Sixty-seventh Legislative Assembly of North Dakota

HOUSE BILL NO. 1407

Introduced by

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Representatives Louser, Brandenburg, Jones, Monson, J. Nelson, Vigesaa Senator Kannianen

1	A BILL for an Act to amend and reenact section 50-24.1-40 of the North Dakota Century Code,
2	relating to medical assistance tribal health care coordination agreements; to repeal section
3	50-24.1-40 of the North Dakota Century Code, relating to medical assistance tribal health care
4	coordination agreements; to provide for a legislative management reportand legislative council
5	reports; and to provide a continuing appropriation; and to provide a contingent effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

- SECTION 1. AMENDMENT. Section 50-24.1-40 of the North Dakota Century Code is
 amended and reenacted as follows:
- 50-24.1-40. Medical assistance Tribal health care coordination agreements Continuing appropriation Report to legislative management.
 - As used in this section:
 - a. "Care coordination agreement" means an agreement between a health care provider and tribal health care organization which will result in one hundred percent federal funding for eligible medical assistance provided to an American Indian.
 - b. "Tribal health care organization" means Indian health services or a tribal entity providing health care under the federal Indian Self-Determination and Education Assistance Act of 1975 [Pub. L. 93-638; 88 Stat. 2203; 25 U.S.C. 5301 et seq.].
 - 2. The department of human services shall facilitate care coordination agreements. Of any federal funding received in excess of the state's regular share of federal medical assistance funding which results from care coordination agreements, the department shall deposit sixtyninetyseventy percent in the tribal health care coordination fund and fortytenthirty percent in the general fund.
 - 3. There is created in the state treasury a tribal health care coordination fund.

- a. Moneys in the fund are appropriated to the department on a continuing basis for distribution to a tribal government in accordance with an agreement between the department and a tribal government. The agreement between the department and a tribal government must require the tribe to:
 - (1) Use use the money distributed under this section for health-related purposes related to the ten essential services of public heath identified by the federal centers for disease control and prevention and the development or enhancement of community health representative programs or services; however, no more than thirty-five percent may be used for capital construction. Health-related purposes may include population health-programs or services, marketing or education related to health-related-programs or services, or developing or enhancing community health-representative programs or services. Health-related purposes may not include capital construction, stipends to individuals for services, or services that are covered by Indian health services, Medicaid, or other third-party-payers, or state-funded programs.
 - (2) Submit to the department annual reports detailing the use of the money distributed under this section.
 - (3) Submit to the department every two years an audit report, conducted by an independent licensed certified public accountant, of the tribal government use of the money distributed under this section. A tribal government may use money distributed under this section to pay for this audit report. At the discretion of a tribal government, an audit may be conducted more often than every two years.
- b. The distribution of moneys from the fund to a tribal government must be in proportion to the federal funding received from care coordination agreement requests for services originating from within that tribal nation.
- c. At least annually, upon completion of any auditing and verification actions of the department, the department shall distribute moneys from the fund to the tribal government.

- d. If a tribal government fails to file with the department a timely annual report or audit report, the department shall withhold distribution of moneys from the fund to the tribal government until the report is filed.
- e. If an audit report or the department's review of the annual report finds a tribal government used moneys distributed from the fund for a purpose inconsistent with this section, the department shall withhold future distributions to that tribal government in an amount equal to the money used improperly. The department shall distribute money withheld from a tribal government under this subdivision if a future audit report indicates moneys distributed from the fund are used for purposes consistent with this section.
- 4. Before August of each even-numbered year, the:
 - a. The department shall compile and summarize the annual reports and auditreports from the participating tribal governmentsdata and provide the legislative management with a biennial report on the fund and tribalstate government use of money distributed from the fund.
 - b. The Three Affiliated Tribes of the Fort Berthold Reservation, Spirit Lake Tribe, Standing Rock Sioux Tribe, and the Turtle Mountain Band of Chippewa Indians—eachEach participating tribe shall compile data and provide the legislative—management with a biennial report on the tribes'tribe's use of money distributed from the fund.

SECTION 2. REPEAL. Section 50-24.1-40 of the North Dakota Century Code is repealed.

SECTION 3. DEPARTMENT OF HUMAN SERVICES - REPORT TO LEGISLATIVE

COUNCIL. On January 2, 2023, the executive director of the department of human services shall certify to the legislative council whether any care coordination agreements have been facilitated under section 50-24.1-40 by December 31, 2022. If no care coordination agreements have been facilitated, the executive director also shall certify this status to the secretary of state.

SECTION 4. CONTINGENT EFFECTIVE DATE. Section 2 of this Act becomes effective on January 3, 2023, if the executive director of the department of human services certifies to the secretary of state and to the legislative council that by December 31, 2022, no care coordination agreements have been facilitated under section 50-24.1-40.