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## HEALTH CARE COMMITTEE

Thursday, February 12, 2026  
Roughrider Room, State Capitol  
Bismarck, North Dakota

Senator Desiree van Oosting, Vice Chairman, called the meeting to order at 9:31 a.m.

**Members present:** Representatives Carrie McLeod,\* Karen Grindberg, Lisa Meier, Mitch Ostlie, Karen M. Rohr, Mary Schneider; Senators Judy Lee, Tim Mathern, Kristin Roers, Desiree van Oosting

**Members absent:** Representatives Karen Karls, Jon O. Nelson

**Others present:** Senator Kathy Hogan, Fargo, member of the Legislative Management  
Chrystal Bartuska, Insurance Department; Tim Blasl, North Dakota Hospital Association; Rachael Buchwitz and Brendan Joyce, Department of Health and Human Services; Rebecca Fricke, Public Employees Retirement System; Megan Hruby, Blue Cross Blue Shield of North Dakota  
Jason Fincel, Legislative Council, Bismarck

See [Appendix A](#) for additional persons present.

*\*Attended remotely*

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

### HISTORICAL HEALTH CARE MANDATES STUDY

Ms. Katie Carpenter, Counsel, Legislative Council, presented a memorandum entitled [Historical Health Care Mandates - Background Memorandum](#).

Ms. Megan Hruby, Vice President of Public Policy and Government Affairs, Blue Cross Blue Shield of North Dakota, presented information ([Appendix B](#)) regarding historical health care mandates.

In response to a question from a committee member, Ms. Hruby noted that under state law, Blue Cross Blue Shield of North Dakota is required to allow any willing pharmacy to participate in its network.

Mr. Dylan Wheeler, Head of Government Affairs, Sanford Health Plan, presented information ([Appendix C](#)) regarding health care mandate improvement.

In response to a question from a committee member, Mr. Wheeler noted that Minnesota has substantially more health care mandates than North Dakota, and South Dakota is traditionally more adverse to health care mandates.

Ms. Rebecca Fricke, Executive Director, Public Employees Retirement System, presented information ([Appendix D](#)) regarding the health care mandate process.

Ms. Chrystal Bartuska, Life and Health/Medicare Division Director, Insurance Department, presented information ([Appendix E](#)) regarding health care mandates and essential health benefits.

In response to a question from a committee member, Ms. Bartuska noted North Dakota's Reinsurance Program reduced insurance premiums by approximately 12 percent during the most recent filing season.

Mr. Nathan Svihovec, North Dakota Government Relations Director, Essentia Health, presented information ([Appendix F](#)) regarding health care mandates, patients, and costs.

In response to questions from committee members, Dr. Brendan Joyce, Pharmacy and Clinical Services Director, Medical Services Division, Department of Health and Human Services, noted federal laws and regulations governing Medicaid are very complex and sometimes conflict with legislative proposals in North Dakota.

Ms. Bobbie Will, State Policy and Advocacy Manager, Susan G. Komen, presented information ([Appendix G](#)) regarding the importance of early breast cancer detection and the need for greater transparency in the health insurance mandate process.

### **UNMET DENTAL AND ORAL HEALTH CARE NEEDS STUDY**

Mr. Jason Fincel, Policy Analyst, Legislative Council, presented a memorandum entitled [Dental School - Education, Workforce, and Funding Considerations](#).

Ms. Rachael Buchwitz, Dental Administrator, Medical Services Division, Department of Health and Human Services, presented information ([Appendix H](#)) regarding an overview of dental care through Medicaid.

### **ELECTRONIC PRIOR AUTHORIZATION REQUIREMENTS STUDY**

Ms. Hruby presented information regarding electronic submission usage. She noted in 2025, Blue Cross Blue Shield of North Dakota received 460 prior authorization submissions by fax from 42 providers, including 8 in-state and 34 out-of-state providers. Of those submissions, 376 were nonurgent inpatient requests.

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

- There are over 3,800 fully insured businesses in Blue Cross Blue Shield of North Dakota's network.
- Blue Cross Blue Shield of North Dakota uses artificial intelligence to identify prior authorization requests that do not require review, but does not use artificial intelligence to issue denials.

Mr. Tim Blasl, President, North Dakota Hospital Association, provided information ([Appendix I](#)) regarding hospital submission methods for prior authorization requests, the number of prior authorization requests submitted electronically by hospitals, and barriers to hospitals utilizing electronic prior authorizations.

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

- Barriers to using electronic prior authorization systems, including technology and workforce costs, exist for both rural hospitals and payers.
- Federal and state guidelines have improved the consistency of the prior authorization process.

No further business appearing, Vice Chairman van Oosting adjourned the meeting at 2:12 p.m.

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Beth Dittus  
Assistant Legal Division Director

ATTACH:9