North Dakota Health & Human Services

Testimony
Senate Bill No. 2086
Senate Workforce Development Committee
Senator Wobbema, Chairman
January 6, 2023

Chairman Wobbema and members of the Senate Workforce Development 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 Senate Bill No. 2086 which was introduced at the request of the Department.

Under North Dakota Century Code chapters 50-06 and 50-31 the Department's Behavioral Health Division is responsible for the licensing of addiction treatment programs and the certification of alcohol and drug early intervention programs for individuals under the age of twenty-one who violate section 5-01-08.

Addiction treatment programs provide clinical therapy services offered by licensed professionals to assist individuals who have a diagnosed substance use disorder.

Alcohol and drug early intervention programs are educational classes for individuals who are at risk of developing a substance use disorder but currently do not have a diagnosable disorder. This level of care does not require the level of oversight that licensing of addiction treatment program requires.

One of the levels of care the Department licenses addiction treatment programs for is Early Intervention Driving Under the Influence (DUI) Seminars. This licensure process requires the program's individual providers to be certified as a DUI education provider.

The proposed changes in this Bill amend section 50-06-44 of the North Dakota Century Code regarding alcohol and drug education programs to remove the regulatory burden of the licensure process for early intervention providers. Enacting these proposed changes allow the Department to regulate not only minor in possession instructors, but also DUI instructors and marijuana education instructors through the less burdensome certification process than licensure with the intention of increasing availability of evidence-base early intervention programming.

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