

Senate Human Services Committee
Sen. Judy Lee, Chair
Jan. 25, 2021
SB 2199

Chairwoman Lee and members of the Committee:

Good morning. My name is Dr. Jonathon Olivas and I am a board-certified psychiatrist with Sanford Health. I have been caring for patients in the Fargo area for five years. In my role with Sanford, I am the medical officer overseeing our inpatient psychiatric unit and our neuromodulation services. I also maintain a mental health clinic practice and serve as an assistant professor of psychiatry at the University of North Dakota School of Medicine and Health Sciences.

Thank you for this opportunity to speak with you about SB 2199, a bill brought by the request of Sanford Health to help us better care for patients who need acute inpatient psychiatric services. The bill seeks to change one word—change “must” to “may”—in North Dakota’s Interstate Contract for Treatment of Mental Illness of Substance Use Disorder statute to allow us the flexibility to better manage the growing need for inpatient psychiatric care.

As you may know, both North Dakota and Minnesota have statutes authorizing their departments of human services to allow for temporary behavioral health services to be provided across state lines, with the cost of the services to remain with the state in which the patient resides. The N.D. Department of Human Services has a contract with the Minnesota Department of Human Services for interstate services, and Sanford has a contract with Clay County which implements the DHS contract on a local level. The Clay County contract can be used by any county in Minnesota.

In practice, this allows Minnesota (Moorhead and immediate area) residents on emergency holds for mental illness to receive care at Sanford in Fargo, rather than having to be held in Minnesota facilities much further from home. These are supposed to be short-term services, and patients are supposed to

receive long-term placement in Minnesota. The contract is not meant for Minnesota to place or leave patients on long-term commitment in a North Dakota hospital, consuming beds and resources that would otherwise be used by North Dakota patients needing acute inpatient psychiatric care. Unfortunately, at times this is precisely what happens.

Because North Dakota's statute states we "must" accept patients on commitment from a bordering state, we are used as a de facto arm of the Minnesota Department of Health to place patients on commitment, when Minnesota doesn't have any available beds in its state system. Contrarily, Minnesota's statute (attached) states Minnesota facilities "may" accept patients on commitment from a bordering state. Changing the word "must" to "may" in North Dakota's statute would put us on even footing with our Minnesota counterparts by allowing us to modify our contract with Clay County to more effectively control the flow of out-of-state patients which threaten our capacity, resources, and operational autonomy.

That said, I ask that you consider approving SB 2199. Thank you for your time. I will stand for questions.

Sincerely,
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