

**Testimony**  
**Senate Bill 2184**  
**Senate Human Services Committee**  
**Monday, January 23, 2017**  
**North Dakota Department of Health**

Good morning, Chairman Lee and members of the committee. My name is Kirby Kruger, and I am the Medical Services Section Chief for the North Dakota Department of Health. I am here today to provide information and suggest some changes to Senate Bill 2184.

Senate Bill 2184 requires the Department of Health to establish and administer a phlebotomist registry and that the health council adopt rules to implement this section. There are estimated to be 800-1100 phlebotomists in North Dakota who are hired to draw blood from a vein for diagnostic and donation purposes. Currently, these individuals are not regulated and are not listed on a registry. While there is a benefit to having these individuals regulated and registered, we do not believe that the North Dakota Department of Health is the appropriate agency for this function. The regulation and registry of laboratory personnel is currently performed by the North Dakota Board of Clinical Laboratory Services. The individuals on this board have the knowledge to provide the oversight for the regulation and registration of phlebotomists as this relates to laboratory testing and services. Most phlebotomists work within laboratory services of health care entities.

Senate Bill 2184 also requires health care entities to notify residents, employees or members of the public of potential exposure to infectious organisms due to an unsafe practice or infection control breach and requires health care entities to provide the department with a plan for public notification of all potential exposures to infectious organisms. Finally it requires health care entities to notify the department of potential exposures and the department to investigate these events and ensure the plan is implemented and notification to the public has occurred. The department currently has requirements for the reporting of certain infectious diseases as well as nosocomial infections. This differs from reporting of all potential exposures to infectious organisms discussed in this bill.

We believe it would be difficult for facilities to publically report any potential exposure to an infectious organism that may occur for a resident, an employee, or member of the public. For example, as the bill is written, any time a physician would have contact with a patient without washing his or her hands, a public report may need to be made as there is no way of knowing if a potential infectious organism is present, if transmission of that agent actually occurred, or if there is ability to identify an infection control breach or unsafe practice. It is hard to know what to publically report if no infectious organism has been identified.

The Division of Disease Control, as well as the Division of Health Facilities both participate in investigating infections that have been reported in these health care entities. We work to ensure plans of correction have been implemented to prevent further infections from occurring. We do not believe that it is reasonable to expect that an investigation take place until such time as there is a known infectious disease present.

The department has provided a fiscal note of \$192,218 with \$142,218 from the general fund and 1 FTE for the 2017-19 biennium and \$134,969 with \$84,969 from the general fund and 1 FTE for the 2019-21 biennium. The estimated revenue from registration fees is \$50,000 using a registration fee of \$25 per year.

I would be happy to answer any questions that you may have at this time.