**ND State Association of City & County Health Officials (SACCHO)**

**NDACo l Microsoft TEAMS**

**Wednesday, June 18, 2025 l Meeting Minutes**

Chair Stallman called the meeting to order at 8:00 am with a quorum present; attendance noted.

Additional agenda items, agenda approval – There being no additional agenda items, **Roxanne Holm moved to approve the agenda; seconded by Chelsey Jones; all in favor; motion carried.**

Approval of April 16 Minutes – **Motion made by Sherry Adams to approve the April 16, 2025 Minutes as distributed; seconded by Javayne Oyloe; all in favor; motion carried.**

Financial report and approval – Genny Dienstmann reviewed the financials through May 2025. **Barb Frydenlund moved to approve the financials as presented; seconded by Holly Brekhus; all in favor; motion carried.**

*“Attracting Tomorrow’s Talent with Today’s Leaders”* presentation by Steve Bench, Generational Consulting. Slide deck will be provided.

Chair Stallman stated there were several legislators who supported LPH at a higher level than others during the 2025 session and to show our appreciation, thank you cards were shared for individual signatures.

Legislative Discussion - Public Health Day at the Legislature, NDRHA Meet & Greet, NDPHA Mingling event, ND Public Health conference – Chair Stallman asked for comments, suggestions/recommendations regarding these events.

* Chair Stallman stated that NDPHA is considering having its annual meeting in conjunction with ND Public Health Conference instead of with the Dakota Conference on Rural and Public Health; a survey will be forthcoming
* Funding will affect some of these events
* Public Health conference received good reviews, including general sessions, tracks and breakout sessions
* Need for developing elevator speeches on general public health topics to respond to random questions/discussion; identification of topics and elevator speeches welcome

Regional specialty – Roxanne Holm and Amber Miller, Dickey County, shared about Anthem Oatmeal and Applied Digital data center.

Property tax reform, cap, budgets – Linda Svihovec walked through changes and walked through a sample worksheet to explain how the cap calculations will work based on the legislation that was passed.

Aging in the Community – presentation by NDSU Extension Services staff Kyla Sanders, Katie Wentz and Jane Strommen on activities in Lisbon and Western Morton County. Contacts:

Jane Strommen, Extension gerontology specialist, 701.231.5948, [jane.stromment@ndsu.edu](mailto:jane.stromment@ndsu.edu)

Katie Wentz, Lisbon program coordinator, 701.683.8346, [katie.wentz@ndsu.edu](mailto:katie.wentz@ndsu.edu)

Kyla Sanders, WMC program coordinator, 701.348.9907, [kyla.sanders@ndsu.edu](mailto:kyla.sanders@ndsu.edu)

ND Emergency Preparedness & Response – Juli Sickler, NDHHS EPR Health Response & Licensure Section Director

* Discussion about how LPH can be better aware of State coming in to communities as LPH may have capabilities to answer needs before State has to expend their resources
* Juli responded there is a new statewide dashboard system for mass communications called Ready Op
  + all Statewide Response Team (SRT) members have access
  + Events Calendar has been created – Juli will ask that this be shared with each of the LPHUs monthly, unless would like more often; last minute requests will go to SRT who are the state liaisons; Juli needs to know if they aren’t communicating
  + Further discussion on where duties/alignment between state and LPH; e.g. first aid station – state coordinates with requests as received
  + Question: how does LPH get in the loop? Juli: register with Medical Reserve Corps first; call the DOC (328.0707) if see/hear event and want to be involved; will start with the Calendar, see how it goes and evaluate in a couple of months
  + Will LPH have access at some point? You can send messages out through EPR Coordinator now, e.g. pod/drill activation – send message to EPR Coordinator details and that you want pushed out; LPH access to Ready Op unknown at this time
* PHEP
  + level funded
  + starts July 1 but will come in portions – 70% July; 30% September; all contracts will go out on July 1, business as usual
* Strategic national stockpile supplies
  + – no syringes needed; Pod – 10% office supplies or whatever you need until State can get there

NDHHS Division of Public Health – Jo Gourneau

* End of biennium is June 30; no wiggle room for contracts ending on that date
* State Aid grants – in Fiscal
* Hunter Parisien is no longer with NDHHS and will not be replaced; Rylee Dahlen will take over the Turtle Mountain area as Tribal Health Liaison. Contact info: rdahlen@nd.gov. Those who worked with Hunter as their Tribal Liaison contact, please reach out to Rylee going forward
* Car seat distribution – Rhoda reported 19 surveys have been returned; she encourages everyone to please complete by Friday
* Leadership Academy – Katarina reported 10 LPH members took the course and had 100% completion
* Question: regarding AI – is there a policy? Jo responded ITD is working on it, guardrails needed; State can’t use ChatGPT

Legislative Discussion

* HB1454 – passage requires opt-out for government entities
* SB2267 – put septic oversight with state in DEQ; continue as usual until we hear from Dave Glatt; the requirements will be base level
* Federal funding – record changes experienced, e.g., hours of operation; programs/services reduced or cut; reduction of staff, etc.; Mary will collect info and compile; counties are doing the same
* Legislative receptions - It was recommended that we participate in all opportunities as it is more important than ever to communicate our value especially with term limits; stay in contact
* Mary gave a recap of the meeting with Congresswoman Fedorchak at BBPH held on Monday; the Congresswoman also had a tour of the facility
* Javayne also provided a recap of her area’s meeting with Congresswoman Fedorchak

NDPERS – Lindsay Schaf, Insurance Programs Manager

PowerPoint presentation with Q&A; slides distributed to members.

NDPERS – Marcy Aldinger, Defined Contribution Plans Manager and Robin Mistelski

PowerPoint presentation with Q&A; slides distributed to members.

Community Health Worker (CHW) legislation – Rep Gretchen Dobervich

* Rebecca Quinn and 2 CHW from Hillsboro presentation at Dakota Conference on Rural Health and ND Public Health Conference
* Four simultaneous programs/projects led to legislation:

1) Sanford Health Systems had grant to pilot CHW – showed significant improved health outcomes; no billable services as not recognized

2) community paramedics – unfunded mandate

3) American Public Health Resource Center was working with tribal nations to get recognition for Community Health Representatives (similar to CHW) so they could bill Medicaid for services

1. Students at NDSU in health program policy class had developed a CHW project

* Bill was introduced for task force to study value in recognizing CHW and allowing for Medicaid billing; looked at Sanford model and other states; what could CHWs do to fill voids
* Currently in Administrative Rules development phase; in person hearing was held yesterday; written comments are being accepted
* Credentialing will sit in PH in DHHS – division TBD - Emergency Services was on task force;
* Funding mechanism in Medical Services Division (Medicaid)
* No certification programs currently in ND; MN and SD offer; Indian Health Services had program for CHR program
* Qualifications: 18 or older; 12 hours continuing education every year; 200 hours supervision - received feedback that’s too much; opportunity to look at how to do internships as there’s no Certified CHW in ND to oversee
* CHW role is systems navigation, no hands-on services, empowering people to do themselves – talk through and make sure do it;
* Question raised if this is open to local public health to put person through program? Response: as long as they are under supervision which is a big list; medical director who everyone is under can supervise
* Need doctor’s orders from an outside organization, e.g., primary care, ER services
* Need to check with Medicaid about LPH billing
* Rep Dobervich further stated it is very clear in statute that CHW cannot provide services already being paid for, e.g., BP, foot checks
* Idea is not to replace any type of work; focus is on system navigation, health education
* LPH originally had a seat on the task force; seat was removed and replaced by the Division of Public Health; legislative intent was to have as many folks working in the arena at the table but state thought it too big
* Tricia Steinke noted there is opportunity for CHWs but need to figure out how to incorporate within our LPH system and figure out pay part; sees potential with social services
* Wendy Schmidt, DHHS Medicaid, spoke to what task force *thought* a CHW would look like and what it actually *does* look like as they are two completely different things. CHW goal is to release some of tasks from nurses so they can function at their full scope and also make sure info is implemented. Steps: currently taking public comment for administrative rules; make policy on Medicaid side; state plan amendment; hope people can start applying for state certification by Oct 1; once certified can then apply as Medicaid provider

NDFT Legislative Impacts – Keith Pic, CEO, NDIRF

* High level overview of NDIRF established in 1989 for political sub insurance coverage
* Fire and tornado fund - HB1027 moved to OMB from Insurance Dept; opportunity to update language, forms etc.
* NDIRF will now contract with OMB and will continue to administer; should see no changes at this time
* new policies effective August 1; currently 15 lphus have separate policies

HHS Interim Commissioner Pat Traynor and Executive Director of ND Public Health Dirk Wilke – intro and Q&A session. Mr. Traynor greeted each health unit member in attendance and asked for concerns/feedback. Overall:

* Grants: e.g., Womens Way, EPR, etc. what is expected
* Concerns regarding ATOD, opioid/substance use; mental health, jails – especially related to mental/behavioral health for those who don’t belong in jail; additional MCH funding needed
* Communication lacking
* It was stated that one thing LPH does really well is work with local partners; creative, strong collaborations with communities

There being no further comments or agenda items, the meeting adjourned at 5:00pm.