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# 2003 SENATE JUDICIARY

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# SB 2070

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## 2003 SENATE STANDING COMMITTEE MINUTES

#### **BILL/RESOLUTION NO. SB 2070**

Senate Judiciary Committee

**Conference** Committee

Hearing Date 01/14/03

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Minutes: Senator John T. Traynor, Chairman, called the meeting to order. Roll call was taken and all committee members present. Sen. Traynor requested meeting starts with testimony on the bill.

#### **Testimony in support of SB 2070**

Nancy McKenzie of the Department of Human Services, Attachment #1 (meter 17.6)

This Bill has already been passed in Minnesota with the exception substance abuse we have added in addition with the mental illness part of the bill. Attachment #3

<u>Sen. Traynor</u> asked if we had a dollar amount that Minnesota pays for our people (meter 22.6) An exact number was not known but due to our larger facility on the North Dakota side of the MN-ND boarder, ie Grand Forks and Fargo we see many more MN residence. Discussion of the interstate compact agreement applies once a person has already been hospitalized and on a volunteer bases. This would be intended for the involuntary or non competent patient. T Wante

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Page 2 Senate Judiciary Committee Bill/Resolution Number 2070 Hearing Date 01/14/03

Senator Stanley W. Lyson, Vice Chairman asked if any contact has been made with Montana? I do not have any statistics from the Montana sides but I am sure with the difficulties of their mental health system we have plenty. We will go state to state with this, starting with MN. <u>Senator Thomas L. Trenbeath</u> questioned several provisions (meter 24.6) Number 2, section 1,-"an individual who receives treatment for mental illness of chemical dependency in another state under this section is subject to the laws of the state in with treatment is provided and have to be informed of the differences". Under the reciprocal side of that says individuals committed by a court of a bordering state and placed in ND facilities continue to be in the legal custody of the bordering state...." One refers to the payment end and the other refers to the length of stay ect. I would like to refer this on to <u>Karen Larson</u>. Sen. Trenbeath requested clarification on this issue. Discusion (meter 27.5) on the collections of funds at this time ,

Karen Romig Larson, Director of the division of Mental Health and Substance abuse spoke on the location of facilities (29.4) This bill is only for "nonresidential" patients. Discussion regarding the difficulties of service to cross state lines.

Alex C. Schweitzer, Superintendent of ND State Hospital -See attachment #2

#### Questions: Testimony in opposition of SB 2070:

There was no testimony in opposition of bill.

#### Neutral Testimony to SB 2070

There was no testimony neutral to SB 2070

Senator Thomas L. Trenbeath requested the bill be held pending language clarification.

Senator John T. Traynor, Chairman Closed the hearing.

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## 2003 SENATE STANDING COMMITTEE MINUTES

#### **BILL/RESOLUTION NO. SB2070**

Senate Judiciary Committee

**Conference** Committee

Hearing Date 02/04/03

Tape Number	Side A	Side B	Meter #
4	X		1.60
	re Moine Z	0 / 11.40	
ommittee Clerk Signatu	re Minna a	Rollig	

Minutes: Senator John T. Traynor, Chairman, called the meeting to order. Roll call was taken and all committee members present. Sen. Traynor requested meeting starts with committee work on the bill:

Discussion on bill. <u>Senator Thomas L. Trenbeath</u> discussed an E-Mail that viewed his concerns Attachemnt #1

Motion Made to DO PASS SB 2072 by Senator Stanley W. Lyson, Vice Chairman and seconded by Senator Thomas L. Trenbeath

Roll Call Vote: 5 Yes. 0 No. 1 Absent

**Motion Passed** 

Floor Assignment Senator Stanley W. Lyson, Vice Chairman

Senator John T. Traynor, Chairman closed the hearing



## FISCAL NOTE Requested by Legislative Council 01/03/2003

S TO WAR

Bill/Resolution No.: SB 2070

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1A. State fiscal effect: Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.

	2001-2003 Blennium		2003-2005	5 Blennium	2005-2007 Biennium		
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds	
Revenues							
Expenditures						1	
Appropriations							

1B. County, city, and school district fiscal effect: Identify the fiscal effect on the appropriate political subdivision.

	2001-2003 Biennium			2003-2005 Bien nium			2005-2007 Biennium			1
	School			School				School		
ĺ	Counties	Cities	Districts	Counties	Cities	Districts	Counties	Cities	Districts	
										1

2. Narrative: Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.

This bill would allow the Department to contract with any appropriate treatment facility in a bordering state (includes MN, MT, SD) for treatment of mental illness or chemical dependency for residents of ND and to contract with providers to provide treatment in ND to residents of those states. Although we are able to determine the cost to provide such treatment, at this time we cannot determine what portion of those costs would be covered by insurance or the Medicaid program of the neighboring states.

- 3. State fiscal effect detail: For information shown under state fiscal effect in 1A, please:
  - A. Revenues: Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.
  - B. Expenditures: Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.
  - C. **Appropriations:** Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

Name:	Brenda M. Weisz	Agency:	Department of Human Services
Phone Number:	328-2397	Date Prepared:	01/13/2003

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Date: February 4, 2003 Roll Call Vote #: 1 Ż

### 2003 SENATE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. SB 2070

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Senate		JUDIC	IARY		Com	mittee
Check here for	or Conference Com	mittee				
Legislative Counc	eil Amendment Nun	nber _			aya ya aya aya dan sasaya ya ya ya ya ya ya ya ya	
Action Taken	DO PASS	·				
Motion Made By	Senator Stanley Lyson, Vice Cha			conded By Senator Thom	as L. Trent	oeath
						· · · · · · · · · · · · · · · · · · ·
Sen	ators	Yes	No	Senators	Yes	No
Sen Sen. John T. Tra	and the second secon	Yes X	No	Senators Sen. Dennis Bercier	Yes X	No
The second s	ynor - Chairman		No	and the second		No
Sen. John T. Tra	ynor - Chairman son - Vice Chair	X	No	Sen. Dennis Bercier		No
Sen. John T. Tra Sen. Stanley. Lys	ynor - Chairman son - Vice Chair	X X	No	Sen. Dennis Bercier		No
Sen. John T. Tra Sen. Stanley. Lys Sen. Dick Dever	ynor - Chairman son - Vice Chair	X X X	No	Sen. Dennis Bercier		No
Sen. John T. Tra Sen. Stanley. Lys Sen. Dick Dever	ynor - Chairman son - Vice Chair	X X X	No	Sen. Dennis Bercier		No
Sen. John T. Tra Sen. Stanley. Lys Sen. Dick Dever	ynor - Chairman son - Vice Chair	X X X	No	Sen. Dennis Bercier		No
Sen. John T. Tra Sen. Stanley. Lys Sen. Dick Dever	ynor - Chairman son - Vice Chair	X X X	No	Sen. Dennis Bercier		No

Absent One

Floor Assignment Senator Stanley W. Lyson, Vice Chairman

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

Five

Total

(Yes)



ZERO (0)

No

## REPORT OF STANDING COMMITTEE (410) February 4, 2003 4:20 p.m.

#### Module No: SR-21-1656 Carrier: Lyson Insert LC: . Title: .

A.C. 18.

#### **REPORT OF STANDING COMMITTEE**

SB 2070: Judiciary Committee (Sen. Traynor, Chairman) recommends DO PASS (5 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2070 was placed on the Eleventh order on the calendar.





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2003 HOUSE JUDICIARY

SB 2070

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### 2003 HOUSE STANDING COMMITTEE MINUTES

**BILL/RESOLUTION NO. SB 2070** 

House Judiciary Committee

**Conference** Committee

Hearing Date 3-17-03

Tape Number	Side A	Side B	Meter #
2	XX		2.9-13.7
Conversition Classic Classic	re APenci		
Committee Clerk Signatu	re / / / //		

Minutes: 10 members present, 3 members absent (Reps. Maragos, Galvin, Wrangham).

Chairman DeKrey: We will open the hearing on SB 2070.

Nancy McKenzie, Dept. of Human Services: Support (see attached testimony).

Chairman DeKrey: Why is the fiscal note \$0.

<u>Ms. McKenzie:</u> Basically, when we looked at fiscal impact, we're not talking about these individuals in turn paying for their treatment at the ND State Hospital. This question came up on the Senate side, why there wouldn't be a \$411,000 revenue source here. I don't think so. I think what we're going to see is those individuals will not be admitted, very rarely, to the State Hospital, they will be treated in their home state. That's why we believe the revenue impact and fiscal effect will be neutral.

**<u>Rep. Delmore:</u>** If they were admitted, under this bill, the cost would be borne by the state in which they reside in.

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Page 2 House Judiciary Committee Bill/Resolution Number SB 2070 Hearing Date 3-17-03

Ms. McKenzie: Yes, assuming that we have indeed put into place a specific contract with that state, which of course is our intention.

**<u>Rep. Wrangham</u>**: So if we have a citizen of North Dakota, who we send to MN for treatment, ND would be paying that MN facility for that care.

<u>Ms. McKenzie:</u> Yes, that is correct, and again, we would only do that if it were a treatment facility that we have entered into a contract with. It's not a wide open door across the board. It simply allows us to enter into contracts with appropriate treatment facilities. So before we would do that, we would have as in any contracting process, we would have taken a look at whether their program meets the standards, what the costs are of that program compared to others, compared to providing care ourselves, etc.

**Rep. Wrangham:** Is there presently a legal reason why you cannot do that.

Ms. McKenzle: Yes, you currently cannot commit that individual across the state line. So the example that I'm most familiar with, as Regional Director of Human Service Center in Grand Forks and Fargo, is that someone presents at an emergency room, maybe over the weekend, brought by law enforcement or family members, whether that is because of an acute mental illness episode or substance abuse problem, they present at the emergency room, it is determined that they need to be admitted to be stabilized, but the determination is made then that if they need ongoing treatment, that they should be committed for that treatment, if they are not willing to pursue that treatment. But if that individual is in the hospital in Fargo or Grand Forks, they are under the jurisdiction of the ND court, and that court can only commit them to the ND State Hospital for that treatment; even though they may have a history of previous admissions to a MN

facility, etc. they would have to be admitted to the ND State Hospital because the court can't **Marine Carlo Barrelle and South Constants and States and States** The micrographic images on this film are accurate reproductions of records delivered to Modern Information Systems for microfilming and were filmed in the regular course of business. The photographic process meets standards of the American National Standards Institute (ANSI) for archival microfilm. NOTICE: If the filmed image above is less legible than this Notice, it is due to the quality of the document being filmed.

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Page 3 House Judiciary Committee Bill/Resolution Number SB 2070 Hearing Date 3-17-03

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cross that line, and law enforcement can't transport. You can't ask MN law enforcement come back and transport that individual from a hospital to Fergus Falls treatment facility or whatever. This bill would allow for that, not only allow for establishing of contracts, but it involves the court and law enforcement to have that jurisdiction of people. Only for the sake of emergency or commitment. Anybody who is residing in the hospital or the treatment program within our state, is subject to our laws in terms of treatment. N. T. Mary

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**Rep. Wrangham:** If a MN resident is in ND, and is involuntarily committed, and then the ND court would have to assign treatment. If they sent them to treatment in MN, then who would pay. They are a MN resident, they receive treatment in MN but it's a North Dakota order. Who would pay for the treatment.

Ms. McKenzie: You are talking about a MN resident, receiving care in a MN facility...

Rep. Wrangham: Being in North Dakota.

Ms. McKenzie: They are in the ND hospital, but they are a MN resident..

**Rep. Wrangham:** Right, and then they are transferred to MN for continuing care.

Ms. McKenzie: That would all be done under the jurisdiction of the MN court.

Ms. Larson: Basically it would allow the transport of that MN resident back to the jurisdiction

of MN and allow their insurance to pay.

Rep. Wrangham: They would go to MN?

Ms. McKenzie: Right, the state of which the person is a resident is responsible for the costs.

**Rep. Onstad:** It talks about informing the patient of the implications of different state hospitals.

An example of that would be...?

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Page 4 House Judiciary Committee Bill/Resolution Number SB 2070 Hearing Date 3-17-03

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Ms. McKenzle: One example might be that one state might have a different law relating to how many days in treatment you can be held before you are entitled to a hearing. What is the process of that emergency hearing, treatment hearing, those can vary across state lines, so we need to be sure that if we've got a person from MN, in a ND hospital or vice versa, that we've explained to them that it may not be exactly the same as what they might have had in a previous hospitalization in another state. Law pertaining to forced medication might be another. Chairman DeKrey: We won't talk about the number of days.

Chairman DeKrey: Thank you. Further testimony in support. Testimony in opposition? We

will close the hearing.

(Reopened later in the same session.)

Chairman DeKrey: What are the committee's wishes in regard to SB 2070.

Rep. Kretschmar: I move a Do Pass.

Rep. Onstad: Seconded.

10 YES 0 NO 3 ABSENT DO PASS CARRIER: Rep. Boehning



Date:	3/17/	03
Roll Call Vote #:	-{	

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# 2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. 2070

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House Judiciary		·		Com	mittee
Check here for Conference (	Committee				
Legislative Council Amendment	Number	· ····		~	
Action Taken	Do Pa	iso		·	
Action Taken Motion Made By <u>Rep. Kut</u>	peliman	Se	conded By Rep. Qust	d	• <u></u>
Representatives	Yes	No	Representatives	Yes	No
Chairman DeKrey	V		Rep. Delmore	V	
Vice Chairman Maragos	AB		Rep. Eckre	~	
Rep. Bernstein	V		Rep. Onstad	~	
Rep. Boehning	V				
Rep. Galvin	A15				
Rep. Grande	V				
Rep. Kingsbury	v				
Rep. Klemin	1				
Rep. Kretschmar	~				
Rep. Wrangham	A13				1
			<u></u>		
					,
Total (Yes)	0	No	, 0		
Absent		3		······	
Floor AssignmentR	ep. Bo	ehn	ing	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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



# REPORT OF STANDING COMMITTEE (410) March 17, 2003 12:11 p.m.

## Module No: HR-47-4900 **Carrier: Boehning** Insert LC: . Thile: .

1.00 1800

# REPORT OF STANDING COMMITTEE

SB 2070: Judiciary Committee (Rep. DeKrey, Chairman) recommends DO PASS (10 YEAS, 0 NAYS, 3 ABSENT AND NOT VOTING). SB 2070 was placed on the Fourteenth order on the calendar.





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Senate Bill 2070 Senate Judiciary Committee January 14, 2003 John T. Traynor, Chairman

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Nancy #1

Chairman Traynor, members of the Senate Judiciary Committee, I am Nancy McKenzie of the Department of Human Services. I am here to testify in support of the relating to interstate contracts for the treatment of individuals with mental illness or chemical dependency.

- This bill would allow the department to contract with any appropriate treatment facility in a bordering state (includes Minnesota, Montana, or South Dakota) for the treatment of mental illness or chemical dependency for residents of North Dakota, and to contract with providers to provide treatment in North Dakota to residents of those bordering states.
- This bill also allows the placement in North Dakota of individuals who are on emergency holds or who have been involuntarily committed in a bordering state; and, would enable the temporary placement in a bordering state of patients who are on emergency holds in North Dakota.
- Responsibility for payment for the cost of care of a resident of a bordering state would remain with the state of which that individual is a resident; responsibility for North Dakota residents remains with North Dakota.
- A bill allowing for such agreements between MN and ND for treatment of persons with mental illness was passed by the MN state legislature in 2002; passage of North Dakota's bill will allow for such agreements to be implemented.



 Such contracts may not include treatment for persons serving a sentence, who are on probation and parole, and are the subject of a presentence investigation.  During the current biennium, 35 out-of-state residents have been admitted to the North Dakota State Hospital; of these, 20 were Minnesota residents, 5 South Dakota residents, and 2 were Montana residents. Half of the MN admissions were screened into the State Hospital by SEHSC staff. These patients are not able to have their care paid by MN Medical Assistance, and therefore must be directly billed for their care. Most often, they are unable to pay for the care received. Cost to North Dakota for provision of care of out of state residents at the State Hospital during the current biennium is \$411,289.

This concludes my testimony.



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Sonate Bill 2070 Sonate Judiciary Committee January 14, 2003 John T. Traynor, Chairman

Chairman Traynor, members of the Senate Judiciary Committee, I am Alex C. Schweitzer, the Superintendent of the North Dakota State Hospital. I support the passage of Senate Bill 2070, which relates to interstate contracts for the treatment of individuals with mental illness or chemical dependency.

The hospital supports the passage of this bill for two reasons;

- 1) The North Dakota State Hospital would see a decrease in the number of out of state admissions from bordering states (especially the State of Minnesota) and we would see a decrease in the amount of uncompensated care provided to out of state admissions.
- 2) Minnesota residents would now have an option, to have their care paid for by the State of Minnesota, when they receive treatment in a public or private (reatment facility in the State of North Dakota.

I hope your committee considers the passage of this legislation, which will enhance the ability of treatment facilities in border states to contract for the provision of services and the payment of such services.

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	operator's signature	3 9344

AH #3

# NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

John Hoeven, Governor Carol K. Olson, Executive Director Executive Office

(701) 328-1814 Fax (701) 328-1545 Toll Free 1-800-472-2622 TTY (701) 328-3480

### January 15, 2003

- TO: Senate Judiciary Committee John T. Traynor, Chairman
- FROM: Nancy J. McKenzie, Regional Director of Northeast and Southeast Human Service Centers, N.D. Department of Human Services
- RE: SB 2070

# COST COMPARISON - INPATIENT TREATMENT North Dakota State Hospital and the Fergus Falls Regional Treatment Center of Minnesota

Facility	· · · · · · · · · · · · · · · · · · ·	Average Daily Cost	
North Dako	ta State Hospital	\$346	
Fergus Falls	Regional Treatment Center (MN)	\$366	





DeNae H. Kautzmann 01/28/2003 10:45 AM To: Thomas L. Trenbeath/NDLC/NoDak@NoDak, Dick D. Dever/NDLC/NoDak@NoDak cc: Karen A. Larson/DHS/NoDak@NoDak, Nancy J. McKenzie/DHS/NoDak@NoDak, Tom A. Mayer <tmayer@state.nd.us> Subject: SB 2070 1. **1** 1 1

Senators:

I was asked to respond to your question relative to whether there is a conflict or inconsistency between Section 2 and Section 5 of the bill.

The provisions of section 2 and section 5 are not inconsistent. Section 2 regards what law applies when the individual is treated in another state. For treatment purposes the individual is subject to the laws of the state in which treatment is provided. The language in Section 5 does not conflict with Section 2. Section 5 provides that when a person is committed by a court in a bordering state, that the individual continues to be in that state's legal custody. The bordering state's laws would govern committment issues such as the length, reexaminations, extensions. Section 5 goes on to provide that in all other respects the residents of bordering states placed in ND facilities are subject to ND laws.

In a nutshell, Section 2 refers to the individual being subject to the laws in the state where he/she is receiving treatment and Section 5 refers to a committed individual being subject to the committment laws of the committing state.



DeNae Kautzmann Appeals Supervisor Legal Services Department of Human Services 600 E. Blvd. Ave. Dept. 325 Bismarck, ND 58505 701-328-2341



# TESTIMONY SB 2070 - DEPARTMENT OF HUMAN SERVICES HOUSE JUDICIARY REP. DUANE DeKREY, CHAIRMAN March 17, 2003

Chairman DeKrey, I am Nancy McKenzie of the Department of Human Services. I am here today to provide you an overview in support of the bill relating to interstate contracts for the treatment of individuals with mental illness or chemical dependency.

- This bill would allow the department to contract with any appropriate treatment facility in a bordering state (includes Minnesota, Montana, or South Dakota) for the treatment of mental illness or chemical dependency for residents of North Dakota, and to contract with providers to provide treatment in North Dakota to residents of those bordering states.
- This bill also allows the placement in North Dakota of individuals who are on emergency holds or who have been involuntarily committed in a bordering state; and, would enable the temporary placement in a bordering state of patients who are on emergency holds in North Dakota.
- Responsibility for payment for the cost of care of a resident of a bordering state would remain with the state of which that individual is a resident; responsibility for North Dakota residents remains with North Dakota.
- A bill allowing for such agreements between MN and ND for treatment of persons with mental illness was passed by the MN state legislature in

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2002; passage of North Dakota's bill will allow for such agreements to be implemented.

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- Such contracts may not include treatment for persons serving a sentence, who are on probation and parole, are the subject of a presentence investigation.
- During the current biennium, 35 out-of-state residents have been admitted to the North Dakota State Hospital; of these, 20 were Minnesota residents, 5 South Dakota residents, and 2 were Montana residents. Half of the MN admissions were screened into the State Hospital by SEHSC staff. These patients are not able to have their care paid by MN Medical Assistance, and therefore must be directly billed for their care. Most often, they are unable to pay for the care received. Cost to North Dakota for provision of care of out of state residents at the State Hospital during the current biennium is \$411,289.

Mr. Chairman, this concludes my testimony. I would be happy to answer any questions you may have.

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