



## **Senate Appropriations**

### **HB 1012**

**March 9, 2021**

Chairman Holmberg and Committee Members, I'm Courtney Koebele and I serve as executive director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents and medical students.

NDMA supports keeping Medicaid Expansion at current rates through a private carrier. Reducing Medicaid Expansion at this point would have a devastating effect on North Dakota's healthcare system.

As the committee knows, Medicaid Expansion is 90% funded by the federal government. Therefore, moving Medicaid Expansion in house would provide a cost savings of \$10.7 million, with a loss of \$85.9 million to North Dakota's healthcare systems and private providers. There is no doubt that this would have a massive impact on all providers, not just hospitals.

The 2016 allotment was particularly harsh on physicians. Physicians did not receive a 4% cut, or even a 10% cut. According to our calculations, the Department cut traditional Medicaid physician payments by 33%. With reduction of Medicaid rate and the elimination of the budgeted 3% inflationary increase, the total reduction to health care

providers was \$30.5 million. The North Dakota Medical Association had serious concerns about these cuts. In short, the already small operating margins of many systems and providers were eliminated.

Medicaid expansion helped cushion the blow of these cuts. Medicaid expansion is a program that is working well for the patients and the providers. NDMA urges this committee to keep the program as it is today.

Expanding Medicaid provided the much-needed coverage to our low-income patients, improved access to care, improved the health and well-being of the newly insured, and improved the financial stability of our clinics and hospitals. Medicaid expansion is not simply a budget issue. You must also consider the real human effects of this decision, including the health and well-being of those who gain coverage under expansion. Medicaid expansion provided coverage to a population who never before had coverage – including behavioral health coverage.

Our physicians provide the safety net medical services for the most vulnerable of our population – a population of Medicaid patients who present unique, and often some of most difficult, challenges. Our Medicaid patients benefit from the services we are able to provide them – from a North Dakota health care system that is recognized nationally as a high-quality, efficient health care system. However, we have unique healthcare workforce recruitment and retention challenges occurring in our state. Our capital needs continue to grow, with aging facilities, technology and equipment. Our costs for medical

equipment, new technology and supplies continue to increase. We must pay the same rates for physicians, nurses and other health care personnel as the rest of the country.

NDMA is very concerned that going back to the trend of poor payment will not bode well for the future of health care in North Dakota. In time, the access and quality in health care enjoyed in the state will deteriorate rapidly as health care resources become increasingly scarce and health care workforce and capital needs are not met. We need to work together on all avenues that provide resources to sustain our health care system.

Physicians in North Dakota continue to do their part in providing good access to quality medical care for Medicaid beneficiaries and showing their ongoing commitment to the long-term sustainability of the Medicaid program. We look forward to working with the Committee in addressing the future needs for Medicaid medical services. Thank you for the opportunity to address this committee. I would be happy to answer any questions.

## North Dakota Practicing Physicians by Specialty

### Specialty - Primary Care

Of the 1695 total physicians, 34% or 581 physicians are in primary care. For this purpose, we define primary care as family medicine, internal medicine, obstetrics, and pediatrics (first self-designated specialty only).

Specialty	Count	%	Specialty	Count	%
Allergy and Immunology	6	0.35%	Ophthalmology	40	2.36%
Anatomic or Clinical Pathology	34	2.01%	Orthopaedic Adult Reconstruction	1	0.06%
Anesthesiology	84	4.96%	Orthopedic Surgery	54	3.19%
Cardiac Electrophysiology	3	0.18%	Orthopedic Trauma	2	0.12%
Cardiothoracic Surgery	1	0.06%	Otolaryngology	22	1.30%
Cardiovascular Disease	29	1.71%	Pain Medicine	1	0.06%
Cardiovascular Surgery	7	0.41%	Pain Medicine-Anesthesiology	6	0.35%
Child Abuse Pediatrics	1	0.06%	Pain Medicine-Physical Med & Rehab	1	0.06%
Child and Adolescent Psychiatry	8	0.47%	Palliative Medicine	1	0.06%
Child Neurology	1	0.06%	Pathology	1	0.06%
Clinical Pathology	2	0.12%	Pediatric Allergy	1	0.06%
Colon and Rectal Surgery	5	0.29%	Pediatric Anesthesiology	1	0.06%
Critical Care Medicine	20	1.18%	Pediatric Cardiology	6	0.35%
Dermatology	21	1.24%	Pediatric Critical Care	5	0.29%
Dermatopathology	2	0.12%	Pediatric Gastroenterology	1	0.06%
Diagnostic Radiology	57	3.36%	Pediatric Hematology/Oncology	5	0.29%
Emergency Medicine	85	5.01%	Pediatric Infectious Disease	1	0.06%
Endocrinology, Diabetes & Metabolism	11	0.65%	Pediatric Nephrology	1	0.06%
Family Medicine	326	19.23%	Pediatric Ophthalmology	1	0.06%
Forensic Pathology	1	0.06%	Pediatric Orthopedics	1	0.06%
Gastroenterology	21	1.24%	Pediatric Pulmonology	1	0.06%
General Surgery	58	3.42%	Pediatric Radiology	1	0.06%
Geriatric Medicine (Family Medicine)	1	0.06%	Pediatric Rehabilitation Medicine	1	0.06%
Geriatrics	2	0.12%	Pediatric Rheumatology	2	0.12%
Hand Surgery	6	0.35%	Pediatric Surgery	2	0.12%
Hematology	20	1.18%	Pediatrics	91	5.37%
Hematology (Internal Medicine)	1	0.06%	Phlebology	1	0.06%
Hematopathology	1	0.06%	Physical Medicine & Rehabilitation	2	0.12%
Hospital Medicine	115	6.78%	Physical Medicine and Rehabilitation	12	0.71%
Infectious Disease	13	0.77%	Plastic Surgery	15	0.88%
Internal Medicine	93	5.49%	Psychiatry	67	3.95%
Interventional Cardiology	9	0.53%	Pulmonary Disease	13	0.77%
Interventional Radiology	11	0.65%	Radiation Oncology	13	0.77%
Maternal and Fetal Medicine	3	0.18%	Radiology	14	0.83%
Maxillofacial Surgery	11	0.65%	Reconstructive	1	0.06%
Medical Genetics	2	0.12%	Reproductive Endocrinology & Infertility	3	0.18%
Musculoskeletal Radiology	1	0.06%	Rheumatology	12	0.71%
Neonatal-Perinatal Medicine	17	1.00%	Sleep Medicine-Internal Medicine	2	0.12%
Nephrology	21	1.24%	Sleep Medicine-Psychiatry and Neurology	2	0.12%
Neurological Surgery	21	1.24%	Sport Medicine-Family Medicine	5	0.29%
Neurology	28	1.65%	Sports Medicine (Family Medicine)	2	0.12%
Neuropysiology	1	0.06%	Surgical Critical Care	4	0.24%
NeuroRadiology	2	0.12%	Surgical Oncology	2	0.12%
Nuclear Radiology	2	0.12%	Thoracic Surgery	2	0.12%
Obstetrics and Gynecology	71	4.19%	Trauma Surgery	1	0.06%
Occupational Medicine	2	0.12%	Urology	19	1.12%
Oncology	11	0.65%	Vascular Surgery	5	0.29%

## North Dakota Practicing Physicians by City

City	Count	%	City	Count	%	City	Count	%
Belcourt	5	0.29%	Garrison	1	0.06%	New Town	2	0.12%
Beulah	5	0.29%	Grafton	3	0.18%	Northwood	1	0.06%
Bismarck	367	21.65%	Grand Forks	218	12.86%	Oakes	4	0.24%
Bottineau	2	0.12%	Harvey	4	0.24%	Park River	3	0.18%
Bowman	2	0.12%	Hazen	2	0.12%	Rolette	1	0.06%
Carrington	1	0.06%	Hettinger	9	0.53%	Rolla	3	0.18%
Casselton	1	0.06%	Hillsboro	2	0.12%	Rugby	5	0.29%
Cavalier	3	0.18%	Horace	1	0.06%	Stanley	2	0.12%
Crosby	1	0.06%	Jamestown	35	2.06%	Tioga	1	0.06%
Devils Lake	13	0.77%	Langdon	1	0.06%	Trenton	1	0.06%
Dickinson	35	2.06%	Linton	1	0.06%	Valley City	6	0.35%
Dunseith	2	0.12%	Lisbon	1	0.06%	Wahpeton	12	0.71%
Elgin	2	0.12%	Mandan	10	0.59%	Watford City	6	0.35%
Fargo	716	42.24%	Mayville	3	0.18%	West Fargo	16	0.94%
Fort Totten	1	0.06%	McVile	2	0.12%	Williston	38	2.24%
Fort Yates	5	0.29%	Minot	138	8.14%			
Gackle	1	0.06%	Minot AFB	1	0.06%		1695	