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Testimony
Senate Bill No. 2076
House Human Services Committee
Representative Matthew Ruby, Chairman
March 11, 2025

Chairman Ruby, and members of the House Human Services Committee, I am Brendan Joyce, Medical Services Clinical Services Director with the Department of Health and Human Services (Department). I appear before you in support of Senate Bill No. 2076, which was introduced at the request of the Department.

Senate Bill No. 2076 is being brought forward for two reasons. First, to remove a requirement for the Department to prior authorize psychotropic medications for children on five or more concurrent prescriptions for psychotropics. This requirement was passed in the 2019 session. The Department anticipated only 12 children being impacted by the bill. It was stated that some members of the legislature could accept that volume of children being impacted but would not be in agreement if many more than 12 children were impacted.

To implement the 2019 changes to the prior authorization requirements, some significant programming needed to occur. Once programming was completed, the number of children that would be impacted was 78, much higher than the 12 children identified during the 2019 legislative session.

The Department worked to determine if the data and final programming was accurate and equal to what was used for the estimate given to the legislature during the 2019 session, and everything was determined to be accurate. The number of children impacted has been as high as 120 and

currently is at 100. Given the legislative feedback in the 2019 session, the Department decided to not activate the prior authorization process for children on five or more psychotropic drugs, and instead bring forth Senate Bill No. 2076 to remove the requirement. This is what page 2, line 3 and lines 16-31, and page 3, lines 1-7 and line 18 are addressing. Page 3, lines 16 and 19 are grammatical modifications.

The second reason for the Department to bring forth Senate Bill No. 2076 is to address discriminatory supplemental rebate offers. While the Department cannot share specific offers or manufacturers, our multi-state rebate pool has received offers that would result in North Dakota receiving a lower supplemental rebate than other states because of the existence of our state law excluding classes of medications from prior authorization. Page 3, lines 10-13 adds language that would situationally allow the Department to access higher supplemental rebate rates in these situations. Our multi-state pool has discouraged manufacturers from submitting these discriminatory proposals, but the Department would simply like to be prepared for these situations.

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