NORTH DAKOTA
NDATPC
ADDICTION TREATMENT PROVIDERS COALITION

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# Conditional Support of HB 1402

Chairwoman Lee & Members of the Committee,

My name is Ty Hegland and I serve as the volunteer Chair of the North Dakota Addiction Treatment Providers Coalition. Additionally I also serve as the President/CEO of ShareHouse in Fargo, ND.

As the voice of the private SUD providers of North Dakota, NDAPTC seeks to provide conditional support of the SUD Voucher expansion program to providers within five miles of the border. Given the appropriation issues associated with the voucher during the last biennium and the current unmet need of North Dakota providers, we respectfully request a cautious approach to any expansion of the voucher to providers outside of North Dakota.

By our estimates there are currently ten Minnesota providers in East Grand Forks, Moorhead, and Breckenridge, as well as one provider in Sidney, Montana who would be eligible to tap into the SUD Voucher. Combined this equates eleven SUD providers and 187 residential beds.

Given the voucher ran out of funding only one year into the current biennium, we stress the need for a smart approach to any potential expansion including;

1. Any expansion should be limited to outpatient services only.
2. A limited geographic area within the border should be established.
3. Any providers accessing the voucher from outside state limits should complete a “Certificate of Need” type process, in order to ensure the geographic area is currently under served and does not have adequate public or private providers to meet the needs of patients.

There is still much work to be done on the SUD Voucher program, but by taking this approach, we can serve more patients in areas of need while not draining these critical resources.

Thank you for your time,

Ty Hegland
Chair, NDATPC

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# The Key Components of Supporting North Dakota SUD Patients & Providers

* The patients and providers of North Dakota need a fully-funded SUD Voucher for the full two years of a biennium.

* Patients need the support of a full continuum of care. Due to the severity of illness and additional factors clinical assessments, commitments, jail diversion programs, etc., we cannot eliminate support for any levels of care as it will cause serious harm to thousands of patients across North Dakota. This includes Residential, Outpatient, Medication Assisted Therapy, and Community Based Supports.

* SUD Providers across the state support the efforts of the ND Dept. of Human Services with community based services and social supports. However it is imperative that due to the severity of illness and ASAM clinical standards, Residential and Outpatient Clinical Services continue to be prioritized and supported due to being the core services of SUD treatment for patients.

* The costs of not treating SUD patients is not revenue neutral. NDATPC encourages the state to continue pursuing Medicaid Waivers to offset general funding costs, including pursuit of an IMD Waiver. The 1915i Waiver is a great start in this process, however we cannot continue to deny Residential/High Intensity Care for low-income individuals in North Dakota, as it causes more harm to patients, families, and communities. As a result of not having an IMD waiver, hospitals, jails, and many additional entities experience higher operating costs and patients receive services that are not effective in dealing with Behavioral Health/SUD disorders.

* According to the National Institute of Health, for every dollar spend on SUD services, $6.00 are saved in correctional costs and $13.00 are saved in primary healthcare costs.

* Due to recent budget issues, North Dakota should not enroll providers who are not licensed in the State of North Dakota, unless it is an underserved area for outpatient services, and the provider completes a Certificate of Need process. Given the volume of providers within five miles of the border (11 providers and 187 residential beds) the depletion of a SUD Voucher fund will only accelerate if this occurs and we will run into the same issue of the 2020-2021 biennium.

* The State of North Dakota should be in be in compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) at all times. This includes sufficient access for patients to all levels of care and compliant reimbursement methodology.

* ASAM assessments carried out by licensed clinicians need to determine levels of care for patients. The ND Dept. of Human Services should not be involved in influencing service provision and levels of care through policy, as it causes patients to be cared for in inappropriate clinical settings and compounds the Behavioral Health/SUD disorders of a patient.

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