, nurse practitioners, licensed practical nurses, nurse assistants, laboratory technicians, chemists, environmental health practitioners, nutritionists, medical assistants, health educators, office support staff, and an accountant. She said the department serves a population of 123,138 and has a total annual budget for 2004 of \$5,891,566.

Ms. Herrmann said the department provides services within the core functions of public health, including assessment, policy development, and assurance. In addition, she said, the department provides contract services for environmental health services for Richland, Ransom, Sargent, Steele, and Traill Counties. She said the regional public health emergency preparedness planner is also based out of the department. She said the department is in the process of developing memorandums of understanding with each of the health units in the region for response to public health emergencies.

Ms. Herrmann said North Carolina has developed legislation regarding minimum standards required of a health department. She said a task force consisting of legislators, health professionals, and representatives of state and public health departments was appointed to examine methods to improve the quality and accountability of public health departments, improve health outcomes, and eliminate health disparities.

Ms. Herrmann said public health funding has traditionally been targeted to specific programs with specific purposes. As a result, she said, public health has not been funded to perform core functions. However, she said, with bioterrorism funding, the state has an opportunity to address core public health infrastructure needs of the state which are necessary to respond to a public health emergency. She said it is important to determine what is right for the protection of public health in the state and how to get the resources to perform the required functions in the most efficient manner.

In response to a question from Representative Porter, Ms. Herrmann said services such as providing flu shots and licensing of food establishments are self-pay programs. She said the department has a sliding scale fee schedule for certain services which is based on the person's ability to pay.

In response to a question from Senator Kilzer, Ms. Herrmann said the department is receiving reimbursement for Medicaid costs from the Department of Human Services.

In response to a question from Representative Nelson, Ms. Herrmann said visits to the department's clinic are increasing.

In response to a question from Representative Delmore, Ms. Herrmann said although it may not be possible for all public health units to provide the same services, a core minimum of services should be provided. She said not all areas of the state need all of the services that are required in Fargo.

In response to a question from Representative Nelson, Ms. Herrmann said the governing bodies in each county have to look at what is best for that area with respect to public health services.

In response to a question from Representative Nester, Ms. Herrmann said the community health assessments are an ongoing process. She said the State Department of Health is working to set some core standards and is sharing data with the public health units.

In response to a question from Representative Porter, Ms. Herrmann said the department received \$180,000 in bioterrorism grant funds last year. She said the amount should be slightly higher this year. She said the department received approximately \$24,000 in homeland security funding last year.

Chairman Porter called on Ms. Brenda Stallman, Director, Traill District Health Unit, for comments regarding the committee's study of public health units. Ms. Stallman submitted written testimony, a copy of which is on file in the Legislative Council office.

Ms. Stallman said she is the administrator and director of nurses for the Traill District Health Unit, which is a single county health district serving Traill County. She said the health district staff includes two full-time and one part-time nurse and one full-time secretary-receptionist. She said the district serves a population of about 8,500. She said the district contracts with the Fargo Cass Public Health Department for environmental health services and for a part-time tobacco prevention coordinator. She said the annual budget of the Traill District Health Unit is approximately \$200,000, about 50 percent of which is paid through local tax dollars. She said the remainder of the funding is derived from state and federal funds and from donations for services.

Ms. Stallman said the health district must address what should be done, what it is paid to do, and what reality dictates the district do. She said the public health system has the best of intentions, yet yields many opportunities for strengthening of core functions and capacity to provide essential services. She said to conduct the national public health performance standards process, considerable attention must be given to each of the 10 components being evaluated for improved performance. She said that process has

been deemed by the Traill County Board of Health as not reasonable because participants are asked to meet over an extended period of time to consider each function. She said it is not realistic to have those individuals who are engaged in full-time professions and practices to complete the assessment process.

Ms. Stallman said of the \$200,000 that has been received by Traill County for emergency management during the last two years, the health district has received none of the funding. She said because the regional bioterrorism coordinator is responsible for a six-county region, the coordinator cannot coordinate details of a disaster and bioterrorism plan for each county. When program-driven grants require significant attention, she said, patients needing home nursing care can be neglected.

Ms. Stallman said the state is fortunate in that the public health units have a close networking relationship and are able to assist in the event of a public health emergency. She said she is in the process of developing memorandums of understanding with neighboring health units which will more clearly identify the networking relationships that can be tapped in times of an emergency.

Ms. Stallman said the community health grant for tobacco prevention and cessation services has been a very successful program. Although tobacco prevention has always been a concern of local health departments, she said, local health departments have not been able to hire local coordinators to address tobacco cessation until the grant program. She said the one-half time tobacco prevention coordinator in Traill County is recognized as a leader and a resource for the four schools in Traill County and has established a strong tobacco coalition.

Ms. Stallman said it is important to secure funding for a disaster planner at the local level who can use the expertise and resources available from the regional coordinators and coordinate with the various plans developed by other agencies. Not only will that build capacity to address bioterrorism, she said, it will also aid in responding to floods and other natural disasters and train derailments.

Ms. Stallman said a significant concern for public health professionals is obesity. She said the obesity rate exceeds 20 percent in some age groups. Because diabetes, heart disease, and bone and joint disorders are problems associated with obesity, she said, employers should be encouraged to sponsor wellness programs and health and life insurers should reward healthy lifestyle behaviors.

Ms. Stallman said less than 1 percent of our national health care budget is spent on public health. She said the public health workforce is aging and is not being replaced to sustain current levels of staffing. She said public health has changed since September 11, 2001. As a nursing student, she said,

she never would have imagined that bioterrorism planning would be one of the duties of a nurse.

In response to a question from Representative Porter, Ms. Stallman said Traill County levies four mills for its public health unit. She said state law limits the mill levy for health units to five mills. She said one mill in Traill County raises approximately \$25,000.

In response to a question from Representative Devlin, Ms. Stallman said the \$200,000 in emergency management grants that Traill County received was used for the purchase of digital radios.

In response to a question from Senator Mathern, Ms. Stallman said the Traill County District Health Unit provides health services to the schools and the county through health education, basic screenings, and vaccinations. She said the district does not charge for its services but receives suggested donations for certain services.

In response to a question from Representative Nelson, Ms. Stallman said although regionalization of the health unit has been discussed, the county determined that it was not appropriate. She said the county has a stable population and the district has a solid financial backing.

In response to a question from Senator Kilzer, Ms. Stallman said the response to the Hepatitis A outbreak involved volunteer help from other health units. She said the vaccine was received from the State Department of Health. During the time of the outbreak, she said, other services provided by the health district were not provided because of the lack of staff.

Chairman Porter called on Ms. Deb Flack, Administrator and Director of Nursing, Richland County Health Department, for comments regarding the committee's study of public health units. Ms. Flack submitted written testimony, a copy of which is on file in the Legislative Council office.

Ms. Flack said the Richland County Health Department serves a population of approximately 18,000. She said the department has a staff of 20, filling 16.9 full-time equivalent positions. She said the department's total revenue for 2003 was \$899,547. She said 39 percent of the revenue was derived from grants, 32 percent from the county, 19 percent from federal and state aid, 8 percent from client fees, 1 percent from insurance, and 1 percent from other sources. She said the services provided by the department are divided into six major program areas, including public health; maternal child health; home health; family planning; women, infants, and children (WIC); and environmental health.

Ms. Flack said the public health programs include school health, child and adult immunizations, tuberculosis testing and monitoring, HIV testing and counseling, Women's Way, tobacco prevention programs, health maintenance, and correctional health. She said the maternal child health programs include

newborn home visits, North Dakota Health Tracks, optimal pregnancy outcome program, and injury prevention. She said the environmental health program is contracted with the Fargo Cass Public Health Department and is supplemented with the regional environmental position.

Ms. Flack said services provided in Richland County are primarily program-driven through which available funding for specific programs determines which services are provided. Although funding has been available at the state and regional level for emergency planning, she said, funding allocated for emergency services at the local level has been very limited. She said in the event of a local disaster, it is assumed that regional and state assets will be mobilized to the area to assist with the needs of the disaster. However, she said, if the event or emergency is widespread, regional, state, and federal agencies may not be available to assist.

Ms. Flack said five core standards for public health include promoting understanding of health issues, protecting people from disease, assuring a safe and healthy environment, promoting healthy living, and helping people get needed services. She said a public health disaster would encompass all five of those core standards. She said to ensure uniform response to emergencies by local public health units and to be able to meet the challenges created by a local, regional, state, or national disaster, public health units must secure funding and resources to develop local emergency response plans, develop expertise in public health emergency response and epidemiology, work collaboratively with community partners in the planning process, compile an inventory of local resources, and create a system to mobilize local volunteers.

Ms. Flack said in addition to preventing epidemics and the spread of disease, preventing injuries, promoting healthy behaviors, providing education programs, and protecting against environmental disasters, local health units are now responsible for emergency planning. She said the additional responsibilities of emergency planning have added significantly to the responsibilities of local public health units and are very labor-intensive. She said coordinated plans with collaborating partners would benefit public health units. To be prepared to respond to an emergency adequately, she said, public health units must create and test emergency plans with partners in the community and develop expertise in all areas for public health emergencies. She said there must be a determination of core responsibilities required to be performed by all local public health units and funding must be available to assure core duties and responsibilities of the public health units.

In response to a question from Representative Delmore, Ms. Flack said additional funding for staff is necessary for developing emergency response plans.

Chairman Porter called on Mr. Johnson for comments regarding the committee's study of public health units. Mr. Johnson said the Custer Public Health Unit serves five counties. He said public health units in the western portion of the state generally are multicounty units while there are more individual county public health units in the eastern part of the state. He said two issues especially important to public health units are the ability to retain legal counsel and funding of adequate staff. He said state's attorneys generally deal more with criminal law issues and the Attorney General has no direct authority to be retained by public health units. He suggested the committee consider legislation which would authorize the Attorney General to assist local public health units.

Mr. Johnson said a local public health officer should not be required to be a resident of the jurisdiction. He said it is important that the local public health officer be active and orientated to public health. He said a local public health officer should not be required to be a licensed medical doctor to serve as the health officer. Although joint powers agreements are excellent tools to help provide uniformity of services among public health units, he said, there must be some incentive to enter joint powers agreements so that essential services are provided.

EMERGENCY MANAGEMENT STUDY

Chairman Porter called on Mr. Douglas Friez, Division of Emergency Management, for comments regarding homeland security funding. Mr. Friez said there is more than one source of homeland security funding. However, he said, it is not true that there is more money available than is needed. He said some funds have been designated to help improve the public health system such as setting up a bioterrorism coordinator. He said the Department of Homeland Security has allocated approximately \$41 million to the state, 80 percent of which is directed to local governments. He said the local allocation is based upon county boundaries. He said county emergency managers have been designated as the facilitators of the local stakeholders who are to determine the best utilization of the funds. Although public health is very important, he said, a statewide risk assessment determined that interoperability of communications is a statewide priority.

Representative Delmore urged Mr. Friez to continue to assist in getting the facilitators and all of the stakeholders together and to help improve communication at the local level.

Representative Porter said much of the testimony the committee has heard indicates that public health officials have not been involved significantly in local discussions regarding allocation of grant funds.

Mr. Wayne Baron, Division of Emergency Management, said the use of the grant funds must fall within three parameters. He said the local funding plan

must have a direct nexus to the state strategy, first responders and community leaders must be involved in the discussions regarding allocations, and the allocations must follow the Department of Homeland Security guidelines. He said if the spending plan does not include participation by certain people, the Division of Emergency Management will send the plan back to the local level for reconsideration.

Chairman Porter recessed the meeting at 4:30 p.m. and reconvened the meeting at 8:30 a.m. on June 8, 2004.

Chairman Porter called on Mr. Bruce Furness, Mayor, City of Fargo. Mr. Furness welcomed the committee to Fargo and thanked the committee for holding a meeting in Fargo. He said a lesson learned during the flood of 1997 was that cooperation and collaboration is important. He said the Red River Regional Dispatch Center is a good example of a collaborative effort. He said the City of Fargo and Cass County have also combined the position of emergency management coordinator.

Mr. Furness said interoperability of radios is necessary to addressing an emergency situation. He said he appreciates the assistance of the Division of Emergency Management and the State Department of Health with allocation of homeland security funds. However, he said, he is concerned that communication could be improved between those agencies.

Chairman Porter called on Mr. Dave Rogness, Emergency Management Coordinator, Cass County and City of Fargo, for comments regarding the committee's study of emergency management.

Mr. Rogness said the City of Fargo and Cass County signed a joint powers agreement in December 2003 to merge the offices of emergency management coordinators. He said the merger combined three offices into one office. He said the joint powers agreement established a coordinating committee with representatives from the city, the county, and the public health unit. He said the coordinating committee directs emergency planning, preparation, and response and is responsible for developing priorities and applying for homeland security funding.

In response to a question from Representative Porter, Mr. Rogness said the members of the coordinating committee are the city auditor, the fire chief, the police chief, the director of the Fargo Department of Public Works, the county administrator, the sheriff, the county auditor, the county engineer, and the administrator of the public health unit.

Mr. Rogness said approximately \$320,000 in homeland security funding in 2002 was allocated to purchase personal protection equipment, decontamination equipment, and radios. He said the sheriff's department received \$69,000, the fire department received \$94,000, the police department received \$76,000, the public health unit received \$27,000, and the ambulance service received \$56,000. He said

three distributions in 2003 and 2004 from homeland security funding will amount to about \$3.7 million. He said those funds will be applied to address interoperability of radio communications. He said the current radio systems are noncompatible and outdated. He said the project will include the police department, the fire department, the sheriff, and the West Fargo Police and Fire Departments. In addition, he said, the Fargo-Moorhead ambulance service has participated in the planning process. He said Moorhead and Clay County in Minnesota have also been involved in coordinating the planning. He said the coordinating committee has worked closely with State Radio to ensure that the new radio system will be compatible with the proposed state system. After completion of the first phase of the project, he said, a second tier of agencies, including public health, North Dakota State University, and volunteer fire and ambulance services, must be included. He said including those entities will likely require another \$1 million in funding.

Mr. Rogness said other needs that may be addressed in the future relate to hardening of targets, security issues in smaller communities, training and exercise costs, and medical community concerns.

In response to a question from Senator Mathern, Mr. Rogness said his position is funded with a combination of state and local funds.

In response to a question from Representative Porter, Mr. Rogness said interoperable communications was determined to be the highest priority issue. Therefore, he said, 100 percent of the most recent allocations of homeland security funds was designated for communications.

Chairman Porter called on Mr. Pat Zavoral, Fargo City Administrator, for comments regarding the committee's study of emergency management. Mr. Zavoral said establishing a joint dispatch center made sense because criminals do not recognize jurisdictional lines. With the joint dispatch center and interoperable communications, he said, law enforcement agencies and emergency responders can communicate directly rather than having to communicate through a dispatcher. He said the needs of the medical community and emergency medical responders will be addressed after the equipment and towers are in place. Although representatives of the city and county comprise the coordinating committee, he said, other individuals such as representatives of the medical community are included as ex officio members. He said bioterrorism funding has been directed more at the medical community.

Mr. Furness said many health care providers have had bioterrorism plans in place for some time. He said city and county officials are receptive to addressing the concerns of representatives of the medical community if there are issues needing to be addressed.

Chairman Porter called on Ms. Susan Bosak, MeritCare Health System, for comments regarding the

committee's study of emergency management. Ms. Bosak said MeritCare Health System provides service for a 250-mile area in North Dakota and Minnesota and reaches into South Dakota. She said MeritCare employs 6,300 people, including 400 physicians. She said the interstate operation of the medical system adds to the complexity of emergency response.

Ms. Bosak said MeritCare has devoted a high level of commitment to continually prepare for emergencies. Therefore, she said, it is important that representatives of the medical community be included in the funding allocation discussions. She said representatives of the medical community must be able to interact with emergency officials and it would be useful to have a more standardized approach to funding distribution.

Chairman Porter called on Dr. Bruce G. Pitts, MeritCare Health System, for comments regarding the committee's study of emergency management.

Dr. Pitts said the medical community is ready and willing to respond to emergencies. However, he said, the ability to respond can be limited by people inundating the hospital in the event of an emergency. Thus, he said, capacity is a concern. He said it is difficult to lock the entire facility to protect against contamination. Although interoperability of radio systems is important to everyone, he said, the process for allocating funding is confusing and disjointed. He said the process should have more representatives of health care systems involved. He said funding for a standardized level of readiness is needed.

In response to a question from Senator Kilzer, Dr. Pitts said representatives of the health care systems train to deal with emergency situations. He said they have learned a significant amount from analyzing multiple-casualty trauma incidents that have occurred elsewhere.

In response to a question from Representative Kroeber, Dr. Pitts said MeritCare has funding needs for decontamination equipment and an electric lock-down system.

In response to a question from Representative Porter, Mr. Friez said representatives of the medical community should be included in discussions regarding allocations of homeland security funding. He said the Division of Emergency Management is working to verify that all stakeholders are included in the allocation discussions.

Chairman Porter called on Mr. Bruce Hoover, Fargo Fire Chief, for comments regarding the committee's study of emergency management. Mr. Hoover said there are many important needs in the community for emergency responders. He said the coordinating committee is aware of those needs. However, he said, the first priority is interoperable communications. He said the other needs will be looked at during the next year. He said the coordinating committee is committed to cooperation.

Chairman Porter called on Ms. Kathy Colvin, Red River Regional Dispatch Center, for comments regarding the committee's study of emergency management. Ms. Colvin thanked the committee for the opportunity to host this meeting. She said the dispatch center is a large collaborative effort to consolidate two 911 centers located in North Dakota and Minnesota. She said the dispatch center is a state-of-the-art facility that is entirely computerized and fully redundant. She said the facility is a secure facility and the dispatch center has a geographical backup center located in Moorhead.

In response to a question from Representative Porter, Ms. Colvin said the dispatch center serves a population base of approximately 175,000 and a service area of about 2,800 square miles. She said the center is the first dispatch center in the country to serve jurisdictions in two states. She said funding for the center is based on the population of the jurisdictions served. She said the center is managed by a board of directors as established in the joint powers agreement which established the center.

In response to a question from Representative Nelson, Ms. Colvin said although West Fargo is not participating in the joint dispatch center, the city would be welcome to join. She said the facility is ready to include other jurisdictions.

Senator Mathern requested committee counsel to prepare bill drafts addressing the concerns raised by Mr. Johnson with respect to legal counsel for public health units and the residency of health officers.

Upon completion of tours of the Red River Regional Dispatch Center, the Fargo Emergency Operations Center, and the West Acres Fire Station, Chairman Porter adjourned the meeting at 12:30 p.m.

John Bjornson
Counsel