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ROLL NUMBER

DESCRIPTION

4024

2007 SENATE INDUSTRY, BUSINESS AND LABOR

SCR 4024

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. **SCR 4024**

Senate Industry, Business and Labor Committee

☐ Check here for Conference Committee

Hearing Date: **February 26, 2007**

Recorder Job Number: **3882**

Committee Clerk Signature

Study on Universal Health Care:

JoNell Bakke – Senate District 43, Grand Forks- ***In Favor***

TESTIMONY # 1 *Covered testimony*

Minnesota, California, Main, New Hampshire, Massachusetts have a universal health plan, need to look at them. *Testimony ends 2:50m*

Kathryn Grafsgaard, Health Care Advocate, ND Catholic Conference - ***In Favor***

TESTIMONY # 2 *Covered testimony*

S Potter: Do you know where the 71,000 number comes from? I heard BC/BC say it was 58,000 are uninsured.

Kathryn G: I got it from the Robert Wood Johnson website.

S Heitkamp: Is there any link to other states with a breakdown of the family? I know that the northern tier states we do pretty well rather than southern states.

Kathryn G: Cannot address that issue.

S Wanzek: Can you explain, how would universal health care affect those 71,000? How do you get better treatment?

Kathryn G: Health care is a right for all people. It is physical health. Many of them are issues in the families and we look at remedies.

S Wanzek: Are you talking about ALL people with universal health care or just the 71,000?

Kathryn G: This is a study, that has our support.

S Potter: Is anyone turned away from hospitals or doctors?

Kathryn G: I can't address that

S Behm: I know some people who got turned away because they didn't have insurance.

Kathryn G: I'm not aware of any.

Mary Engel, Children's Caucus in ND - *In Favor*

Many other states are in the process of getting universal health care. No one plan fits all states. We recognize that there are enough states have come up with a plan. ND is a small states and can learn how it can be done.

Audrey League of Women Voters - *In Favor*

This is for basic healthcare. Like the resolution and would encourage universal care for the United States. We are behind in the times and this study would be for informational purposes.

Rod St. Auben – BC/BS ND – *asked to come to podium for informational purposes*

This is a study. 8-10% of the North Dakotans are uninsured. The statistics show that 1/3 were eligible for programs elected and they weren't signed up for it or didn't want. 1/3 of the people could afford it but elected not to. Sometimes it's the young who feel they don't need health insurance. The true figure is 1/3 of the people are truly NOT insured. That doesn't diminish the fact that there are people who need health care and cannot afford it. The advantages if we did get all people into a particular program. Theoretically, health insurance, we would like to have young people insured because they're the ones who aren't using it for claims. The younger help subsidize the older and sicker individuals. I can't tell you the numbers exactly, I think the 71,000 number seems to high.

S Potter: In my research, it was the demographics of the "uninsured" – was along these lines:

1. Person who had a job 2. White 3. A Farmer It was the demographics of ND were the people to be most likely uninsured. Yes, ND always had less % of it's people uninsured than the national average. Right now national average is 15%. Can you explain that to me?

Rod S: Health insurance is cheaper in ND than around the US

S Heitkamp: For BC/BS, when you go in to pay for someone having work done at St. A's, and has an allowable surgery done. The difference in that that is paid, the bill would be X+Y because St. A's has to cover these uninsured members, does your company take a look at that and do an evaluation? What we're paying at the facilities to make up for the uninsured is what's crippling us.

Rod S: The providers, because of the unfunded care that they're providing, it affects the rates.

S Heitkamp: So they take a bite and you take a bite.

Rod S: Yes

S Wanzek: Doesn't Universal Health Care throw out pretty much everything else we're doing?

Rod S: It would not have to mandate to be a "single care" system to have healthcare. You can have the private market involved. Not necessarily a government run program.

S Wanzek: We want to help those struggling who do not have any insurance, why can't we target that area. Isn't that covering children? 90-92% do have coverage.

Rod S: S-CHIPS is the Federal way to address these issues of the children. There is discussion on the Federal level to raising the level of the S CHIPS, it is a substantially Federally funded program. 10% comes form the state and 90% comes from the 90% to meet the qualifications. With that, there is still difficulty in getting people who are eligible who need it to get into the program.

S Wanzek: A friend of mine said that it was good for minor things, but not all things. Do we run the risk?

Rod S: Depends on if it's Government run or insurance market thing. As an example, Massachusetts; when you drive a car, everyone MUST have no-fault insurance. That's basically what the study is asking if the Universal coverage has some type of a system. I don't think this study mandating that it has to be a Government run program. They're just asking to look at the universal care to make sure everyone is in some type of coverage. We have a no-fault for car insurance that is required, you still find some who do not have it. Massachusetts plan is looking at something through income tax to insure you'd have it, and if you don't, you're fined if you don't have it. A lot of states are saying "let's see if the other systems are working." What are the pitfalls, what they've adopted, what they are looking for and see what the Federal government is doing, and they have not and some of the states feel they need to act.

S Potter: Massachusetts example is not a government run program, it is like "no-fault" insurance. Some people are self-selecting not to be insured. They could afford it but they choose not to because they're bullet-proof and spend it on something else and those would be those the system would capture and distribute the funds more appropriately.

S Hacker: S CHIPS – public entities. Do you know about a private sectors out there. Talked to someone involved in health care. Such as a foundation, they work with the hospital.

Rod S: Don't know about those programs. S CHIPS covers children based on their poverty level. We have a program called "Caring Program for Children." Technically it's not an insurance program, but we go out for donations, and get services at a much lower rate. We go out for that 200% to cover reimbursement for services. There may be other programs.

S Heitkamp: When you talk about universal health care in America, we're not talking about a Government run system. Wasn't there a bill passed in Massachusetts, Republican Governor and Democratic Legislature.

Rod S: Yes. It was not geared for Government. It is fairly new and it is in a "wait & see," how everything works out. What if they don't file taxes? How do you confirm 100%.

S Heitkamp: Be an easy way to catch them in the Emergency room, wouldn't' it?

Rod S: It's a wait and see, but states are struggling to figure out.

S Klein: Is there a price tag on the Massachusetts legislation?

Rod S: I don't know the figures.

Mike Fix – Life and Health Division –*In Support*

Did some research on Mass. Health care program What generated that plan was a billion dollars of unconstituted care costs. They were looking for a more efficient way to spend a billion dollars and came up with the idea, not only the employers have responsibilities, but individuals have responsibilities as well for health insurance. The requirement is that you must have health insurance or you get penalized. If you can afford it, you should buy it, if you can't for it, there are programs that are available to help. The individual has no excuse not to have health insurance. There is a "Connector" and that's an organization of individual private companies that can insure employees through the Connector. Once you do that, individual employees can pick companies within the Connector to provide the health insurance. So two different employees could have two different insurance companies. *Responds to S Wanzek's comment:* One of the ways to cover the uninsured population is that a person that doesn't have insurance doesn't go to the doctor and then wind up in the emergency room, so they avoid insurance, but have higher charges later.

S Wanzek: "Ounce of prevention is worth a pound of cure." I don't disagree with, but the word "Universal" scares me. I know we need to address it and know there are other means.

Mike F: Seldom do hospitals turn people down. The overhead is paid for by people who do have insurance.

Terry Weis – NDA:FA *In Neutral*

The hospitals and doctors are not receiving their proper adu. That also raises the costs. Medicare, discount plans offered by the insurance companies, all of that has an affect on health care costs for everybody. There isn't a real good answer to the plan.

S Heitkamp: At the end, you throw Medicare into the mix, that's there, you have no choice. If we fix it, it has to be fixed in the halls for the US Congress, not here in the legislature. If we know that all of these things are changing and evolving, Mass., Canada, if we know there are some new ideas out there since we've had to deal with this, why be neutral? Why not say, "You know what, from a legislative standpoint, in the next 2 years, we should study this. We should take a look at it and bring everybody together," because I can hear the frustration in your voice on "how do we get arms around this?" Why be neutral?

Terry W: I don't have an answer. I've been to forums, cost shifting is something that no one can get their hands around. That's only one aspect, we should have something that everyone has access to.

S Heitkamp: We have more and more men and women in uniform who are going to qualify for veterans benefits when comes to healthcare, and one area the Federal Gov has been just as poor at it's in the area in backing up those veterans when it comes to their healthcare needs that they promised for them in the beginning. It's going to shift back to you guys. Don't know why we would be afraid to put some bright people in a room to talk about it.

Terry W: We're not opposed to the idea of a study going on. This has some merit.

S Hacker: Have we ever studied this at any other time?

S Heitkamp: We passed it once out of the Senate, a bunch of Democrats didn't get elected the next time because of it.

Audience gentleman gave the information: Christopher Dawson

It was studied in 1994 and was recognized that Universal Health care was a goal for the state. Universal health care meaning that everyone has healthcare that they can afford and have access to It. then in the 1995 session, it was passed that ND would try to achieve universal health care.

S Heitkamp: The '94 study was the result of a '93 bill that passed the Senate that went to the House and the compromise was the "study."

Christopher D: The task force in 1993 session and legislation came out of that.

S Heitkamp: Since then, many things have changed in the healthcare, new ideas and other things.

Christopher D: Another thing that has changed is S CHIPS which is a step toward Universal health care. It covers a group of children that were missed before. There are market changes, Medicaid savings accounts. They are experiments in Vermont, Michigan and Maine.

CLOSED

Motion for a DO PASS by S Potter

Second by S Heitkamp

S Heitkamp: We have a point, I've read this 2-3 times and I don't see the "shall," it puts it with the counsel unless you can correct me on that. It falls under, "we'll take a look at these and pick up what we can."

S Potter: I like the idea that the States are the working laboratories. We try to figure this stuff out, and if there's going to be a specific solution for ND, it's going to come out of something like this, where we're looking at it saying, "what can we as a state do?" Regardless of what the Federal government has done or lack of. I like the idea of looking at it.

Vote on DO PASS on SCR 4024 – 3-3-1 Failed on a tie

Motion for a Move w/o Committee Recommendation by S. Hacker

Second by S Wanzek

Vote on MOVE WITHOUT RECOMMENDATION on SCR 4024 – 4-2-1

S Hacker will carry in a neutral voice

Date: 2-26-07

Roll Call Vote : 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SCR 4024

Senate **INDUSTRY BUSINESS & LABOR** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken DO PASS

Motion Made By Potter Seconded By Heitkamp

Senators	Yes	No	Senators	Yes	No
Chairman Klein, Jerry		✓	Senator Behm, Arthur	✓	
Senator Hacker, Nick VC		✓	Senator Heitkamp, Joel	✓	
Senator Andrist, John			Senator Potter, Tracy	✓	
Senator Wanzek, Terry		✓			

Total Yes 3 No 3 FAILS

Absent 1

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Date: 2-26-07

Roll Call Vote : 2

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SCR 4024

Senate **INDUSTRY BUSINESS & LABOR** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Move W/O Committee Recomm.

Motion Made By Hacker Seconded By Wanzek

Senators	Yes	No	Senators	Yes	No
Chairman Klein, Jerry	✓		Senator Behm, Arthur	✓	
Senator Hacker, Nick VC	✓		Senator Heitkamp, Joel		✓
Senator Andrist, John	✓		Senator Potter, Tracy		✓
Senator Wanzek, Terry	✓				

Total Yes 4 No 2

Absent

Floor Assignment Hacker. (neutral voice)

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SCR 4024: Industry, Business and Labor Committee (Sen. Klein, Chairman) recommends **BE PLACED ON THE CALENDAR WITHOUT RECOMMENDATION** (4 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). SCR 4024 was placed on the Eleventh order on the calendar.

2007 TESTIMONY

SCR 4024

Chairman Klein and Members of the Senate IBL Committee,

My name for the record is JoNell Bakke. I am a senator from District 43 in Grand Forks and sponsor of Senate Concurrent Resolution 4024.

Here are some North Dakota facts that were found in a 2004 random sample of North Dakota households:

- 11.3 % (or an estimated 71,400 people) live without health insurance. Most of these individuals live in rural areas.
- 16% of all North Dakotans between the ages of 18 and 24 are uninsured.
- 11,311 children are uninsured in our state at this time.
- Males are more likely to be uninsured than females in the state.
- Native Americans (31.7%) were far more likely to be insured than whites. (6.9%).

In past sessions, bills have been presented to address this issue by proposing everything from a universal health insurance plan at the state level to mandatory health insurance for employees by employers. I think the time has come to study different options so that we can move forward with a solid, well thought out plan as to how to provide affordable health care to all our citizens.

This resolution is pretty simple. It calls for a comprehensive study of different options for universal health care that are available and workable, by looking at the need in our state, and what has been done in other parts of the country to address this health care insurance crisis.

Thank you. I will stand for questions at this time.

#1
4024

North Dakota Catholic Conference

Representing the Diocese of Fargo and the Diocese of Bismarck

Christopher T. Dodson
Executive Director and
General Counsel

To: Senate Industry Business and Labor Committee
From: Kathryn Grafsgaard, Health Care Advocate
Subject: SCR 4024
Date: February 26, 2007

The North Dakota Catholic Conference supports SCR 4024.

As a society, we have a responsibility to promote actions that further the common good and project the inherent dignity of all persons. Access to affordable health care should not depend on who we are, where we live, or where we work.

We are called to promote accessible and affordable healthcare, based on our shared values and a moral commitment to health care as a basic right. We support this resolution as it acknowledges the medical and financial obstacles that are faced by over 71,000 North Dakotans who have less than adequate health care and the increased costs that are shifted to insured North Dakotans in a system in which not all are covered,

The lack of adequate health care coverage is a crisis that depletes both the personal health of our population as well as the their financial health. The uninsured receive less preventive care, are diagnosed at more advance disease states, and once diagnosed, tend to receive less therapeutic care. The uninsured are much more likely to seek primary care in the hospital, where services are not geared to primary care and where costs are far higher.

Informed by our knowledge that health care is a basic right, we remain committed to pursuing principles for a transformed health care system that; makes health care available to allshares responsibility for healthcare and financing among all – individuals, families, health care providers, employers, and government.

Thank you for the opportunity to provide comments in support of SCR 4024.

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#2
4024

HEALTH CARE FACTS

The U.S. has the smallest amount of public insurance or provision of public health services of any industrialized nation.

Over 9,000,000 children in America have NO health insurance.

Over 80,000,000 Americans have only partial benefits.

Seventy-five percent of the uninsured have jobs but no health care.

The inability to pay for health care is now one of the leading causes of personal bankruptcy.

The U.S. has the 7th highest infant mortality rate of other industrialized nations.

More than three out of five Americans of working age rely on employer-sponsored health insurance, but the number of jobs providing health coverage is decreasing.

Sources: U.S. Dept. of Commerce, Census Bureau, Kaiser Foundation, Americans for Health Care, U.S. Health Care Fact Sheet from AFL-CIO.

#3
4024

To: IBL 2/26/07
From: Senator Mathern

To:
From: Rep

Channel3000.com

Wisconsin, Other States Consider Universal Health Care

Governor's Current Plan Requires Legislative, Federal OKs

UPDATED: 5:43 pm CST February 19, 2007

MADISON, Wis. -- Wisconsin is one of more than a dozen states looking at some sort of universal health care plan.

Massachusetts, along with Vermont and Maine, has already enacted universal coverage plans.

Jennifer Tolber, a policy analyst for the Kaiser Commission on Medicaid and the Uninsured in Washington, D.C., said that both California and Pennsylvania have put forward detailed proposals.

Unlike the Massachusetts plan being implemented in July, the Wisconsin proposal isn't a mandate.

Instead, Gov. Jim Doyle wants state-sponsored health insurance made available to 98 percent of residents.

Maine and Vermont also don't require people get insurance but they have universal coverage as a stated goal of their plans.

Doyle said that he believes the plan he has proposed will reach more people and do it faster than any place else.

He might have an easier path given that Wisconsin already has one of the lowest rates of uninsured residents in the country at 10 percent.

Doyle wants to see that down to 2 percent beginning next year.

Doyle's plan has drawn both praise and criticism for its reliance on the Medicaid program. It focuses heavily on simplifying the process for enrolling the uninsured, raising taxes on tobacco and hospitals, and tapping into federal matching funds.