



Senate Human Services Committee
HB 2205
January 25, 2021

Chair Lee and Committee Members, I am Courtney Koebele, the 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 HB 2205 and the reimbursement for interpretative services by ND Medicaid. This issue was presented at the NDMA Policy Forum in 2019 and it was overwhelmingly supported by the members.

Federal regulations establish a committee to advise the state's Medicaid agency and its Medicaid director on health and medical care services. This committee is called the Medicaid Medical Advisory Committee (MMAC).

This year, North Dakota's MMAC created a Codes/Services Review sub-committee to offer recommendations to Medicaid for additional coverage for applications for coverage of seven different codes and services. That committee consisted of eleven members from the MMAC. The MMAC codes and services sub-committee met five times over the course of the summer to review the codes submitted. The committee received expert presentations on all the issues, and reviewed the detailed applications and attachments explaining the need for the services. The committee scored each service on seven factors: cost, number of patients impacted, whether it was covered by private insurance, proven efficacy, essential for health and well-being; whether it was a noncovered essential component of a service that is covered by Medicaid; and finally whether the service is covered by other insurance or organizations.

Interpreter reimbursement ranked high because it applies to all Medicaid services, and it is essential for quality medical care.

This service is essential to the safety, health and wellbeing for the patients that do not speak English or have hearing impairments. Although professional

providers and community agencies are legally and ethically required to provide interpreter services for their patients, currently there is no direct cost reimbursement for this service provision. This becomes a significant barrier for smaller clinics and rural portions of the state in order to provide appropriate care to all. Without this reimbursement, access to basic medical, dental and mental health care could be severely compromised in our state.

Not only does the provider receive no reimbursement, but many times it costs them to see Medicaid patients that require interpretation services. Under most scenarios, the reimbursement for the medical services is below the cost for even the interpreter, so the clinic pays the interpreter, and the actual medical care is not reimbursed. This is not sustainable. 14 states' Medicaid programs provide coverage for this service. Allowing ND Medicaid approved providers to bill for this service would expand access to care and improve the efficacy of current services in all health domains.

Thank you for the opportunity to testify today. I would be happy to answer any questions.