



North Dakota Legislative Council

Prepared for Senator Davison
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RECENT HEALTH-RELATED LEGISLATIVE MANAGEMENT STUDIES

Legislative Management interim committees study a variety of topics each interim. This memorandum summarizes the health-related studies conducted by Legislative Management interim committees after the 2005-06 interim.

2007-08 INTERIM

Education Committee

The Education Committee studied the ways schools and school districts can train teachers, counselors, and other school staff to better identify high-risk students and to provide programs designed to reduce the incidences of high-risk behaviors that can lead to suicide attempts. The committee also studied the ways various public and private entities can cooperate with families to promote healthy lifestyles for children and create awareness about the interplay of healthy lifestyle choices and educational success.

The committee recommended House Bill No. 1028 (2009), which would have required that students take one unit of physical education and one-half unit of health education as a condition of high school graduation. This bill failed to pass.

Higher Education Committee

The Higher Education Committee studied the provision of services to children and adults who are deaf or hearing impaired, including the role of the School for the Deaf in the provision of education and rehabilitative services, the short-term and long-term viability of existing state facilities, and alternative approaches that might enhance the scope and breadth of service availability.

The committee recommended House Bill No. 1034 (2009), which would have provided for a Legislative Council study of the provision of services to children and adults who are deaf or hearing impaired and an appropriation for obtaining consulting services. This bill failed to pass.

Human Services Committee

The Human Services Committee studied the temporary assistance for needy families program, including potential programs and services that could be funded with program funds; the success and effects of the laws enacted by the 55th Legislative Assembly in House Bill No. 1041 (1997) and Senate Bill No. 2052 (1997), known as the "swap proposal," which provided for the division of responsibility between the state and counties in delivering and financing economic assistance programs; and infant development programs, including a review of service coordination and the funding structure. The committee did not make any recommendations with respect to these studies.

Industry, Business, and Labor Committee

The Industry, Business, and Labor Committee studied the regulation and licensing of pharmacists in this state, including an examination of the State Board of Pharmacy, the board's size, the manner of board membership appointment, and whether the board is representative of commercial and noncommercial pharmacists; the state's demographics and the impact changing demographics in rural areas will have on the ability of small, locally owned pharmacies to remain economically viable and of rural residents to access low-cost pharmaceuticals and pharmacy and pharmacists' services; pharmacy ownership restrictions, the relevance of those restrictions in terms of marketplace competition, and the impact of those restrictions on the price and availability of pharmaceuticals and on pharmacy and pharmacists' services; and statutory interplay between the board and the North Dakota Pharmaceutical Association and whether the regulatory function of the board conflicts with the advocacy function of the association.

The committee recommended Senate Bill No. 2039 (2009) to eliminate the statutory integration of the State Board of Pharmacy and the North Dakota Pharmaceutical Association, to add two members to the State Board of

Pharmacy--a registered pharmacy technician and a public member, and to reduce the maximum amount the State Board of Pharmacy may charge for an annual pharmacist license from \$200 to \$100. This bill passed as introduced.

Long-Term Care Committee

The Long-Term Care Committee studied the long-term care system in North Dakota, including capacity, geographical boundaries for determining capacity, the need for home- and community-based services, a methodology to identify areas of the state needing additional nursing home beds, access, workforce, reimbursement, and payment incentives. The committee recommended Senate Bill No. 2044 (2009) to extend the moratorium on the state's licensed basic care bed capacity and the state's licensed nursing facility bed capacity from July 31, 2009, to July 31, 2013. This bill passed as amended. The committee recommended Senate Bill No. 2045 (2009) to require at least a 30-day written advance notice of any transfer or discharge from a nursing home, swing-bed hospital, basic care, or assisted living facility. This bill passed as introduced.

The committee studied the availability and future need for dementia-related services, as well as funding for programs for individuals with dementia. The committee recommended House Bill No. 1043 (2009) to direct the Department of Human Services to contract for a dementia care services program in each area of the state served by a regional human service center to provide personalized care consultation services, training, and education regarding dementia; to provide a \$1.2 million general fund appropriation for the program; and to provide for a report to the Legislative Council regarding the outcomes of the program. This bill passed as introduced.

The committee studied the feasibility and desirability of establishing a transition to independence program for young adults with mental illness. The committee recommended House Bill No. 1044 (2009) to provide that the Department of Human Services develop or contract for a program for services to transition-aged youth at risk and to provide a \$700,000 general fund appropriation. This bill passed as amended.

The committee received a report from the State Department of Health regarding the status of the department's demonstration project involving life safety surveys for basic care facilities and long-term care facilities during and at the conclusion of construction or renovation projects costing more than \$3 million and whether the program should be made permanent. The committee recommended Senate Bill No. 2046 (2009) to require the State Department of Health to conduct surveys during construction or renovation projects of health facilities licensed by the State Department of Health. This bill passed as introduced.

Public Safety Committee

The Public Safety Committee studied the state's emergency medical services (EMS) system and received reports from the State Department of Health regarding the outcome of the Health Council's study of minimum requirements of reasonable EMS coverage, the findings and recommendations of a contractor's evaluation of the state's trauma system, and the findings and recommendations of a contractor's assessment of the state's EMS system. The committee recommended:

- Senate Bill No. 2047 (2009) to provide a \$128,400 general fund appropriation to the State Department of Health for providing emergency training grants to rural law enforcement officers and individuals choosing to become licensed first responders during the 2009-11 biennium. This bill passed as amended.
- Senate Bill No. 2048 (2009) to provide for mandatory hospital participation in the state's trauma system and mandatory licensure of quick response units. This bill passed as amended.
- Senate Bill No. 2049 (2009), which would have expanded the EMS operations grant program, including an assessment of EMS operations, the provision of leadership training, and the development of an annual statewide EMS recruitment drive. The bill would have provided a \$4,525,000 appropriation from the insurance tax distribution fund to the State Department of Health for the EMS operations grant program for the 2009-11 biennium. This bill failed to pass.
- Senate Bill No. 2050 (2009) to amend the definition of EMS, provide that the Health Council's rules relating to the licensure of EMS operations may include response time standards, to amend provisions relating to property tax levies for EMS, and to provide that the State Department of Health may regulate the communications methods and protocols for EMS operations. This bill passed as amended.

2009-10 INTERIM

Health and Human Services Committee

The Health and Human Services Committee studied unmet health care needs in the state, including an assessment of the needs of underinsured and uninsured individuals and families and consideration of federal health care initiatives. The committee did not make any recommendations with respect to this study.

The committee studied voucher use and provider choice for clients in various human services and other state programs, including programs related to mental health services, addiction treatment, counseling services, transition services, various home services, and other special services. The committee recommended House Bill No. 1032 (2011), which would have directed the Department of Human Services to establish and operate a pilot voucher payment program to provide mental health and substance abuse services for the 2011-13 biennium. This bill failed to pass.

The committee studied the state immunization program, including an assessment of pharmacists' or other providers' ability and interest in immunizing children and a review of the effect of the program on public health units, including billing, billing services, fee collections, and uncollectible accounts. The committee recommended Senate Bill No. 2035 (2011) to allow pharmacists to administer influenza shots or influenza mist to children at least 5 years of age and other immunizations to children at least 11 years of age. This bill passed as amended.

The committee studied existing services for minors who are pregnant and whether additional education and social services would enhance the potential for a healthy child and a positive outcome for the minor. The committee did not make any recommendations with respect to this study.

The committee studied the extent to which the funding mechanisms and administrative structures of the federal, state, and county governments enhance or detract from the ability of the social service programs of tribal governments to meet the needs of tribal members. The committee did not make any recommendations with respect to this study.

Industry, Business, and Labor Committee

The Industry, Business, and Labor Committee studied the factors impacting the cost of health insurance and health insurance company reserves and federal health care reform legislation, including its effect on North Dakota citizens and state government; the related costs and state funding requirements; related tax or fee increases; and the impact on the Medicaid program and costs, other state programs, and health insurance premiums, including the Public Employees Retirement System (PERS). The committee recommended House Concurrent Resolution No. 3003 (2011) to direct the Legislative Management to continue studying the impact of federal health care reform legislation during the next interim. This resolution passed as amended.

Judicial Process Committee

The Judicial Process Committee studied the involuntary mental health commitment procedures under North Dakota Century Code Chapter 25-03.1. The committee recommended Senate Bill No. 2039 (2011) to provide that for purposes of conducting an examination under Section 25-03.1-11, an individual who meets the definition of expert examiner is authorized to evaluate a respondent's mental status. This bill passed as amended. The committee recommended Senate Bill No. 2040 (2011) to amend Section 25-03.1-23 to include licensed addiction counselors as one of the mental health professionals authorized to execute a certificate regarding a continuing treatment order. This bill passed as amended. The committee recommended Senate Bill No. 2041 (2011) to authorize the use of telemedicine technologies for court-ordered examinations under Chapter 25-03.1. This bill passed as amended.

Long-Term Care Committee

The Long-Term Care Committee studied long-term care services, including a review of the long-term care payment systems, survey and inspection programs and processes, and state laws and administrative rules regulating basic care and assisted living facilities. The committee recommended House Bill No. 1040 (2011) to extend the moratorium on the state's licensed long-term care bed capacity and the state's licensed basic care bed capacity from July 31, 2011, to July 31, 2015.

The committee studied the impact of individuals with a traumatic brain injury, including veterans who are returning from wars, on the state's human services system. The committee did not make any recommendations with respect to this study.

The committee studied the registration of health care professionals, including certified nurse assistants, nurse assistants, and unlicensed assistive persons, and examined the possibility of one registry and a potential location for that registry. The committee recommended House Bill No. 1041 (2011) to transfer registration of nurse aides, home health aides, and medication assistants I and II from the State Board of Nursing to the State Department of Health. This bill passed as amended.

2011-12 INTERIM

Health Care Reform Review Committee

The Health Care Reform Review Committee monitored the impact of the federal Affordable Care Act (ACA), studied the impact of the ACA on the Comprehensive Health Association of North Dakota, and studied the feasibility and desirability of developing a state plan that provides North Dakota citizens with access to and coverage for health care that is affordable for all North Dakota citizens. Additionally, the committee received regular updates from the Insurance Commissioner, Department of Human Services, and Information Technology Department regarding planning for, administration of, and enforcement of the ACA.

As part of its study charge, the committee recommended the three bills that were introduced during the November 2011 special legislative session:

- House Bill No. 1474, which would have provided for a state-administered health benefit exchange. This bill failed to pass.
- House Bill No. 1475 provided appropriations for ACA-related costs of the Department of Human Services, the Information Technology Department, and the Insurance Commissioner. This bill passed as introduced.
- House Bill No. 1476 clarified the external review procedures required for health insurance policies. This bill passed as amended.

For the regular legislative session in 2013, the committee recommended House Bill No. 1034 (2013) to provide for a Legislative Management study of health care reform options. This bill passed as introduced.

Health Services Committee

The Health Services Committee studied the regional public health network pilot project conducted during the 2009-11 biennium. The study included an assessment of the regional public health network pilot project, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost-savings to state and local governments, and possible improvements to the program. The committee recommended Senate Bill No. 2030 (2013) to remove the requirement that participating local public health units share administrative functions, provide that any joint powers agreement include core activities, and include outcome measures for the regional public health network program. The bill provided an appropriation to the State Department of Health to establish, administer, and operate regional public health networks in the state. This bill passed as amended.

The committee studied the feasibility and desirability of placing the entire Fort Berthold Reservation in a single public health unit. The committee recommended Senate Bill No. 2031 (2013), which would have defined tribal health units and allowed a public health unit to form on an Indian reservation. The bill would have provided an appropriation to the State Department of Health for the purpose of implementing a tribal public health unit pilot project and required a report to the Legislative Management semiannually. This bill failed to pass.

The committee studied the future of health care delivery in the state. The study focused on the delivery of health care in rural areas of the state and included input from the University of North Dakota (UND) School of Medicine and Health Sciences (SMHS) Center for Rural Health, hospitals, and the medical community. In addition, the committee studied the ability of the School of Medicine to meet the health care needs of the state. This study included a review of the health care needs of the state, options to address those needs, and the feasibility and desirability of expanding SMHS to meet the health care needs of the state. The committee recommended supporting the construction of a new SMHS facility at an estimated cost of \$124 million to accommodate the student enrollment growth associated with the health care workforce initiative at SMHS.

Human Services Committee

The Human Services Committee studied the current system for the diagnosis, early treatment, care, and education of individuals with autism spectrum disorder; received reports on the autism spectrum disorder plan from the Autism Spectrum Disorder Task Force; and received reports from the Department of Human Services regarding its regional autism spectrum disorder centers of early intervention and achievement pilot program. The committee recommended:

- House Bill No. 1037 (2013), which would have provided for a continued Legislative Management study of the current system for the diagnosis, early treatment, care, and education of individuals with autism spectrum disorder. This bill failed to pass.

- House Bill No. 1038 (2013), which would have provided an appropriation to the State Department of Health for establishing and administering an autism spectrum disorder registry and an appropriation to the Department of Public Instruction for providing training and support for teachers and other school staff. This bill failed to pass.
- House Bill No. 1039 (2013), which would have provided an appropriation to the Department of Human Services for developing a voucher system for autism spectrum disorder services and support. This bill failed to pass.

2013-14 INTERIM

Health Care Reform Review Committee

The Health Care Reform Review Committee studied the immediate needs and challenges of the North Dakota health care delivery system, implementation of the Healthy North Dakota initiative, Medicaid reform, and the feasibility of developing a plan for a private health care model that would comply with federal health care reform. The committee studied health care reform options, including the implementation of the ACA, if the federal law remained in effect, and state alternatives for state-based health care reform, if the federal law was repealed. The committee also studied the effects of the ACA due to the dramatically changing health care system in the state, including alternatives to the ACA and the Medicaid Expansion provisions to make health care more accessible and affordable to the citizens of the state.

The committee recommended House Bill No. 1035 (2015) to provide for the Legislative Management to continue its ongoing study of the needs and challenges of the North Dakota health care delivery system. The study included monitoring the implementation of the ACA, examining Medicaid Expansion and Medicaid reform, and considering the feasibility of developing a state-based plan for a health care model that would comply with federal health care reform. This bill passed as amended.

The committee recommended House Bill No. 1036 (2015) to direct the State Department of Health during the 2015-16 interim to evaluate state programs to assist health professionals, including behavioral health professionals, with a focus on state loan repayment programs for health professionals and required periodic reports to the Legislative Management on the outcome of the study, including presentation of recommended legislation. This bill passed as introduced.

The committee recommended House Bill No. 1037 (2015) to direct the Department of Human Services during the 2015-16 interim to study options for implementing income-based cost-sharing provisions for the Medicaid and Medicaid Expansion programs and report to the Legislative Management the outcome of the study and the associated legislative recommendations and related draft legislation. This bill passed as introduced.

The committee recommended House Bill No. 1038 (2015) to require PERS uniform group insurance to provide medical benefits coverage under a policy that provides coverage for health care services provided by a health care provider or health care facility by means of telemedicine which are the same as the policy coverage of in-person health care services provided by a health care provider or health care facility. The mandate was limited to PERS health benefits, the mandate expired in 2 years, and the bill directed PERS to study the impact of the bill during that 2-year period and introduce to the 65th Legislative Assembly a bill to extend the mandate of coverage to the private health insurance market. This bill passed as amended.

The committee recommended House Bill No. 1039 (2015), which would have amended the group health policy mandate for substance abuse coverage. The bill would have applied the substance abuse coverage requirements to all health insurance policies, removed the coverage requirement formulas for different types of substance abuse services, and clarified required coverage must include inpatient treatment, treatment by partial hospitalization, residential treatment, and outpatient treatment. This bill failed to pass.

The committee recommended House Bill No. 1040 (2015) to provide for revision of the involuntary commitment proceeding law to update the language and to expand the statutory authority of advanced practice registered nurses to authorize advanced practice registered nurses to act as independent expert examiners in involuntary commitment proceedings. This bill passed as amended.

The committee recommended House Bill No. 1041 (2015) to amend the Medicaid Expansion law to provide if the Department of Human Services implements the Medicaid Expansion program through a contract with a private carrier, the department shall issue one request for proposal for the health insurance component of Medicaid Expansion and shall issue one request for proposal for the pharmacy benefit management component of the Medicaid Expansion or shall provide the pharmacy benefit management services through the Department of Human

Services. The bill provided if the pharmacy benefit management component is not provided through the Department of Human Services, the contract between the department and the pharmacy benefit manager must include specified provisions that address passthrough pricing, transparency, and audit provisions. This bill passed as amended.

Health Services Committee

The Health Services Committee studied how to improve access to dental services and ways to address dental service provider shortages, including the feasibility of using mid-level providers, whether the use of incentives for dental service providers to locate in underserved areas in the state may improve access, and whether the state's medical assistance reimbursement rates impact access to dental services. The study included a review of state dental care programs, dental service provider programs, the dental health workforce, access to dental services, and various proposals to improve access to dental services. The committee recommended Senate Concurrent Resolution No. 4004 (2015) directing the Legislative Management to continue to study dental services in the state, including the effectiveness of case management services and the state infrastructure necessary to cost effectively use mid-level providers to improve access to services and address dental service provider shortages in underserved areas of the state. This resolution passed as introduced.

The committee studied the comprehensive statewide tobacco prevention and control plan. As part of the study, the committee received a single assessment of programs administered by the Tobacco Prevention and Control Executive Committee and the State Department of Health, including funding sources for the programs, service providers, areas and populations served by the programs, effectiveness of the programs on improving the health and policy environment in the state, and how the comprehensive statewide tobacco prevention and control programs provided by the two agencies address the Native American population on the Indian reservations. The committee did not make any recommendations related to this study.

The committee studied 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 EMS system. As part of the study, the committee received updates regarding a community paramedic pilot project, including information regarding training, licensing, supervision, services, and reimbursement. The committee recommended Senate Bill No. 2043 (2015) to require the Department of Human Services to adopt rules entitling licensed community paramedics to payment for health-related services provided to recipients of medical assistance, subject to limitations and exclusions the department determined necessary consistent with how limitations are set for other medical assistance services. This bill passed as amended.

The committee studied the 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 SMHS. The study included a review of the current system of death investigation in the state, county autopsy costs, various medicolegal death investigation system funding models, and recommendations for improvements to the medicolegal death investigation system in the state. The committee recommended House Concurrent Resolution No. 3004 (2015) directing the Legislative Management to continue to study medicolegal death investigation in the state and how current best practices, including authorization, reporting, training, certification, and the use of information technology and toxicology can improve death investigation systems in the state. This resolution passed as introduced. The committee also recommended House Bill No. 1042 (2015), which would have provided appropriations to the State Department of Health for information technology costs related to the electronic review of death records and for the reimbursement of travel costs related to county coroner training and the planning of future coroner services in the state. This bill failed to pass.

Human Services Committee

The Human Services Committee studied a comprehensive system of care for individuals with brain injury. The committee recommended:

- House Bill No. 1046 (2015) to provide appropriations to the State Department of Health for a traumatic brain injury registry and to the Department of Human Services for traumatic brain injury registry marketing and training, traumatic brain injury regional resource facilitation, and to expand brain injury services, including return-to-work programming. This bill passed as amended.
- House Bill No. 1047 (2015) to exempt providers of prevocational services licensed or certified by the Department of Human Services from registering with the Labor Commissioner. This bill passed as amended.
- Senate Bill No. 2044 (2015), which would have provided an appropriation to the Department of Human Services for a traumatic brain injury flex fund program. This bill failed to pass.

- House Concurrent Resolution No. 3005 (2015) to provide for the Legislative Management to continue the study of a comprehensive system of care for individuals with brain injury during the 2015-16 interim. This resolution passed as amended.

The committee studied behavioral health needs of youth and adults in North Dakota. The committee recommended:

- House Bill No. 1048 (2015) to establish an oversight system and reciprocity language for behavioral health licensing boards. This bill passed as amended.
- House Bill No. 1049 (2015) to provide appropriations to the State Board of Higher Education, the Bank of North Dakota, and the Department of Human Services for forgivable loans and grants relating to certain behavioral health professionals. This bill passed as amended.
- Senate Bill No. 2045 (2015), which would have provided an appropriation to the Department of Human Services for a voucher system for addiction treatment services. This bill failed to pass.
- Senate Bill No. 2046 (2015) to provide medical assistance coverage for behavioral health services provided by licensed marriage and family therapists and licensed professional clinical counselors, to direct the Department of Human Services to develop an outcomes-based data system for behavioral health services, to provide an appropriation to the Department of Human Services for adult and youth substance abuse treatment services, to provide an appropriation to the Highway Patrol for mental health first aid training for state and local law enforcement personnel, and to provide for a Legislative Management study of the structure and services of the Department of Human Services during the 2015-16 interim. This bill passed as amended.
- Senate Bill No. 2047 (2015) to expand the definition of qualified mental health professional as it relates to residential treatment centers for children. This bill passed as amended.
- Senate Bill No. 2048 (2015) to provide appropriations to the Department of Human Services for an adult and youth mental health assessment network and a pilot project to develop planning protocols for discharge or release of individuals with behavioral health issues, to provide an appropriation to the Department of Public Instruction to provide mental health first aid training for teachers and child care providers, and to provide for Legislative Management studies of mental health screening and assessment programs for children and of behavioral health needs of youth and adults. This bill passed as amended.
- Senate Bill No. 2049 (2015) to include licensed marriage and family therapists in the definitions of mental health professional and mental health personnel as they relate to commitment procedures and judicial remedies. This bill passed as amended.
- Senate Concurrent Resolution No. 4005 (2015) to provide for a Legislative Management study of judicial issues related to behavioral health, including 24-hour hold, termination of parental rights, and court committals during the 2015-16 interim. This resolution passed as introduced.

2015-16 INTERIM

Health Care Reform Review Committee

The Health Care Reform Review Committee studied the proposed and final federal rules issued by the federal Department of Health and Human Services relating to the essential health benefits under the ACA for plan years 2017 and beyond; the needs and challenges of the North Dakota health care delivery system, including monitoring the implementation of the ACA and examining Medicaid Expansion and Medicaid reform and receiving a report from the UND SMHS Advisory Council on the status of its biennial report; and state contributions for state employee health insurance premiums, including the feasibility and desirability of establishing a maximum state contribution for state employee health insurance premiums and the effect of losing the state's grandfathered status under the ACA.

The committee recommended House Bill No. 1032 (2017), which would have removed the July 31, 2017, sunset for the Medicaid Expansion program; provided Medicaid Expansion provider reimbursement rates were the same as the provider reimbursement rates set for traditional Medicaid; and removed the requirement Medicaid Expansion be provided through a private carrier or by utilizing the health insurance exchange. This bill failed to pass.

The committee recommended House Bill No. 1033 (2017), which would have removed the July 31, 2017, sunset for the Medicaid Expansion program; removed the requirement Medicaid Expansion be provided through a private carrier or by using the health insurance exchange; directed the Department of Human Services to pursue a federal Medicaid waiver to allow the department to implement premium cost-sharing for individuals enrolled in Medicaid

Expansion if the cost-sharing program did not have a negative fiscal effect for the state; and directed the department to pursue care coordination agreements to increase federal reimbursement for Medicaid-eligible American Indians. This bill failed to pass.

The committee recommended House Bill No. 1034 (2017), which would have removed the July 31, 2017, sunset for the Medicaid Expansion program; removed the requirement Medicaid Expansion be provided through a private carrier or by utilizing the health insurance exchange; provided if the Department of Human Services contracted with a private carrier, the contract must provide the department with full access to provider reimbursement rates and the department was directed to consider these rates in selecting a private carrier; and directed the department to report to the Legislative Management regarding provider reimbursement rates under the Medicaid Expansion program. This bill failed to pass.

Health Services Committee

The Health Services Committee studied dental services in the state. The committee recommended House Bill No. 1035 (2017) to change the dental loan repayment program to provide for a prorated payback of loan repayment funds if a dentist breaches the loan repayment contract. This bill passed as introduced.

The committee studied medicolegal death investigation in the state and the feasibility and desirability of UND acquiring the building that houses the Forensic Pathology Center. The committee did not make any recommendations with respect to this study.

Human Services Committee

The Human Services Committee studied behavioral health needs. The committee recommended:

- House Bill No. 1040 (2017) to appropriate \$10,000 from the general fund and require the Department of Human Services to adopt rules for an evidence-based alcohol and drug education program for certain individuals; \$1,956,000 from the general fund to the Department of Human Services for children's prevention and early intervention behavioral health services; \$70,000 from the general fund to the Department of Human Services for a behavioral health database; \$1,920,000 from the general fund to the Department of Human Services for peer-to-peer and family-to-family support services; and \$24,393,668, of which \$12,196,834 was from the general fund to the Department of Human Services for targeted case management services for individuals with severe mental illness and severe emotional disturbance. This bill passed as amended.
- Senate Bill No. 2038 (2017) to extend the holding period from 24 to 72 hours for emergency involuntary commitments for individuals with a serious physical condition or illness; change youth mental health training requirements for teachers, paraprofessionals, and administrators in school districts; require behavioral health training for early childhood service providers; and create a children's behavioral health task force. This bill passed as amended.
- Senate Bill No. 2039 (2017) to change behavioral health definitions; change administration of behavioral health programs in the Department of Human Services; change the licensure process for regional human service centers; add crisis services to the continuum of services for individuals with serious and persistent mental illness; change the membership and role of advisory groups for human service centers; allow designated behavioral health providers to furnish preventive diagnostic, therapeutic, rehabilitative, or palliative services to individuals eligible for medical assistance; and remove the designated location of a second state hospital for the mentally ill.
- Senate Bill No. 2040 (2017) to expand the definition of addiction counseling. This bill passed as amended.
- Senate Concurrent Resolution No. 4002 (2017), which would have amended the Constitution of North Dakota to remove provisions requiring a state hospital be located in Jamestown. This resolution failed to pass.

2017-18 INTERIM

Government Administration Committee

The Government Administration Committee studied the state's EMS system. The committee did not make any recommendations with respect to this study.

Health Care Reform Review Committee

The Health Care Reform Review Committee monitored and reviewed proposed federal changes to the ACA; studied the public employee health insurance plan, including the feasibility and desirability of transitioning to a self-insurance plan; and studied options to operate the state medical assistance program and other related programs as managed care.

The committee recommended House Bill No. 1028 (2019) to provide PERS self-insurance health plans are subject to regulation by the Insurance Department and to establish the parameters of this regulation; revise the requirements of these self-insurance health plans, including to allow for these plans when it is in the best interest of the state and its eligible employees and to make stop-loss coverage optional; and authorize the Bank of North Dakota to extend PERS a line of credit to help administer a self-insurance health plan. The bill also revised the contract renewal requirements for uniform group insurance health benefits, providing PERS may not renew the contract unless doing so best serves the interests of the state and the state's eligible employees. This bill passed as introduced.

Health Services Committee

The Health Services Committee studied state and federal laws and regulations relating to the care and treatment of individuals with developmental disabilities or behavioral health needs. The committee recommended Senate Bill No. 2026 (2019), which would have appropriated \$1,050,000 from the general fund and authorized 1.5 full-time equivalent positions to the Department of Human Services for establishing and administering a voucher system to address underserved areas and gaps in the state's unified mental health delivery system and to assist in the payment of mental health services provided by mental health providers. This bill failed to pass.

The committee studied the state's early intervention system for children from birth to age 3 with developmental disabilities. The committee did not make any recommendations with respect to this study.

2019-20 INTERIM Education Policy Committee

The Education Policy Committee studied the impact of students who experience behavioral health crisis or who engage in intense and aggressive behavior for communication purposes, both of which result in behaviors that make learning environments unsafe for other students, teachers, and other school personnel, and the need to implement a uniform reporting system. The committee did not make any recommendations with respect to this study.

Employee Benefits Programs Committee

The Employee Benefits Programs Committee studied the feasibility and desirability of PERS entering a separate contract for prescription drug coverage under the uniform group insurance plan. The committee recommended House Bill No. 1029 (2021) to provide PERS flexibility to purchase stop-loss insurance for self-insurance pharmacy benefits. This bill passed as introduced.

Health Care Committee

The Health Care Committee studied the ways the state may be able to positively affect the trend of increasing health insurance premium rates, the feasibility and desirability of state guaranteed issue provisions for health insurance, the delivery of health insurance in the state, and the State Department of Health licensing process for health facility construction and renovation projects.

The committee recommended House Bill No. 1032 (2021) directing the State Board of Pharmacy to collect and the Insurance Department to publish data regarding prescription drug costs. This bill passed as amended.

The committee recommended House Bill No. 1033 (2021) requiring notice within 2 business days if a pharmacist substitutes an interchangeable biosimilar for the reference biologic and clarifying how notice may be provided by electronic means. This bill passed as amended.

The committee recommended Senate Bill No. 2029 (2021), which would have provided for guaranteed issue for small employer health insurance plans and individual health insurance plans, providing limited pre-existing condition provisions in cases of lapse of coverage. This bill failed to pass.

Human Services Committee

The Human Services Committee studied the Olmstead Commission and the implementation of recommendations included in the Human Services Research Institute's report on the state's behavioral health system. The committee did not make any recommendation with respect to this study.

2021-22 INTERIM Acute Psychiatric Treatment Committee

The Acute Psychiatric Treatment Committee studied the acute psychiatric hospitalization and related step-down residential treatment and support needs for mental illness. The committee recommended:

- House Bill No. 1026 (2023) to provide for a Legislative Management study regarding the implementation of behavioral health and acute psychiatric treatment recommendations. The bill provided for a Legislative Management study of the implementation of recommendations of the 2018 Human Services Research Institute report and the 2022 Renee Schulte Consulting, LLC, report. This bill passed as introduced.
- Senate Bill No. 2026 (2023) to provide a one-time contingent \$2 million appropriation from the general fund to the Department of Health and Human Services to demolish unused buildings on the State Hospital campus, including the milk barn, pig barn, and water treatment plant buildings. This bill passed as amended.
- Senate Concurrent Resolution No. 4001 (2023) to amend the Constitution of North Dakota to update terminology related to the State Hospital and other institutions included in Sections 12 and 13 of Article IX of the Constitution of North Dakota. This resolution passed as amended.

The committee studied the implementation of expanded behavioral health services. The committee recommended House Bill No. 1027 (2023), which would have required each human service center to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health and related physical health care services for children and adults. This bill failed to pass.

The committee studied the behavioral health needs of incarcerated adults and the occupational boards that address mental health and behavioral health issues. The committee did not make any recommendations with respect to these studies.

Health Care Committee

The Health Care Committee studied medication optimization. The committee did not recommend any legislation with respect to this study.

The committee studied prescription drug pricing, importation, reference pricing, and the role pharmacy benefit managers play in drug pricing. The committee recommended Senate Bill No. 2030 (2023), directing a study of value-based purchasing and directing the Department of Health and Human Services to participate in current and future innovative rebates and other program options. This bill passed as amended. The committee recommended Senate Bill No. 2031 (2023), which would have established a prescription drug reference rate pilot program. This bill failed to pass.

The committee studied health insurance networks, including narrow networks. The committee did not make any recommendations with respect to this study.

The committee studied solutions to provider and end-user barriers to access to and utilization of health services in this state. The committee did not make any recommendation with respect to this study.

The committee studied the feasibility and desirability of implementing a community health worker program. The committee recommended House Bill No. 1028 (2023) to establish a community health worker task force to develop a data-driven plan for community health worker education, training, regulation, and medical assistance reimbursement. This bill passed as amended. The committee recommended House Bill No. 1029 (2023), which would have provided for certification of community health workers and a Medicaid state plan amendment to provide for medical assistance reimbursement for community health worker services. This bill failed to pass.

Human Services Committee

The Human Services Committee studied issues relating to the care and treatment of individuals with developmental disabilities and individuals with autism spectrum disorder. The committee recommended House Bill No. 1035 (2023), which would have created a cross-disability advisory council and detailed the structure of the council; repealed statutory provisions relating to the Autism Spectrum Disorder Task Force; and appropriated \$1,453,626, of which 50 percent would have been from the general fund and 50 percent from federal funds, to the Department of Health and Human Services and authorized 4 full-time equivalent positions to allow the department to begin implementing the committee consultant's recommendations. This bill failed to pass.

2023-24 INTERIM Health Care Committee

The Health Care Committee is charged with studying:

- The benefits of basing provider reimbursement rates for the Medicaid program in accordance with a provider's performance under established and accepted value-based care metrics.

- The impact of entities that receive Medicaid and Medicaid Expansion funding utilizing contract nursing agencies.
- Prior authorization in health benefit plans.

Health Services Committee

The Health Services Committee is charged with studying:

- The steps necessary for the dissolution of the Comprehensive Health Association of North Dakota.
- The delivery of EMS in the state.
- Whether the services provided in the state relating to the care and treatment of individuals with brain injury are adequate.

Human Services Committee

The Human Services Committee is charged with studying:

- The implementation of the recommendations of the 2018 North Dakota behavioral health system study conducted by the Human Services Research Institute and the 2022 acute psychiatric and residential care needs study conducted by Renee Schulte Consulting, LLC.
- The expansion of federally qualified health care centers.
- The increasing need for inpatient mental health care for children and whether there is adequate home- and community-based care and outpatient services for the number of children and the location of need.