

**Testimony**  
**Engrossed House Bill 1050**  
**Senate Human Services Committee**  
**Senator Judy Lee, Chairman**  
March 6, 2023

Chairman Lee, and members of the Senate Human Services Committee, I am James Knopik, Manager of Addiction and Prevention Program and Policy with the Department of Health and Human Services (Department), Behavioral Health Division. I appear before you in support of Engrossed House Bill No. 1050, which was initially introduced at the request of the Department.

The Behavioral Health Division is responsible for the regulation of addiction treatment programs as prescribed by North Dakota Century Code Chapter 50-31. This bill creates 3 primary changes related to the regulation of these programs.

The first purpose of this bill is to update language through proposed changes in Sections 2, 3, 4, and 5. These changes update language to align to the most recent version of the Diagnostic and Statistical Manual of Mental Disorders which modified the term "substance abuse" to the updated term substance use disorder. These language changes will ensure the North Dakota Century Code reflects current terminology recognized in the field of behavioral health.

The second proposed change in Section 4 page 2 lines 24,25, and 27 of this bill amends section 50-31-05 of the North Dakota Century Code to allow the Department to communicate to providers via email or personal delivery in the rare event it is necessary to suspend or revoke a program

license to protect the health and safety of individuals served by the program. Currently, the Department must notify a program of a suspension or revocation of their license via registered mail. This process may result in the program continuing to serve individuals until the program receives the registered mail, placing more individuals at risk of harm during that time. This change would allow the Department to communicate that a program's license has been suspended or revoked in an immediate fashion to protect the health and safety of individuals who are receiving treatment for a substance use disorder in the state.

The final purpose of this bill is to increase access to stand-alone acute withdrawal management facilities by eliminating regulatory burdens for programs to provide American Society of Addiction Medicine Level 3.7 Medically Monitored Intensive Inpatient Treatment. Section 1 of the bill was amended with input from the Department to exclude programs licensed by the department as a 3.7 level of care from also being licensed as a specialty hospital. There are currently no stand-alone medically monitored withdrawal management programs in the state.

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