

# MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

4022

2001 SENATE HUMAN SERVICES

SCR 4022

**CO**

**NT**

**NEXT FIGURE**

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SCR 4022

Senate Human Services Committee

☐ Conference Committee

Hearing Date February 13, 2001

Tape Number	Side A	Side B	Meter #
No tape			

Committee Clerk Signature *Carol Koleschuk*

Minutes:

The hearing on SCR 4022 was opened.

SENATOR KILZER introduced the resolution. (Written testimony). He presented an amendment. SENATOR MATHERN: Are there people reluctant to move ahead? SENATOR KILZER: Surveys and statistics indicate too many cases are being treated with low salt diets and the treatments of this disease are not sought.

SENATOR MATHERN moved the amendments. SENATOR KILZER seconded the motion. Voice vote carried. SENATOR MATHERN moved DO PASS AS AMENDED. SENATOR ERBELE seconded the motion. Roll call vote carried 6-0. SENATOR KILZER will carry the resolution.

13051.0101  
Title.

Prepared by the Legislative Council staff for  
Senator Kilzer  
February 5, 2001

PROPOSED AMENDMENTS TO SENATE CONCURRENT RESOLUTION NO. 4022

Page 1, remove lines 24 and 25

Page 2, remove lines 1 and 2

Renumber accordingly



REPORT OF STANDING COMMITTEE (410)  
February 14, 2001 11:49 a.m.

Module No: SR-27-3309  
Carrier: Kilzer  
Insert LC: 13051.0101 Title: .0200

**REPORT OF STANDING COMMITTEE**

SCR 4022: Human Services Committee (Sen. Lee, Chairman) recommends  
**AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS**  
(6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SCR 4022 was placed on the  
Sixth order on the calendar.

Page 1, remove lines 24 and 25

Page 2, remove lines 1 and 2

Renumber accordingly

2001 HOUSE HUMAN SERVICES

SCR 4022



2001 HOUSE STANDING COMMITTEE MINUTES

BILL RESOLUTION NO. SCR 4022 A

House Human Services Committee

☐ Conference Committee

Hearing Date March 21, 2001

Tape Number	Side A	Side B	Meter #
1	8		1760 to 2077
1	8		2735 to 3932
Committee Clerk Signature <i>Cornne Easton</i>			

Minutes:

Chairman Price: I will open the hearing on SCR 4022. We will hold until Rep. Kilzer arrives. We will go back to SCR 4022.

Sen. Kilzer- District 47: Introduced bill. (See written testimony).

Vice Chair Devlin: It appears to me that this is something that the medical community should already be doing. If it is that important, why would you involve the state health officer, other than to inform him of the availability.

Sen. Kilzer: The reason is because it is not being done as frequently as it should be. There are many family practice doctors and some others who are treating congestive heart failure with just diuretics or just with low salt diets and things like that. Too often it is not being instituted in the out patient setting and if it was it could avoid hospitalization. That is the reason for this resolution.

Chairman Price: If that is the case are we being negligent in our education of the doctors in our state.

Kilzer: Any way we can get the word out, and this is just one more way of doing that. I agree that the ensuing medical education CME does not adequately address this.

Chairman Price: Has there been any discussion addressing the situation with the medical association?

Kilzer: I have mentioned it to many of my friends. I don't know if the CME people, they are the ones that put on the graduates programs, have discussed it among themselves.

Chairman Price: Any other questions? Anyone else in favor of SCR 4022.

David Peske - ND Medical Association: Since we are mentioned in the resolution and since you had questions about it, we didn't take a position on this resolution. So I just want to tell you that 2 sessions ago the licensing law was amended and we supported the move to require physicians to have continuing education for renewal of their license. Many states are doing that. For years we didn't think it was needed to be put into statute. We now have a small 20 hour per year requirement, most hospitals have a requirement that in order to maintain staff privileges at that hospital the physician needs to obtain so many hours of medical education per year. There is a national group the Accreditation Council for Continuing Medical Education that has standardized what the CMA consists of. There are certainly movements to standardize and make that requirement. We don't reject being involved in the resolution. We have various mechanisms we can send out to our members on this problem.

Chairman Price: It is obviously physicians that are telling you that other physicians are not attending the classes. Is there anything that your group is looking at for testing, proficiency, etc.

Maybe there could be some online target specific classes? To make sure they have gone through it and gotten the hours?

Peske: Again this national body has put some guidelines in place that just says that the physician attending the course shall claim only those hours that they actually attended. Again, that is on the honor system. Targeted CME doesn't always work. No, there is no testing involved. Those classes requiring testing are usually board certification tests.

Rep. Sandyig: Do you think there is a problem with maybe the insurance companies or maybe Medicare covering these things, like ACE inhibitors and Beta Blockers, and that is the reason they are not being used as much?

Peske: I don't have any firsthand information on that issue. I don't know that insurance companies are not covering that.

Chairman Price: Anyone else on 4022. I will close the hearing on 4022.

#### **COMMITTEE WORK:**

Chairman Price: I am not very pleased to say that we have to pass a resolution on this, whether it be this or nutrition, or alternatives, just anything.

Rep. Cleary: I'll move a DO PASS.

Rep. Metcalf: Second. I echo your comments on this. I think the medical industry or somebody is being irresponsible when they don't take care of these things.

Vice Chairman Devlin: My problem with the resolutions is because it involves the State Health officer and it should really involve the State Medical Association and whatever doctors are involved. I just can't believe that is something that they aren't already doing.

**8 YES   6 NO   0 ABSENT**

Page 4

House Human Services Committee

Bill/Resolution Number SCR 4022

Hearing Date March 21, 2001

**CARRIED BY REP. PRICE**

Date: 3-1-01  
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. SCR 4022

House Human Services Committee

☐ Subcommittee on \_\_\_\_\_

or

☐ Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken DO PASS & place on the Consent Calendar

Motion Made By Rep. Cleary Seconded By Rep. Metcalf

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Audrey Cleary	✓	
William Devlin - V. Chairman		✓	Ralph Metcalf	✓	
Mark Dosch		✓	Carol Niemeier	✓	
Pat Galvin		✓	Sally Sandvig	✓	
Frank Klein		✓			
Chet Pollert		✓			
Todd Porter	✓				
Wayne Tieman	✓				
Dave Weiler	✓				
Robin Weisz		✓			

Total (Yes) 8 No 6

Absent 0

Floor Assignment Rep. Price

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE (410)**  
March 22, 2001 10:29 a.m.

Module No: HR-50-6374  
Carrier: Price  
Insert LC: . Title: .

**REPORT OF STANDING COMMITTEE**  
SCR 4022, as engrossed: Human Services Committee (Rep. Price, Chairman)  
recommends **DO PASS** (8 YEAS, 6 NAYS, 3 ABSENT AND NOT VOTING).  
Engrossed SCR 4022 was placed on the Fourteenth order on the calendar.

2001 TESTIMONY

SCR 4022

**TESTIMONY AT THE COMMITTEE HEARING OF  
SENATE CONCURRENT RESOLUTION 4022  
PREPARED BY SENATOR KILZER**

Good morning, Chairman Lee and members of the Senate Human Services Committee.

My name is Ralph Kilzer, Senator from District 47, and the primary and only sponsor of Senate Concurrent Resolution 4022. This resolution is introduced at the request of a client.

From a public health standpoint, the medical diagnosis continues to shift with advances in medical treatment. As one disease or condition is conquered, and patients live longer, additional diseases and conditions increase in their incidence and frequency. Thus, over the last century, conditions caused by bacterial infections, congenital anomalies, and even some types of cancer have markedly decreased in their frequency. If you live longer, in most instances, you will eventually have some type of heart difficulty, and many problems with heart disease go on to congestive heart failure. Heart failure means that the heart is not able to perform its function of pumping blood around the system. When this happens, blood backs up and causes congestion. This leads to the high number of cases of congestive heart failure that are listed in the resolution from lines seven to ten.

In the last generation, very effective medications for treating congestive heart failure have come to the forefront. Obviously the first treatment should be to attempt to treat the underlying condition that may be causing congestive failure; however, in many cases that is not possible, and physicians must resort to medications because of the patient's poor surgical risk or intolerance of some of the other medications that have been used in the past, such as diuretics and digitalis derivatives.

In the modern era, cardiologists now frequently use ace inhibitors or beta blockers. Ace inhibitors have to do with the hormone Aldosterone. The treatment with beta blockers has to do with lowering the resistance of the arteries and capillaries. This is an



oversimplification, but the guidelines are published in a 36-page document that was developed by the Heart Failure Society of America. This document does a fairly good job of articulating the clinical guidelines of when and under what conditions to use these medications.

This resolution would have the health officer urge doctors treating congestive heart failure to have available the guidelines published by the Heart Failure Society of America, and for physicians and payers to prescribe and provide insurance coverage for the standard of care for using these treatment modalities. The resolution also endorses the inclusion of these two modalities of therapy in the curriculum of the medical schools. I'm certain that this is already being done.

Finally, the resolution asks the Secretary of State to forward copies of this resolution, but not the 36-page Heart Failure Society of America guidelines, to the State Health Officer, the Medical Association, the Health Care Association, the Long Term Care Association, and the dominant insurance carrier in the state.

I do note that there is one portion that I would like to amend out of the resolution. I prefer not to get too much into a mandate, and therefore I would urge an amendment that would remove the last two lines of page one and the first two lines of page two from the bill. I would be happy to stand for any questions.

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