

Testimony on HB 1261

House Human Services Committee

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1-16-2023

Chairman Weisz and members of the House Human Services. My name is Dave Marion and work for the Prairie Recovery Center located southwest of Mandan near Raleigh ND. The Prairie Recovery Center serves men and women throughout ND that suffer with addiction and dual diagnosis mental health conditions in a short-term residential setting in rural ND. The Prairie Recovery Center, as a committed ND resource, has made it its mission to answer the call of the severe crisis that ND is facing with its growing needs in substance use disorders and mental health. The Prairie Recovery Center stands in support of HB 1261 and the continued forward movement of the directive in HB1012, section 5 number 6 of the Dept of Human services shall seek Medicaid plan amendments or Medicaid waivers to allow federal funding reimbursement for services provided in Institutions of Mental Disease to Medicaid beneficiaries. We know through past testimony from the Dept of Human Services and Behavioral Health division as well as a 3<sup>rd</sup> party consultant report (Shulte Report) identifies shortfalls in many areas for some of our sickest individuals seeking help without access or delays or waiting lists to get the services they need and want at the time they need and want it. So, the next steps are in place and now to fund the process to remove limitations on providers that want to do the work and serve a very vulnerable population of North Dakotans afflicted with substance use disorders. With the large number of individuals seeking these life saving services, it makes perfect sense to achieve this and not restrict individuals wanting help and local resources that want to provide it. If the state wants to make greater impacts to this crisis, then getting an IMD waiver will make greater steps and impact to people that need the help as well as decrease the life-threatening waiting lists for our large Medicaid population needing help. If the state wants to get a better handle on this epidemic for this acute population waiting for it to services is life threatening, so it is imperative to support and fund HB 1261. Without moving forward means the opiate crisis continues to rage, acute patients are underserved, waiting lists continue to grow for acute patients and people die. Supporting HB 1261 and taking the steps to an IMD waiver means we join 39 others states who have approved or are finalizing a waiver. It also allows for the utilization of existing resources to do the work, so let us do the work. In-patient behavioral health is delivered in the community in short-term, acute care settings, this is apparent for persons with mental health and substance use disorders. It would not be in the best interest of the people that need the lifesaving services to limit services or resources when the state can take positive steps to address the needs clearly outlined by the Dept of Human Services, Behavioral Health Division and Shulte Report. Taking the steps to support and fund HB1261 is in the best interests of people and families, which serves as the cornerstone to our ND communities. Thank you for your time and consideration and if you have a question please do not hesitate to ask.

Dave Marion