Legislative Council
600 East Boulevard Avenue, Bismarck, ND 58505

HEALTH CARE COMMITTEE

Tuesday, November 18, 2025
Roughrider Room, State Capitol
Bismarck, North Dakota

Representative Carrie McLeod, Chairman, called the meeting to order at 10:00 a.m.

Members present: Representatives Carrie McLeod, Karen Grindberg, Karen Karls, Jon O. Nelson, Mitch Ostlie, Karen M. Rohr, Mary Schneider; Senators Judy Lee, Tim Mathern, Kristin Roers, Desiree van Oosting

Members absent: Representative Lisa Meier

Others present: Chrystal Bartuska, Insurance Department; Anthony Bauer, Indian Affairs Commission; Nadine Boe, Northland Health Centers; Tegwyn Brickhouse, Mystic Smiles Dental Clinic; Matthew Farrell, Essentia Health; Craig Felchle, Information Technology Department; Krista Fremming, Department of Health and Human Services; Megan Hruby, Blue Cross Blue Shield of North Dakota; Tammy King, Bridging the Dental Gap; Mari Volk, Bismarck State College
See Appendix A for additional persons present.

It was moved by Senator Roers, seconded by Senator Lee, and carried on a voice vote that the minutes of the August 18, 2025, meeting be approved as distributed.

UNMET DENTAL AND ORAL HEALTH CARE NEEDS STUDY

Ms. Katie Carpenter, Counsel, Legislative Council, presented a memorandum entitled *Unmet Dental and Oral Health Care Needs - Background Memorandum*.

Ms. Krista Fremming, Assistant Director, Medical Services Division, Department of Health and Human Services, provided testimony (Appendix B) regarding an overview of Medicaid and dental providers. She noted:

- Of 107,000 North Dakota Medicaid members enrolled, 40 percent are children, 30 percent are Medicaid Expansion adults, 12 percent are adults who are parents or caretakers, 10 percent are individuals with disabilities, and 8 percent are older adults.
- Regionally, only North Dakota and Wyoming do not provide dental coverage for Medicaid Expansion adults.
- North Dakota Medicaid covers a wide range of dental services and covers add on payments for dental providers for individuals with developmental disabilities. As of 2023, there are 50 dentists per 100,000 North Dakota residents.
- Medicaid member enrollment peaked in 2023 while dental provider enrollment has decreased since 2020. Approximately 60 percent of dentists in the state are enrolled as Medicaid providers.
- On average, North Dakota Medicaid reimburses providers at a higher rate than Minnesota, Iowa, Nebraska, and Montana, but less than Wyoming and South Dakota. Dental access is not correlated to the rates paid for services.

Ms. Cheri Kiefer, Director, Oral Health Program, Department of Health and Human Services, provided testimony (Appendix C) regarding the North Dakota Oral Health Program. She noted:

- The mission of the North Dakota Oral Health Program is to improve oral health of North Dakotans through prevention and education. The program's goals are to prevent and reduce oral disease by expanding access to dental care through partnerships, raising awareness, and applying best practice strategies.
- The North Dakota Oral Health Program received two federal grants to respond to oral health needs in the state.
- The Centers for Disease Control and Prevention grant supports the school-based sealant program, community water fluoridation, infection prevention and control, and medical-dental integration.
- The Health Resources and Services Administration grant supports dental workforce activities and expanding dental care for underserved populations.
- Seal! ND provides dental sealants, fluoride varnish applications, oral health education, and dental screenings to participating schools. The Health Resources and Services Administration grant supports a case management system for the Seal! ND Program.
- The North Dakota Oral Health Program partners with the Department of Health and Human Services Best In Class Program to provide screenings for preschool students.
- The North Dakota Oral Health Program partnered with the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences to develop dental professional presentations and activities to educate about dental careers.
- Dental career presentations are offered to schools for 6th through 12th grade students across the state. Partnerships for these presentations include the Oral Health Coalition, the North Dakota Dental Board, the North Dakota Dental Association, Bismarck State College, North Dakota State College of Science, the North Dakota Board of Dental Examiners, and Dakota College at Bottineau.
- The North Dakota Oral Health Program has provided financial support for students completing clinical rotations at community health centers.
- A 2021 study completed by Quality Health Associates of North Dakota found individuals seek emergency care for dental pain due to lack of access to regular dental care.
- The North Dakota Oral Health Program is working with the University of North Dakota School of Medicine and Health Sciences to collect data and identify barriers to implementation of oral health programs.

In response to questions from committee members, Ms. Kiefer noted:

- The Best In Class Program does screenings where access to dental providers is unavailable or providers do not provide screenings.
- Other programs helping with oral health include Seal! ND and Ronald McDonald House Charities' mobile dental clinic.

Ms. Mari Volk, Dean of Current and Emerging Technologies, Bismarck State College, provided testimony (Appendix D) regarding the expansion of Bismarck State College dental programs. She noted:

- Bismarck State College's Qualified Dental Assistant Program and upcoming dental hygiene program will help meet North Dakota's workforce needs for dental staff.
- Low-income families, Native Americans, and incarcerated individuals are especially impacted by oral health challenges, and Bismarck State College's dental programs seek to work with these populations.
- The dental hygiene program has a Medicaid billing class. Another class is being developed as a noncredit class for community members.

- Bismarck State College offers a unique Qualified Dental Assistant Program which includes 144 online learning hours and 300 in-person hours of assisting in a clinic. The program has 30 students enrolled.
- A dental hygiene program is pending approval from the Commission on Dental Accreditation. The program intends to accept 14 students.

In response to questions from committee members, Ms. Volk noted:

- The Medicaid billing class will be one to two credits, with 16 to 32 hours of in-class work which can be completed in person or online. The class also will be offered as either a higher education credit class or a noncredit class through the continuing education department.
- The Medicaid billing class is expected to be operational by the spring semester in 2026.

Dr. Tegwyn Brickhouse, Pediatric Dentist, Bismarck State College Mystic Smiles Dental Clinic, provided testimony (Appendix E) regarding providing dental services. She noted:

- Mystic Smiles Dental Clinic is a nonprofit dental clinic for children and special needs patients. The clinic accepts patients with Medicaid and commercial insurance plans, and uses a sliding scale for uninsured patients.
- The clinic's services include comprehensive examinations, x-rays, oral health education, sealants, fluoride treatments, cleanings, fillings, pediatric crowns, and extractions.
- The clinic opened in July 2025 and has completed approximately 350 dental procedures for 230 patients.
- In North Dakota, 80 percent of children 5 years of age and younger have no dental care.
- Medicaid utilization rates in North Dakota are between 30 and 35 percent, which is in the bottom quartile in the nation.
- Approximately 65 percent of North Dakota children with commercial insurance are receiving dental care.
- Younger children are considered precooperative because they have not developed the ability to cope with dental treatment in a traditional dental setting with local anesthesia. Restoring health and function without pain for these patients requires a hospital setting and general anesthesia. Dental providers need facility support for the anesthesia services and equipment.
- Wait lists often are 5 to 7 months and are not available to all patients. Dental rehabilitation is performed in about five hospitals in North Dakota.
- In addition to precooperative children, children with special needs or behavioral or medical challenges may need hospital facilities for dental work.
- The Centers for Medicare and Medicaid Services created a dental code for ambulatory dental procedures with a national facility payment rate of approximately $1,800. In comparison, North Dakota's Medicaid ambulatory surgery rate is $807. Medicaid's reimbursement rate is approximately $2,000 for tube placement or tonsil surgeries, which requires similar facilities and equipment.

In response to questions from committee members, Dr. Brickhouse noted that hospitals weigh reimbursement rates and space needs to determine operating room availability for patients. Reimbursement rates being similar to other services offered at a specific hospital and close to the national average would help dental providers provide access to necessary dental services.

Mr. Brent Kleinjan, Executive Director, Ronald McDonald House Charities of Bismarck, provided testimony (Appendix F) regarding providing dental services and the Care Mobile Program. He noted:

- The Care Mobile is a mobile dental clinic supported by a partnership between Ronald McDonald House Charities and local health providers.

- The Care Mobile Program has been operating for 14 years and serves over 1,000 children per year.
- The mission of the Care Mobile is to increase access to health care by reducing barriers to care and providing preventative and restorative dental services. Rural and tribal communities face more barriers in access to dental and health care. Transportation is a key challenge, including taking time off work to access care.
- The Care Mobile bus has two examination rooms and sterilization stations and can provide preventative cleanings, fluoride sealants, extractions, and health education.
- Approximately 37 percent of the Care Mobile's patients have Medicaid coverage, 3 percent have private insurance, and 60 percent are uninsured.
- The Care Mobile uses paper billing for Medicaid.
- Medicaid reimbursements fund approximately half of the Care Mobile Program.
- The Care Mobile Program costs are between $600,000 and $650,000 a year.

Mr. Anthony Bauer, Deputy Director, Indian Affairs Commission, provided testimony (Appendix G) relating to dental access for Native Americans. He noted:

- Although not all tribes have a dentist, there are some tribes recruiting more providers. Hiring support staff and finding housing are challenges to recruitment.
- Oral health is linked to diabetes, heart disease, chronic disease management, school preparedness, and quality of life.
- Water and food quality within tribal communities contribute to early onset of oral health disparities.
- The Indian Health Services system is designed for dental emergencies to be treated first, with limited patients who can be seen daily. Chronic underfunding, workforce shortages, and high patient demand further contribute to dental care barriers.
- Barriers to dental care access include long distances to travel to access care, aging clinic infrastructure, and water access. Many tribal homes are multigenerational, with older adults who may not drive supervising younger children. Tribal communities have limited access to taxi and bus services, creating access issues for both children and older adults.
- Tribal communities would benefit from strengthening the dental workforce, providing loan repayment incentives, and recruiting Native American dental professionals.
- Community prevention and education, including culturally tailored education may help school-based programs have greater utilization rates.
- Tribal-state partnerships to support preventative dental care and support workforce initiatives are crucial.

Mr. William R. Sherwin, Executive Director, North Dakota Dental Association, provided testimony (Appendix H) regarding the perspectives of members of the association. He noted:

- Emergency visits for dental pain strain the health care system. Limited care can be provided at these visits because patients are seen by medical doctors, not dental providers. This leaves the underlying cause of the pain untreated.
- Dental providers are doing surgical procedures that require water, suction, and infrastructure of a dental operatory. This costs upwards of $400,000 for one room.
- Dental care is essential care, but not always emergent care. There are enough dentists in the state to serve the entire state, despite more distribution towards major urban centers.

- Utilization of Medicaid is impacted by both the numbers of beneficiaries seeking care and the providers delivering care. There must be an adequate network of providers and instruction to patients on where to seek care.

In response to questions from committee members, Mr. Sherwin noted:

- While the dental assistant to dentist ratio in the state should be 5 to 1, it is closer to 2 to 1.
- There is a workforce bottleneck with regard to dental hygiene staff which will take time to alleviate.

Ms. Kim Kuhlmann, External Affairs Manager, Community HealthCare Association of the Dakotas, and Facilitator, North Dakota Oral Health Coalition, provided testimony (Appendix I) regarding the North Dakota Oral Health Coalition and federally qualified health centers providing dental services in North Dakota. She noted:

- The Community HealthCare Association of the Dakotas represents federally qualified health centers and works with health care centers, community leaders, and partners to increase access and improve health care services in the Dakotas.
- Federally qualified health centers treat patients with private insurance, patients on Medicaid, and patients who are uninsured.
- There are three federally qualified health centers that are members of the Community HealthCare Association of the Dakotas that operate dental clinics in North Dakota. North Health Center has locations in Rolette, Minot, and Ray. Spectra Health has a dental clinic in Grand Forks. Family Health Care has locations in Fargo and Moorhead, Minnesota, and operates a mobile dental unit.
- Community Health Service Inc., has a dental clinic in Moorhead, Minnesota, and is looking to expand dental services into Grafton.
- The North Dakota Oral Health Coalition's purpose is to coordinate partners and organizations throughout North Dakota to create collective impact on improving oral health outcomes.
- The strategic plan of the North Dakota Oral Health Coalition includes increasing access to dental care for Medicaid members, creating a business model to enable hygienists to practice at the top of their scope and receive reimbursement for community outreach, and identifying and recommending systemic solutions to the dental workforce crisis.
- Members of the North Dakota Oral Health Coalition identified several key issues including: supporting dental student rotations at federally qualified health centers, increasing loan repayment amounts for dentists and staff, supporting student recruitment for dental hygiene and dental assisting programs, permitting dental therapy, adding a dental benefit to Medicaid Expansion, piloting private practice events for Medicaid patients, and identifying dental partners for outreach projects to schools.
- North Dakota Medicaid launched a procedure code tool for all providers. Providers can search by billing code and see encounter rates, Medicaid rates, what is needed for service authorizations, and more.
- There are several new programs for dental assisting and dental hygiene in the state. Dakota College at Bottineau's Minot campus accepted its first dental assistant students in 2024, and its first dental hygiene students in 2025. Bismarck State College accepted its first dental assistant students in 2025 and is close to opening its dental hygiene program.
- Water fluoridation is a key preventative measure, particularly for low-income and Native American children.

Dr. Ben Huber, Dental Director, Family HealthCare, provided testimony (Appendix J) regarding provider perspectives at a federally qualified health center. He noted:

- Family HealthCare is a federally qualified health center that has operated in Fargo since 1990. Family HealthCare has a team of 7 dentists, 9 dental hygienists, 11 dental assistants, and

4 administrators. Nearly three-quarters of its dental patients use Medicaid or sliding fee scale payments.

- Nationally, average yearly tuition costs for dental students is 16 times higher than it was 40 years ago. It has increased from $3,311 to $55,395 for resident students and from $4,431 to $72,219 for nonresidents. In the same time, the average car price is five times higher and the average house price is six times higher.
- Recent federal legislation creating a $200,000 lifetime cap on loans for professional schools starting in 2026 is a barrier to expanding dental education.
- Family HealthCare has an affiliation agreement with the University of Minnesota School of Dentistry with two to three students participating in a rotation every 4 to 5 weeks. This provides greater access to patients and gives students real world experience, as students are able to see 8 to 10 patients per day. The Family HealthCare Mobile Unit Program provides dental services for children up to 5 years of age. Ninety-five percent of patients who participate in the Family HealthCare Mobile Unit Program are covered by North Dakota Medicaid. Barriers to operating the mobile unit include logistics and staff availability.
- 80 percent of the patients screened in the nine area elementary schools served between 2024 and 2025 through the Seal! ND program were enrolled in Medicaid or did not have dental coverage.
- Targeted student loan repayment and the Western Interstate Commission for Higher Education Program help students complete dental school.
- Pacific Northwest University Health Sciences in Washington created a new dental school, with its inaugural class beginning in fall of 2025. The cost for establishing the school was $187 million. If North Dakota is considering establishing a dental school, a consultant could evaluate logistics.
- The University of Washington has a hybrid model called the Rural Initiatives in Dental Education Program in which dental students spend 3 years on campus and spend the 4th year in a rural health clinical practice.

In response to questions from committee members, Dr. Huber noted:

- Family HealthCare does not contract with an anesthesiologist for services and refers patients needing this care to other providers.
- A driver with a commercial driver's license is required to operate the mobile dental unit.
- Dental students participating in the Western Interstate Commission for Higher Education Program are not obligated to return to North Dakota.

Mr. David Schaibley, Executive Director, North Dakota State Board of Dental Examiners, provided testimony (Appendix K) regarding the board and information from providers. He noted:

- The duties and training of qualified dental assistants has expanded, allowing them to perform more invasive duties and procedures safely.
- The role of hygienists has expanded to include administering local anesthetic to minors.
- Streamlining the process and requirements for dental licensure has been ongoing.
- All licenses are required to be issued by the North Dakota State Board of Dental Examiners within 10 days, but most are completed in 1 to 3 days.
- The North Dakota State Board of Dental Examiners worked with Bismarck State College to start its Qualified Dental Assistant Program.
- A significant portion of dentists in the state treat Medicaid patients.

In response to questions from committee members, Mr. Schaibley noted:

- Accreditation for dental programs is handled exclusively by the Commission on Dental Accreditation.
- The Commission on Dental Accreditation cannot be circumvented except by creating a dental staff program in which students would receive a license that is not transferable to other states.
- The Commission on Dental Accreditation is thorough in its requirements as dentists perform surgical procedures.

Ms. Chrystal Bartuska, Life and Health/Medicare Division Director, Insurance Department, provided testimony (Appendix L) regarding an overview of dental insurance plans. She noted:

- The Insurance Department reviews forms and rates for all dental plans in the state for the individual and group market.
- Dental insurance typically covers preventative care, basic procedures, and in some cases, major dental work.
- Preventive care procedures typically include routine checkups, cleanings, and x-rays. Basic care procedures may include fillings, extractions, and periodontal treatments. Coverage levels and plan designs vary.
- Services such as crowns, bridges, dentures, and root canals generally are considered major dental work.
- Major dental work may have waiting periods prior to coverage. Like other types of insurance, dental plans have premiums, deductibles, copays, coinsurance, and annual maximums, but the dental market has flexibility within those areas.
- There is little regulation of dental insurance federally, which allows each insurer to create and design its own plan and coverage amounts.

Ms. Tammy King, Executive Director, Bridging the Dental Gap, provided testimony (Appendix M) regarding providing dental services for Medicaid recipients and low-income individuals. She noted:

- Bridging the Dental Gap is a nonprofit stand-alone dental clinic and does not receive federal or state funding.
- Bridging the Dental Gap was establish in 2004. Initially it had one dentist, one dental hygienist, and one dental assistant. It served patients within a radius of 50 miles of Bismarck. The clinic now has eight operatories, four full-time dentists, three full-time hygienists, seven full-time assistants, four full-time front desk personnel, billing and preoperative clerks, an executive director, and a couple of contract dentists.
- Patients are coming from every county in the state except for five counties, but most patients are from the western portion of the state.
- Patients often are unable to find dentists who will accept adults with Medicaid, other than the federally qualified health centers.
- Of the Bridging the Dental Gap's patients, 53 percent are Medicaid recipients, 32 percent use the sliding fee scale, and 15 percent use other dental insurances such as Medicare supplemental insurance.
- Bridging the Dental Gap usually refers patients who have dental insurance to a different clinic. Bridging the Dental Gap has a partnership with Creighton School of Dentistry to bring in dental students to the clinic to work for 2 weeks at a time, averaging about 8 students per year. A partnership with the University of Minnesota is in progress. There is room for one dental assistant student and one hygiene student.
- Bridging the Dental Gap receives some funding from the North Dakota Oral Health Program to cover the cost of housing for some students.

- Bridging the Dental Gap has portable dental equipment that was used at long-term care facilities. Prior to 2020, Bridging the Dental Gap was working in four nursing homes, and is returning to the long-term care facilities.
- Bridging the Dental Gap checks patients' blood pressure. Patients with high blood pressure are referred to the patient's primary care physician. If the patient does not have a primary care physician, the patient usually is referred to Northland Health Centers.
- Extractions are a surgical procedure and patients with high blood pressure cannot have extractions done until a referral to a physician is completed.
- A team including federally qualified health centers, Indian Health Services, primary care offices, and Bridging the Dental Gap do a recruitment tour each year. The team travels to the University of Minnesota, Creighton School of Dentistry, and the University of Nebraska. The team plans to travel to the University of Iowa next spring.
- Bridging the Dental Gap is looking to expand to a new building, setting up a mobile unit to go to communities to target adults, and setting up satellite clinics.

Ms. Nadine Boe, Chief Executive Officer, Northland Health Centers, provided testimony (Appendix N) regarding the perspectives and workforce challenges of rural federally qualified health centers. She noted:

- Northland Health Centers provides medical, dental, behavioral health, and outreach services. The center provides care to all individuals regardless of the ability to pay, including those covered by Medicaid and those who are either uninsured or underinsured.
- Northland Health Centers has locations in many rural areas where it often is the only dental access point for Medicaid patients, low-income patients, Native American families, and individuals with disabilities.
- Many people go without dental care due to lack of access.
- Barriers to dental care include acute workforce shortages due to lack of appointment availability from dental providers who accept Medicaid.
- Forty-two percent of Northland Health Centers' patients live more than 40 miles away, with the furthest patient living over 200 miles away.
- The dental care need is growing faster than the workforce pipeline.
- Northland Health Centers supports faculty involvement with the Dakota College at Bottineau's new Dental Assisting Program.
- Northland Health Centers is participating in the University of Minnesota Mentorship Program and is developing work plans for dental student rotations.
- Northland Health Centers is training its medical team to relieve dental pain when a dentist is unavailable. Nurse practitioners are trained in dental nerve blocks and can start antibiotics for infections while patients are transitioned to dental appointments. This keeps patients out of emergency rooms and provides a better range of care.
- Northland Health Centers' nursing staff is trained to apply flouride which keeps people out of emergency rooms, reduces suffering, and creates a better range of care.
- Dental treatment rooms and equipment cost 10 times more than a medical examination room.
- Dental operatory costs are approximately $55,000 to $70,000, as they need specialized equipment and sterilization, dental x-ray and imaging systems, and multiple support staff per operatory.
- Of the patients Northland Health Centers serves, 28 percent are uninsured, 39 percent have Medicaid, and 33 percent are covered by all other insurances. Over the next year, 2,148 new patients are expected.

- Medicaid Expansion adults currently do not have coverage and cannot access preventative or restorative dental services.

ELECTRONIC PRIOR AUTHORIZATION REQUIREMENTS STUDY

Ms. Carpenter presented a memorandum entitled *Electronic Prior Authorization Requirements - Background Memorandum*.

Mr. Nathan Svihovec, Director, North Dakota Government Relations, Essentia Health, introduced Mr. Matthew Farrell, Senior Director, Office of Access Management, Essentia Health, to the committee. Mr. Farrell provided testimony (Appendix O) regarding electronic prior authorizations for providers and patients. He noted:

- Essentia Health can transmit prior authorization requests by electronic direct connection, web-based portal, facsimile, phone call, and traditional mail.
- Reliability of the transmission is critical. Facsimile is the least reliable method to transmit prior authorization requests. Submitting a prior authorization request requires significant documentation.
- In 2021, the national administrative cost for prior authorization was $35 billion.
- Last year at Essentia Health, 66 full-time employees completed over 700,000 prior authorization requests.
- For Essentia Health, electronic transmission is the most efficient method for prior authorization requests and allows for faster decisions and reduces lag time.
- Out of the 700,000 prior authorizations conducted last year at Essentia Health, about 2.5 percent were electronic.

In response to questions from committee members, Mr. Farrell noted once a physician has placed the order for treatment, the electronic system can be completely touchless, without administration needing to submit the prior authorization electronically. Then a determination can be made and sent back to a person at the health care organization to facilitate next steps.

Ms. Megan Hruby, Vice President, Public Policy and Government Affairs, Blue Cross Blue Shield of North Dakota, provided testimony (Appendix P) regarding electronic prior authorization reviews as a health insurer. She noted:

- Nationally, approximately 25 percent of prior authorization requests are completed electronically, but only 21 percent are fully electronic.
- Many providers still rely on telephone and facsimile.
- Technological barriers, provider readiness, and payer variability slow the transition to electronic prior authorization.
- Electronic prior authorization is linked to improved efficiency and enhanced administrative processes and patient care.
- 62 percent of electronic prior authorization requests receive determinations within 2 hours and 43 percent of electronic prior authorizations are processed automatically.
- Electronic health records system limitations create barriers to electronic prior authorization. Because many electronic health records systems cannot copy and paste data into a prior authorization, data must be manually transcribed or typed.
- Provider education also is important to reduce manual submissions.
- A study by America's Health Insurance Plans showed median time for prior authorization decisions drops by 69 percent when electronic prior authorization is used. Seventy-one percent of experienced providers reported patients received faster care after implementing electronic prior authorization.

- In some cases, electronic prior authorization software can populate directly from medical records.
- Facsimilies and handwritten submissions can result in missing and incomplete information. Electronic prior authorization improves accuracy and reduces errors because submissions cannot be submitted with incomplete information. It also allows immediate approvals and notification if a prior authorization is not needed.
- A study from HIMSS Analytics Research showed electronic prior authorization adoption resulted in a 35 percent reduction in administrative costs through automation and efficiency.
- Blue Cross Blue Shield (BCBS) of North Dakota invested approximately $2 million in an electronic prior authorization platform. In April 2024, it launched PA Checkpoint, a web portal to help providers check prior authorization requirements. Unnecessary prior authorization submissions decreased from 40 percent to 16 percent. Over 19,000 codes also have been eliminated from prior authorization by BCBS.
- Between 2024 and 2025, facsimile prior authorization submissions to BCBS decreased by over 97.9 percent and portal usage increased 172.2 percent.

In response to questions from committee members, Ms. Hruby noted BCBS only does prior authorization in about 50 instances. It does not use artificial intelligence in rejections. It is used only for unnecessary prior authorizations and automatic approvals.

Mr. Craig Felchle, Chief Technology Officer, Information Technology Department, provided testimony (Appendix Q) regarding technological capabilities to send information securely. He noted:

- Cybersecurity threats are growing and becoming more sophisticated, and sensitive health information is a top target for threat actors.
- Compliance standards require strict safeguards and manual processes increase risk.
- Legacy technology still is largely present. This can include old applications or lack of infrastructure.
- Legacy technology is not always as secure as modern technology or up to current standards. Manual operations can be an operational burden and less secure.
- Finding ways to securely transmit information depends on the systems in place including people, processes, and technology.
- The Information Technology Department (ITD) implements access control, authentication, and systems that provide end-to-end encryption between systems.
- ITD writes standards for interoperability to ensure secure and consistent options to enable data transfer.
- There are federal standards for data exchange. Other standards may be written expectations for data transfers or built through application programming interfaces. The Information Technology Department ensures the owner of the data maintains ownership as the data transfers through systems.
- Daily, the North Dakota Health Information Network (NDHIN) transfers thousands of messages containing public or private health information over appropriate networks. The North Dakota Health Information Network was designed to assist in transitions in patient care and contains over 1 million patient records. The North Dakota Health Information Network contains clinical and patient information that could assist with electronic prior authorization, but it is not designed for prior authorization.
- In 2021, ITD studied NDHIN's ability to conduct prior authorizations. The study found additional workflows and data sharing would be needed for electronic prior authorizations and the prior authorization process is a multistakeholder process that would require collaboration and a governance structure.

In response to questions from committee members, Mr. Felche noted:

- A cost assessment was not completed on the NDHIN's ability to do prior authorizations since the study determined it would not be possible.
- ITD reduces the impact of cyber breakdowns and outages by using procedures to restore the information as quickly as possible, including manual procedures.

Mr. Tim Blasl, President, North Dakota Hospital Association, provided testimony regarding the study of electronic prior authorization. He noted:

- Members of the North Dakota Hospital Association are submitting electronically as often as possible.
- The North Dakota Hospital Association will reach out to its members to find out what other barriers exist to electronic submission.

No further business appearing, Chairman McLeod adjourned the meeting at 3:48 p.m.

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Katie Carpenter
Counsel

ATTACH:17