

Testimony
Engrossed Senate Bill No. 2083
House Human Services Committee
Representative Robin Weisz, Chairman
March 7, 2023

Representative Weisz, and members of the House Human Services Committee, I am Laura Kroetsch, Human Service Center Medical Director with the Department of Health and Human Services (Department). I appear before you in support of Engrossed Senate Bill No. 2083, which was introduced at the request of the Department.

Section 1:

Section 1 of the Bill amends section 25-02-03, page 1, lines 10 through 12 and 15 through 17 of the North Dakota Century Code with person-first language in accordance with section 1-02-03.1 of the North Dakota Century Code rules of interpretation. On page 1, lines 18 and 19, the proposed language updates the services the State Hospital provides.

Sections 2 and 4:

The proposed changes in section 2, page 2, lines 1 through 4 of this Bill creates a new section to chapter 25-02 of the North Dakota Century Code and the proposed changes in section 4, page 3, lines 14 through 16 of this Bill amends section 50-06-05.3 of the North Dakota Century Code to add language to allow for the State Hospital and regional human service centers to provide behavioral health collaborative care and consultation services, including psychiatric consultation, with private providers and correctional facility providers.

The Department supports evidence-based care models which help expand the outpatient and community-based service array. The proposed legislative changes would allow the Department to better collaborate with community partners, while remaining aligned with the objectives and protections of the agency.

The collaborative care (CoCM) model is a specific type of integrated care. Care is hosted through a community primary care clinic or provider, with support provided by a psychiatrist consultant. The focus is on treating mild to moderate mental health conditions within the primary care clinic, most commonly depression and anxiety. The model incorporates targeted treatment utilizing rating scales, care coordination, caseload focused review and psychiatric consultation. Care managers reach out to engage patients who are not improving and ensure nobody falls through the cracks. The primary care physician or provider provides the medications orders and formal treatment. However, care is enhanced by targeted therapeutic supports through a care manager and psychiatric specialty support providing treatment recommendations pertaining to medication dosing and mental health concerns. In the Improving Mood: Providing Access to Collaborative Treatment (IMPACT) trial, on average, twice as many patients significantly improved in the Collaborative Care model versus usual care. The proposed legislative changes would allow and provide protections for our Department psychiatrists and providers to participate in these types of collaborative partnerships.

Integrated care is promoted by agencies such as Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA), and the Agency for Healthcare Research and Quality (AHRQ). Integrated care is also promoted by professional

organizations such as the American Psychiatric Association (APA) and the American Academy of Family Physicians (AAFP). Integrated care is incentivized by the Centers for Medicare & Medicaid Services (CMS) Comprehensive Primary Care Plus (CPC+) program, National Committee for Quality Assurance (NCQA) Patient Centered Medical homes program as well as locally through the Blue Cross Blue Shield of ND Blue Alliance program.

This allows Department psychiatrists and behavioral health advanced practice prescribers to provide consultation to community primary care physicians or prescribers and expand the outpatient and community-based service array.

The proposed changes on page 2, lines 28 through 30, and page 3, lines 5 through 7, updates the powers and duties of the regional human service centers to reflect current practice. The powers and duties that are being removed in section 4 are still being performed by the Department's other divisions and sections or through the North Dakota Courts website.

Sections 3, 4, and 5:

The proposed changes in sections 3, 4, and 5 of this Bill adds "regional" before human service center.

Section 6:

The Department is requesting that this Bill be declared an emergency to allow the Department to provide collaborative care as soon as it can.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.