

2009 SENATE HUMAN SERVICES

SB 2283

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2283

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 01/27/2009

Recorder Job Number: 7842

Committee Clerk Signature

Mary R Monson

Minutes:

Senator Lee Opened the hearing on SB 2283.

Senator Ryan Taylor District #7. Introduced SB 2283. See attachment #1.

Senator Tim Mathern District #11. Spoke in support of 2283. I am concerned about obstetrical care in ND becoming difficult to get. This bill is one of those ways to help more people get coverage which will translate into more communities requesting the service to continue in their area.

Representative Kathy Hawken District #46. Spoke in support of 2283. It is imperative to have prenatal care for healthy babies. This is the kind of legislation that costs money on the one hand, perhaps saves us money on the other hand. This will help with the cost of delivery and prevent premature births.

Maggie Anderson Director of the Medical Services Division for DHS. Provided information on 2283. Neutral. Offered an amendment, see attachment #2. Explained amendment which is a clarification of the bill.

Senator Dever The number 1,234, is that the number of women that fall between that who are not otherwise insured?

Anderson We use the census information to determine the number of women between levels and the percent of people uninsured to find that number.

Senator Heckaman Are there age guidelines?

Anderson No.

Brief discussion about age relating to coverage.

Renee Stromme Executive Director of the ND Women's Network. Spoke in support of 2283.

Also submitted testimony on behalf of Melany Jenkins. See attachment #3 & 4. Gave a personal testimony about giving birth without delivery coverage.

There was no opposition testimony submitted.

Senator Lee Maggie, can you just confirm for us that an individual need not apply for medical coverage before she discovers she is pregnant in order to have prenatal care.

Maggie Anderson We would retro-cover the pregnancy if they apply.

Senator Lee Closed the hearing on SB 2283.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2283

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 02/02/2009

Recorder Job Number: 8397

Committee Clerk Signature

Mary K Monson

Minutes:

Senator Lee Opened the discussion on SB 2283.

Discussed proposed amendments.

Senator Dever What does countable income mean?

Maggie Anderson DHS, the 04 deletion has to do with the medically needy population and this bill is really targeted at low income women; the medically needy group is covered in another program. With regard to Senator Dever's question, please see my handout, attachment #5. Gave some examples of disregarded income.

Discussion about different classifications of income.

Senator Lee How many births?

Anderson I think we pay for 30% of the births and I want to say that was around 3,000 in 2008.

Senator Lee How much of this money would be federal money?

Anderson It would be matched with our FMAP. We used a weighted average of 63.02%. The other thing we would like to point out that the appropriation is a 24 month appropriation but we do see 01.2010 as the earliest start date for us to get this program up and running.

Senator Heckaman Maybe that should be put into the amendment that we delay implementation until 2010?

Maggie Anderson Will provide more information for the committee after she has gathered more research.

Senator Lee Suspended the discussion on SB 2283 until further information is available

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2283

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 02/03/2009

Recorder Job Number: 8529

Committee Clerk Signature

Mary K Mosson

Minutes:

Senator Lee Reopened the discussion on SB 2283

Maggie Anderson Discussed the information on attachment #5.

Senator Dever I'm curious about minor mothers, are they Medicaid eligible based on their income or their parent's income?

Maggie Anderson This document is from the health department and I just wrote the info on it, the other definitions are not ours. I don't know how they use the definitions, I am just using this document for live births. Minors would be assessed based on their own income as a pregnant woman.

Senator Lee How does that factor into SCHIP?

Anderson That depends on where they fit, they may be eligible for SCHIP.

Discussed SCHIP and retroactive care.

Discussed amending the bill to change the effective date. Changed the numbers in sections two to 2,900,796 and 4,883,048.

Senator Heckaman I move the amendment

Senator Dever Second

The Clerk called the role on the amendment. **Yes: 5, No: 0, Absent: 1. (Senator Marcellais).**

Senator Heckaman I move **Do Pass as Amended and Rerefer to Appropriations.**

Senator Pomeroy Second.

The Clerk called the role on the motion to **Do Pass as Amended and Rerefer to Appropriations. Yes: 5, No: 0, Absent: 1.**

Senator Heckaman will carry the bill.

JB
2-4-9

PROPOSED AMENDMENTS TO SENATE BILL NO. 2283

Page 1, line 12, remove "or 4"

Page 2, line 13, remove "or 4"

Page 3, line 3, replace "\$3,767,451" with "\$2,900,796"

Page 3, line 4, replace "\$6,359,970" with "\$4,883,048"

Page 3, line 12, after "Act" insert ", but may not become effective earlier than January 1, 2010"

Renumber accordingly

Date: 2-3-09

Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2283

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended Rerefer to Appropriations

Adopt Amendment Reconsider

Motion Made By Sen. Heckaman Seconded By Sen. Dever

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais		
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 5 No 0

Absent 1

Floor Assignment _____

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

Date: 2-3-09

Roll Call Vote #: 2

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2283

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number 90448.0101 Title .0200

Action Taken Do Pass Do Not Pass Amended Rerefer to Appropriations
 Adopt Amendment Reconsider

Motion Made By Sen. Heckaman Seconded By Sen. Pomeroy

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais		
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 5 No 0

Absent 1

Floor Assignment Senator Heckaman

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

REPORT OF STANDING COMMITTEE

SB 2283: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (5 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2283 was placed on the Sixth order on the calendar.

Page 1, line 12, remove "or 4"

Page 2, line 13, remove "or 4"

Page 3, line 3, replace "\$3,767,451" with "\$2,900,796"

Page 3, line 4, replace "\$6,359,970" with "\$4,883,048"

Page 3, line 12, after "Act" insert ", but may not become effective earlier than January 1, 2010"

Renumber accordingly

2009 SENATE APPROPRIATIONS

SB 2283

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2283

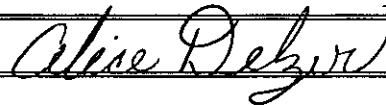
Senate Appropriations Committee

Check here for Conference Committee

Hearing Date: 02-12-09

Recorder Job Number: 9423

Committee Clerk Signature



Minutes:

Chairman Holmberg called the committee to order on SB 2283 in regards to the medical assistance eligibility requirements for pregnant women.

Senator Ryan Taylor, District 7, McHenry, Pierce and Sheridan and Benson counties

testified in favor of SB 2283 and provided written testimony # 1. I handed out for your

information discussion from the policy committee. When I first introduced SB 2283 which isn't necessarily information that is always appropriate for appropriations but what would be of interest to you and why I brought this bill forward. This bill had been amended on the floor of our Senate. It is an investment in our next generation. It will pay dividends for us down the road to have healthy babies and healthy mothers started off on the right foot. The fiscal note on the bill was lowered and the amendment changed the date. The bill is for you to consider. I hope it gets high priority. We had strong support and an unanimous vote on the policy side.

Senator Kilzer asked when the fiscal note prepared what level of provider reimbursement was being used in the calculations. (3.04)

Maggie Anderson, Medical Services of Human Services. I will answer the question. We based this on the pregnant women we take those numbers and inflate it forward? (04.10)

Senator Kilzer asked what is the average prenatal and birth figure at the present time.

Maggie Anderson gave the dollar amount (4.46)

Page 2

Senate Appropriations Committee

Bill/Resolution No. "Click here to type Bill/Resolution No."

Hearing Date: "Click here to type Hearing Date"

Chairman Holmberg closed the hearing on 2283.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2283

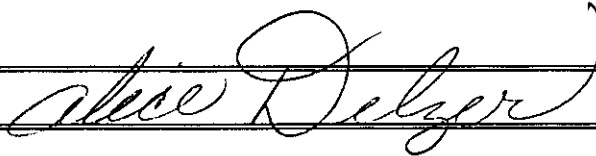
Senate Appropriations Committee

Check here for Conference Committee

Hearing Date: 02-13--09

Recorder Job Number: 9551

Committee Clerk Signature



Minutes:

V. Chair Grindberg called the committee back to order in reference to SB 2283 in regards to the medical assistance eligibility requirements for pregnant women.

Senator Mathern provided more information regarding this bill. He stated it was passed by the House. (03.29)

Senator Christmann asked what the policy committee changed regarding the funding.

Senator Mathern stated we have the details available to us from Maggie Anderson.

V. Chair Grindberg said I think that will be fine. I think we will answer more questions and bring the members of the committee up to date, since 4 members are gone we will table the bill until Monday for action.

Senator Kilzer stated one major item not mentioned here and we talk about the accessibility to care and we heard testimony that Medicaid reimburses the hospitals a certain amount for a normal delivery. I know physicians that deliver babies that each birth on their malpractice figure is that much. Here what we are doing we are shifting a whole bunch of young women who are child bearing age, they fit right into that 150 to 200% of poverty. What you are doing by passing this bill you are shifting that population over to Medicaid and I don't think you are going to have very many obstetricians that are real enthused about this and I think access could become more of a problem. There are some places that just say it is not worth it. There are a

lot of hospitals and a lot of clinics that are no longer delivering babies. This will make that problem worse. Take this with a grain of salt before we jump in there and say we'll pass this because it will be cheaper to have kids.

Senator Mathern stated most people who have the insurance would not be eligible.

Senator Kilzer stated you don't have a lot of families that will continue to carry insurance because they will drop into the Medicaid population.

Maggie Anderson, Department of Human Services stated what changed in the dollars it was a 24 month program and the department indicated that with the need for approval from the Centers for Medicare and Medicaid Services and the necessary technology system changes that were needed to be made so it went from 24 months to 18 months and that is why the fiscal impact is so different coming from the House.

V. Chair Grindberg stated we will wait for full committee and closed the hearing.

2009 SENATE STANDING COMMITTEE MINUTES

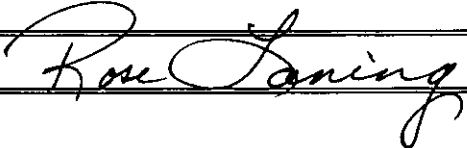
Bill/Resolution No. SB 2283

Senate Appropriations Committee

Check here for Conference Committee

Hearing Date: February 17, 2009

Recorder Job Number: 9639

Committee Clerk Signature 

Minutes:

Chairman Holmberg opened discussion on SB 2283.

V. Chair Grindberg Moved Do Not Pass on SB 2283.

Senator Fischer seconded.

Senator Mathern said this is the best bill we've had before us. It's time we move this up a level so more and more children that are in the womb right now get the proper care. I hope that we can all vote yes.

Chairman Holmberg stated that this money goes through the Department of Human Services.

Senator Kilzer said he didn't think our goal should ever be to load up Medicaid rolls.

Senator Mathern Many people don't have coverage anymore. Employers are cutting back insurance.

A Roll Call vote was taken. Yea: 8 Nay: 6 Absent: 0

Senator Fischer will carry the bill on the floor.

Date: 2-17-09
Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2283

Senate Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended

Motion Made By Grindberg Seconded By Fischer

Representatives	Yes	No	Representatives	Yes	No
Senator Wardner	✓		Senator Robinson		✓
Senator Fischer	✓		Senator Lindaas		✓
V. Chair Bowman	✓		Senator Warner		✓
Senator Krebsbach	✓		Senator Krauter		✓
Senator Christmann	✓		Senator Seymour		✓
Chairman Holmberg	✓		Senator Mathern	✓	✓
Senator Kilzer	✓				
V. Chair Grindberg	✓				

Total Yes 8 No 6

Absent 0

Floor Assignment Fischer

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

DNP

REPORT OF STANDING COMMITTEE (410)
February 17, 2009 5:00 p.m.

Module No: SR-31-3174
Carrier: Fischer
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2283, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman)
recommends **DO NOT PASS** (8 YEAS, 6 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed SB 2283 was placed on the Eleventh order on the calendar.

2009 HOUSE HUMAN SERVICES

SB 2283

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2283

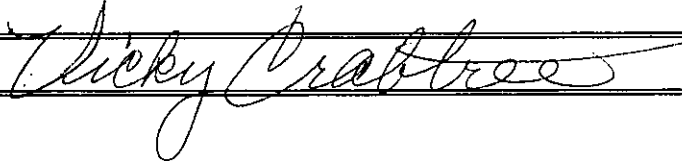
House Human Services Committee

Check here for Conference Committee

Hearing Date: March 17, 2009

Recorder Job Number: 11085

Committee Clerk Signature



Minutes:

Chairman Weisz opened the hearing on SB 2283.

Sen. Ryan Taylor from district 26 sponsored and introduced the bill: See Testimony #1.

Caitlin McDonald from the ND Catholic Conference: See Testimony #2

Maggie Anderson, Director of Medical Services DHS: See Testimony #3.

Rep. Porter: Is there a projection for next biennium?

Maggie Anderson: We did to replicate the fiscal note since it was in appropriation we could provide that projection for 24 months rather than the 18 projection.

Rep. Damschen: The 385 pregnant women additional (inaudible), are they not receiving prenatal care now?

Maggie Anderson: It could be a combination of things. Individual may have insurance now, but that insurance may or may not cover pre-natal services. Many are likely without insurance.

Rep. Porter: Inside of this particular piece of legislation, how do we stop someone from just dropping their health insurance and taking this coverage during the pregnancy? There is nothing in this provision saying they couldn't just drop their coverage to be eligible for this program.

Maggie Anderson: That is currently not addressed in the bill. The department does have something similar for (inaudible) we call it the (inaudible) provision where we have (inaudible) drops their health insurance coverage without cause (inaudible).

Chairman Weisz: Would you clarify the income level for the different groups.

Maggie Anderson: For children 0-6 the minimum is 133% poverty, 6-19 year olds the minimum is 100% of poverty, (inaudible) health insurance program, 150%, and pregnant women, 133%.

Rep. Porter: If we add language that includes (inaudible) out provisions, what would it do to fiscal note?

Maggie Anderson: That would be difficult to access.

Chairman Weisz: When does the coverage change after the baby is born?

Maggie Anderson: Don't know.

Rep. Frantsvog: This coverage would not be for anything else but maternity, right?

Maggie Anderson: No.

Rep. Kathy Hawkins from district 46 co-sponsor of the bill: I have 4 year old twin granddaughters. If there hadn't been pre-natal care, they wouldn't be here. Makes a difference for baby's health if there is pre-natal care. To answer your question. After Medicaid eligible women give birth, the state must cover them for an additional 60 days at which time the eligibility drops the state's regular income standards.

Maggie Anderson: We aren't sure you can do the (inaudible) out in Medicaid (inaudible).

NO OPPOSITION.

Chairman Weisz closed the hearing on SB 2283.

HANDED IN TESTIMONY:

Renee Stromme, Executive Director ND Women's Network, Testimony #4

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2283

House Human Services Committee

Check here for Conference Committee

Hearing Date: March 17, 2009

Recorder Job Number: 11149

Committee Clerk Signature

Ticky Prattree

Minutes:

Chairman Weisz: 2283 the stimulus money has two provision for Medicaid. One is the hold harmless because our rate dropped again in '08 back to \$10 million. We don't have to cover the change in the FMAP. (Inaudible) over \$10 million. The other deal was the FMAP percentage is going up to 6.2%. Our FMAP is over 70%. Indirectly it affects 2283 and the fiscal note would change because it would go from 63.01%. Our FMAP percentage of 63.01% as of today. With stimulus money it would actually got to 69.95%. No Medicaid money would be targeted for (inaudible), but again that money would run out (inaudible).

Rep. Conrad: Could we put in a sunset (inaudible) with that money?

Chairman Weisz: On Medicaid's part there didn't seem to be (inaudible). The only thing they seemed to be pretty sure of was the (inaudible) were going up was roughly \$85 million. The department is going to get \$115 million. FMAP shows a 6.94% for 2010 and 2011. The total is \$96,500,000. \$30.3 million is in this biennium. \$3.2 million for child support, \$2 million for Voc Rehab, \$2.1 million funding for infants 0-3 years. TANF is blank. We qualify for TANF if we have an increase in case load. FS and SNAP is 100% federal money. The child development block grant is very specific (inaudible) for that \$2 million used for child care payments.

Rep. Uglem: On adding programs or on existing programs?

Chairman Weisz: It wouldn't matter. On 2283 if we change that, the new FMAP percentage would apply to that. If our employment rises and the rest of the country stays high. We will have a 65% FMAP in 2 years. Then we will be on the hook for that drop.

Rep. Conrad: If we are higher than national, that's likely to be from oil.

Chairman Weisz: If national economy slides worse than us, we would have the drop in the FMAP in ratio because we would be doing so much better than everybody else.

Rep. Conklin: Motion a Do Pass.

Rep. Potter: Second.

Rep. Porter: I resist that motion. I think that the current program as it is set up across the board at these percentages of poverty. I don't think we should be picking and choosing areas to raise and leave other areas behind. I haven't heard a hue outcry from District 34 that we are missing pregnant moms with doctor care.

Chairman Weisz: Rep. Kilichowski for your information, I did get an e-mail from Maggie Anderson and the baby is covered for 1 year. The baby might come if they go over the 133%.

Rep. Kilichowski: If this passes here, it will go to Conference Committee and we could not (inaudible) right?

Chairman Weisz: If it passes here and the Approps don't do anything it doesn't end up in Conference Committee. It's done. My only issue with is, I know the intent was pre-natal care. You can't pick in choose in Medicaid. Whatever your coverage is that is what it is. There was questions having to do with could you prohibit someone from dropping insurance because Medicaid would be the better insurance.

Rep. Conrad: To provide pregnant women with care is a good investment and I will support this bill.

Rep. Conklin: What is the difference between 133 and 165?

Chairman Weisz: Currently pregnant women are at 133. A single person is \$13,000 something.

Rep. Conklin: Is 165 \$16,000 something?

Chairman Weisz: For a single.

Rep. Damschen: I felt that was missing in testimony was any real compelling evidence that pregnant women are going without prenatal care. I think they are opening something and I don't think it will stop here.

Rep. Holman: Someone working at McDonald's will have no insurance and have to figure out how they are going to pay for the baby.

Roll Call Vote for Do Pass: 5 yes, 8 no, 0 absent.

MOTION FAILED.

Rep. Porter: Motion a Do Not Pass.

Rep. Nathe: Second.

Roll Call Vote: 8 yes, 5 no, 0 absent.

MOTION CARRIED.

BILL CARRIER: Rep. Weisz

Date: 3-17-09
Roll Call Vote #/

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2283

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended

Motion Made By Rep. Conklin Seconded By Rep. Potter

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN ROBIN WEISZ		✓	REP. TOM CONKLIN	✓	
VICE-CHAIR VONNIE PIETSCH		✓	REP. KARI L CONRAD	✓	
REP. CHUCK DAMSCHEN		✓	REP. RICHARD HOLMAN	✓	
REP. ROBERT FRANTSVOG		✓	REP. ROBERT KILICHOWSKI	✓	
REP. CURT HOFSTAD		✓	REP. LOUISE POTTER	✓	
REP. MICHAEL R. NATHE		✓			
REP. TODD PORTER		✓			
REP. GERRY UGLEM		✓			

Total (Yes) 8 No 5

Absent _____

Bill Carrier _____

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

Motion Failed

Referred to APPROP

Date: 3-17-09
Roll Call Vote #: 2

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2283

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended

Motion Made By Rep. Porter Seconded By Rep. Nathe

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN ROBIN WEISZ	✓		REP. TOM CONKLIN		✓
VICE-CHAIR VONNIE PIETSCH	✓		REP. KARI L CONRAD		✓
REP. CHUCK DAMSCHEN	✓		REP. RICHARD HOLMAN		✓
REP. ROBERT FRANTSVOG	✓		REP. ROBERT KILICHOWSKI		✓
REP. CURT HOFSTAD	✓		REP. LOUISE POTTER		✓
REP. MICHAEL R. NATHE	✓				
REP. TODD PORTER	✓				
REP. GERRY UGLEM	✓				

Total (Yes) 8 No 5

Absent 0

Bill Carrier Rep. Weisz

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

Motion Carried DNP

REPORT OF STANDING COMMITTEE (410)
March 17, 2009 5:51 p.m.

Module No: HR-48-5167
Carrier: Welsz
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2283, as reengrossed: Human Services Committee (Rep. Welsz, Chairman)
recommends **DO NOT PASS** (8 YEAS, 5 NAYS, 0 ABSENT AND NOT VOTING).
Reengrossed SB 2283 was placed on the Fourteenth order on the calendar.

2009 TESTIMONY

SB 2283

Senate Bill 2283

Testimony by Sen. Ryan Taylor

Good morning, madam chair and senate colleagues of the human services committee. For the record, my name is Ryan Taylor, senator for District 7 in north central North Dakota. Today, it is my pleasure to place before you SB 2283, a bill allowing our state an expanded role in ensuring the health of our next generation. The gist of the bill is to increase the Medicaid eligibility for pregnant women in our state from the federal minimum of 133 percent of federal poverty guidelines (\$13,034 individual) to 200 percent.

My sponsorship of this bill relates back to my reading of an NCSL Legisbrief two years ago where I learned that our state was one of just eight states yet to expand pregnancy related medical care beyond the federal minimum. We're down on the list with Alabama, and as a proud North Dakotan, I think we can do better and we ought not share company with Alabama on that list any longer.

The subject of prenatal care is dear to me since my wife and I have witnessed the miracle of birth three times in the last two biennium's. I've experienced first hand, well actually second hand, the importance of good prenatal care, regular doctor visits and the care required to bring a healthy, new life into this world.

Some words and references directly from the Child Trends Databank lend themselves to the medical importance of this discussion:

Prenatal visits are important for the health of both the infant and the mother. Health care providers can educate mothers on important health issues such as diet and nutrition, exercise, immunizations, weight gain, and abstaining from drugs and alcohol.¹ Health professionals also have an opportunity to instruct expectant parents on nutrition for their newborn, the benefits of breastfeeding, and injury and illness prevention, diagnose health-compromising conditions, and help them prepare for the new emotional challenges of caring for an infant.²

Mothers who receive late or no prenatal care are more likely to have babies with health problems. Mothers who do not receive prenatal are three times more likely to give birth to a low weight baby and their baby is five times more likely to die.³

Seemingly little things can make a big difference. Supplemental folic acid or iron, for example. The regular conversation with a doctor or the results of the ultrasound, or the sonogram and simple joy of hearing the baby's heartbeat. Childbirth is a wonderful thing, but it's by no means an inexpensive process. Average costs for a delivery for someone without insurance range from \$9,000 to \$17,000 (www.costhelper.com) depending on a number of factors. It is not something that uninsured women have a savings account to cover. Our current income level to qualify for Medicaid coverage is \$13,034, but I would suggest that a single woman making \$15,000 or \$18,000 who does not currently qualify is also unable to afford private health insurance for several thousand dollars per year, and unable to afford a \$10,000 delivery expense.

This would put the new mother in a very precarious financial position with decisions to make that most of us would prefer they not even have to consider.

So the bill before you provides part of a solution to a moral question of our time. It's a "big tent" solution that can be supported by a number of sometimes disparate advocates for women, women's health and the lives of the babies they carry. It comes at a price, and the appropriation is included in the bill--\$3.7 million in state funds leveraging \$6.3 million in federal funds. That's the price, but it's a price that we ought to be willing to pay. If you've ever had the pleasure of holding a healthy newborn baby in your arms or handed that baby to a tired, but healthy mom for the first time for their first feeding, we'd agree that it's well worth the cost.

Research References

¹National Institute of Child Health and Human Development. "Care Before and During Pregnancy - Prenatal Care." Accessed September 27, 2005. http://156.40.88.3/about/womenhealth/prenatal_care.cfm

²Bright Futures. (2002). "Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents" (2nd ed., rev.) Edited by Morris Green and Judith S. Palfrey. Arlington, VA: National Center for Education in Maternal and Child Health. <http://www.brightfutures.org/02/pdf/index.htm>

³Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. "A Healthy Start: Begin Before Baby's Born." Accessed September 27, 2005. <http://www.mchb.hrsa.gov/programs/women/infants/prenatal.htm>

#2

Testimony
Senate Bill 2283 – Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman
January 27, 2009

Chairman Lee, members of the Senate Human Services Committee, I am Maggie Anderson, Director of the Medical Services Division, for the Department of Human Services. I am here today to provide information and offer an amendment regarding Senate Bill 2283.

This bill would require the North Dakota Medicaid program to expand Medicaid coverage for pregnant women to 200 percent of the federal poverty level. Currently, the income level for pregnant women is 133 percent.

The current average Medicaid cost per pregnancy is \$3,761.48, and the Department estimates an additional 1,234 pregnant women per year would receive coverage through Medicaid, with an expansion to 200 percent.

The total fiscal impact for 24 months is \$10,127,421, of which \$3,767,451 are general funds. However, this change will require approval from the Centers for Medicare and Medicaid Services (CMS) and will involve changes to the Department's eligibility system (Vision). Based on the staff effort needed for these items and in consideration of the other program enhancements and expansions in the 2009-2011 Executive Budget, we would estimate the effective date to be no earlier than January 1, 2010.

I would be happy to answer any questions that you may have.

PROPOSED AMENDMENT TO SENATE BILL NO. 2283

Page 1, line 12, remove "or 4"

Page 2, line 13, remove "or 4"

Renumber accordingly

NORTH DAKOTA



3
WOMEN'S NETWORK

Senate Human Services Committee
SB2283
January 27, 2009

Good morning, Madam Chair Lee and members of the Senate Human Services Committee. My name is Renee Stromme, and I am the Executive Director of the North Dakota Women's Network. Thank you for the opportunity to testify in support of Senate Bill 2283.

The North Dakota Women's Network serves as a catalyst for improving the lives of women through communication, legislation and increased public activism. We are a statewide organization with members from every corner of the state.

NDWN believes strongly that women need access to medical care in order to have healthier lives for themselves and their children. I am here today to testify in favor of SB 2283, which would increase medical assistance eligibility to low-income pregnant women at a rate of 200% of Federal Poverty Level. A woman at the 200% of Federal Poverty Level makes less than \$20,800 per year.

Prenatal care is vital for all pregnant women. Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy. For the health of women and their children, increasing access to prenatal care is vital.

Thank you for allowing me to speak to you this morning. The North Dakota Women's Network strongly urge you to pass SB 2283. I will answer any questions.

Renee Stromme
Executive Director

418 E ROSSER, SUITE 100 • BISMARCK, ND 58501 • 701-223-6985

AS LEADERS, THE NORTH DAKOTA WOMEN'S NETWORK WILL SERVE AS THE CATALYST FOR IMPROVING THE LIVES OF WOMEN THROUGH LEGISLATION, COMMUNICATION AND INCREASED PUBLIC ACTIVISM.

My name is Melany Jenkins. I am the Associate Director of Program Services and the lead Public Affairs staff for the March of Dimes North Dakota Chapter.

The Mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth and infant mortality. I would like to address the issue today of the importance of women receiving prenatal care.

Women who receive prenatal care are more likely to have access to screening and diagnostic tests that can help to identify problems early; services to manage developing and existing problems; and education, counseling, and referral to reduce risky behaviors like substance abuse and poor nutrition. Such care may thus help improve the health of both mothers and infants.

Having insurance coverage affects how people use health care services. The uninsured report poorer health status. They are also, less likely to have a usual source of medical care and more likely to delay getting health care services.

Uninsured women receive fewer prenatal services and report greater difficulty in obtaining needed care than women with insurance.

Medicaid is the major public source of financing health care services provided to pregnant women, infants and children.

A joint federal-state health insurance program for low-income Americans, Medicaid financed 41 percent of hospital births in 2002, and covered nearly 30 million children in 2004.

North Dakota is one of ten states that funds pregnant women at less than the federal minimum requirement of 133% of the poverty level. The March of Dimes supports efforts to raise the Medicaid coverage to 200% of the poverty level.

Thank you on behalf of the March of Dimes for all that you do to protect and improve maternal and child health in North Dakota.

Live Births 2006

Total live births	86
Low-weight births ¹	576
Births to teenagers	638
Births to unmarried women	2,738
Total pregnancies ²	<u>9,443</u>

3190

Medicaid
2675

¹Low-weight refers to babies weighing less than 5 pounds, 5 ounces at birth.

²Total pregnancies = live births + fetal deaths + induced terminations.

Fast Facts for Births 2006

Oldest father	76
Oldest mother	48
Youngest father	15
Youngest mother	12
Largest live birth.....	15 lbs., 13 oz.
Highest number in birth order	9th
Day most births occurred	March 30 (41 births)
Day fewest births occurred	December 24 (6 births)

CY
2007
8818 total live births
2717
3190



2283

Maggi Anderson 2-3-09

**Increase Pregnant Women to 200% of Poverty Level
2009-2011 Biennium**

Start Date: January 1, 2010

Number of Individuals: 1,234

Average Cost per PL Pregnancy ¹: \$ 3,761.48

Service	Yearly Cost	Biennial Cost	General Funds	Federal Funds
Yearly Cost	4,641,666	6,962,499	2,574,732	4,387,767
7% / 7% Inflation		649,833	240,308	409,525
Computer system change estimated time to make the changes - 3 months plus 1 month to train county eligibility staff		171,512	85,756	85,756
Biennial Cost to Increase Pregnant Women Eligibility to 200% of Poverty Level on January 1, 2010:		7,783,844	2,900,796	4,883,048

The estimate reflects a 18 month period of implementation.

¹ Calculation based on information from Medstat.

09-11 FMAP: 63.02%

Senate Bill 2283

Testimony by Sen. Ryan Taylor

Good morning, madam chair and senate colleagues of the human services committee. For the record, my name is Ryan Taylor, senator for District 7 in north central North Dakota. Today, it is my pleasure to place before you SB 2283, a bill allowing our state an expanded role in ensuring the health of our next generation. The gist of the bill is to increase the Medicaid eligibility for pregnant women in our state from the federal minimum of 133 percent of federal poverty guidelines (\$13,034 individual) to 200 percent.

My sponsorship of this bill relates back to my reading of an NCSL Legisbrief two years ago where I learned that our state was one of just eight states yet to expand pregnancy related medical care beyond the federal minimum. We're down on the list with Alabama, and as a proud North Dakotan, I think we can do better and we ought not share company with Alabama on that list any longer.

The subject of prenatal care is dear to me since my wife and I have witnessed the miracle of birth three times in the last two biennium's. I've experienced first hand, well actually second hand, the importance of good prenatal care, regular doctor visits and the care required to bring a healthy, new life into this world.

Some words and references directly from the Child Trends Databank lend themselves to the medical importance of this discussion:

Prenatal visits are important for the health of both the infant and the mother. Health care providers can educate mothers on important health issues such as diet and nutrition, exercise, immunizations, weight gain, and abstaining from drugs and alcohol.¹ Health professionals also have an opportunity to instruct expectant parents on nutrition for their newborn, the benefits of breastfeeding, and injury and illness prevention, diagnose health-compromising conditions, and help them prepare for the new emotional challenges of caring for an infant.²

Mothers who receive late or no prenatal care are more likely to have babies with health problems. Mothers who do not receive prenatal are three times more likely to give birth to a low weight baby and their baby is five times more likely to die.³

Seemingly little things can make a big difference. Supplemental folic acid or iron, for example. The regular conversation with a doctor or the results of the ultrasound, or the sonogram and simple joy of hearing the baby's heartbeat. Childbirth is a wonderful thing, but it's by no means an inexpensive process. Average costs for a delivery for someone without insurance range from \$9,000 to \$17,000 (www.costhelper.com) depending on a number of factors. It is not something that uninsured women have a savings account to cover. Our current income level to qualify for Medicaid coverage is \$13,034, but I would suggest that a single woman making \$15,000 or \$18,000 and does not qualify is also unable to afford private health insurance for several thousand dollars per year, and unable to afford a \$10,000 delivery expense. This would

put the new mother in a very precarious financial position with decisions to make that most of us would prefer they not even have to consider.

So the bill before you provides part of a solution to a moral question of our time. It's a "big tent" solution that can be supported by a number of sometimes disparate advocates for women, women's health and the lives of the babies they carry. It comes at a price, and the appropriation is included in the bill--\$3.7 million in state funds leveraging \$6.3 million in federal funds. That's the price, but it's a price that we ought to be willing to pay. If you've ever had the pleasure of holding a healthy newborn baby in your arms or handed that baby to a tired, but healthy mom for the first time for their first feeding, we'd agree that it's well worth the cost.

Research References

¹National Institute of Child Health and Human Development. "Care Before and During Pregnancy - Prenatal Care." Accessed September 27, 2005. http://156.40.88.3/about/childhealth/prenatal_care.htm

²Bright Futures. (2002). "Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents" (2nd ed., rev.) Edited by Morris Green and Judith S. Palfrey. Arlington, VA: National Center for Education in Maternal and Child Health. <http://www.brightfutures.org/bf2/pdf/index.html>

³Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. "A Healthy Start: Begin Before Baby's Born." Accessed September 27, 2005. <http://www.mchb.hrsa.gov/programs/women/infants/prenatal.htm>

#1

Senate Bill 2283

Testimony by Sen. Ryan Taylor

Good morning, Chairman Weisz and representatives of the house human services committee. For the record, my name is Ryan Taylor, senator for District 7 in north central North Dakota. Today, it is my pleasure to place before you SB 2283, a bill allowing our state an expanded role in ensuring the health of our next generation. The gist of the bill is to increase the Medicaid eligibility for pregnant women in our state from the federal minimum of 133 percent of federal poverty guidelines (\$13,034 individual) to 165 percent.

My sponsorship of this bill relates back to my reading of an NCSL Legisbrief two years ago where I learned that our state was one of just eight states yet to expand pregnancy related medical care beyond the federal minimum. We're down on the list with Alabama, and as a proud North Dakotan, I think we can do better and we ought not share company with Alabama on that list any longer.

The subject of prenatal care is dear to me since my wife and I have witnessed the miracle of birth three times in the last two biennium's. I've experienced first hand, well actually second hand, the importance of good prenatal care, regular doctor visits and the care required to bring a healthy, new life into this world.

Some words and references directly from the Child Trends Databank lend themselves to the medical importance of this discussion:

Prenatal visits are important for the health of both the infant and the mother. Health care providers can educate mothers on important health issues such as diet and nutrition, exercise, immunizations, weight gain, and abstaining from drugs and alcohol.¹ Health professionals also have an opportunity to instruct expectant parents on nutrition for their newborn, the benefits of breastfeeding, and injury and illness prevention, diagnose health-compromising conditions, and help them prepare for the new emotional challenges of caring for an infant.²

Mothers who receive late or no prenatal care are more likely to have babies with health problems. Mothers who do not receive prenatal are three times more likely to give birth to a low weight baby and their baby is five times more likely to die.³

Seemingly little things can make a big difference. Supplemental folic acid or iron, for example. The regular conversation with a doctor or the results of the ultrasound, or the sonogram and simple joy of hearing the baby's heartbeat. Childbirth is a wonderful thing, but it's by no means an inexpensive process. Average costs for a delivery for someone without insurance range from \$9,000 to \$17,000 (www.costhelper.com) depending on a number of factors. It is not something that uninsured women have a savings account to cover. Our current income level to qualify for Medicaid coverage is \$13,034, but I would suggest that a single woman making \$15,000 or \$18,000 who does not currently qualify is also unable to afford private health insurance for several thousand dollars per year, and unable to afford thousands for a cash

delivery expense. This would put the new mother in a very precarious financial position with decisions to make that most of us would prefer they not even have to consider.

So the bill before you provides part of a solution to a moral question of our time. It's a "big tent" solution that can be supported by a number of sometimes disparate advocates for women, women's health and the lives of the babies they carry. It comes at a price, and the appropriation is included in the bill—less than a million in state funds leveraging more in federal funds. That's the price, but it's a price that we ought to be willing to pay. If you've ever had the pleasure of holding a healthy newborn baby in your arms or handed that baby to a tired, but healthy mom for the first time for their first feeding, we'd agree that it's well worth the cost.

Research References

¹National Institute of Child Health and Human Development. "Care Before and During Pregnancy - Prenatal Care" Accessed September 27, 2006 http://156.40.68.3/about/women/health/prenatal_care.cfm

²Bright Futures. (2002) "Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents" (2nd ed., rev.) Edited by Morris Green and Judith B. Palfrey. Arlington, VA: National Center for Education in Maternal and Child Health <http://www.brightfutures.org/g2/for/index.html>

³Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. "A Healthy Start: Begin Before Baby's Born" Accessed September 27, 2006 <http://www.mchb.hrsa.gov/soa/soa.htm#prenatal>

#2



*Representing the Diocese of Fargo
and the Diocese of Bismarck*

Christopher T. Dodson
Executive Director and
General Counsel

To: House Human Services Committee
From: Caitlin McDonald, Healthcare Advocate
Subject: SB 2283
Date: March 17, 2009

Chairman Weisz and Members of the Committee:

Good morning, my name is Caitlin McDonald, and I am here on behalf of the North Dakota Catholic Conference. We support SB 2283 and urge a do pass.

This bill, as passed by the Senate, increases the eligibility level for medical assistance benefits for pregnant women from the current rate of 133% of the federal poverty level to 165% of the federal poverty level. Increasing the coverage rate for pregnant women will enable more women to access vital prenatal care, proper nutrition, and other services essential to the health of both mother and baby. We feel this increase will ensure more positive outcomes for pregnant women and unborn children in North Dakota, as mothers who do not receive prenatal care are three times more likely to give birth to a low weight baby and their baby is five times more likely to die, according to the Maternal and Child Health Bureau, a division of the US Department of Health.

Please consider a Do Pass on SB 2283. I thank you for your time and consideration.

2

Testimony
Senate Bill 2283 – Department of Human Services
House Human Services Committee
Representative Robin Weisz, Chairman
March 17, 2009

Chairman Weisz, members of the House Human Services Committee, I am Maggie Anderson, Director of the Medical Services Division, for the Department of Human Services. The Department does not support this bill; however, I am here today to provide information regarding Senate Bill 2283.

The bill as passed by the Senate would require the North Dakota Medicaid program to expand Medicaid coverage for pregnant women to 165 percent of the federal poverty level. Currently, the income level for pregnant women is 133 percent.

The current average Medicaid cost per pregnancy is \$3,761.48, and the Department estimates an additional 385 pregnant women per year would receive coverage through Medicaid, with an expansion to 165 percent.

The Effective Date section of the bill was also amended in the Senate to reflect a January 1, 2010 implementation. The eligibility change in SB 2283 will require approval from the Centers for Medicare and Medicaid Services (CMS) and will involve changes to the Department's eligibility system (Vision). Based on the staff effort needed for these items and in consideration of the other program enhancements and expansions in the 2009-2011 Executive Budget, the Department estimated the effective date to be no earlier than January 1, 2010. The Appropriation section, as amended for both the 165% poverty level and a six-month

implementation delay totals \$2,546,511, of which \$964,031 are general funds.

I would be happy to answer any questions that you may have.

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House Human Services Committee
SB2283
March 17, 2009

Good morning, Chairman Weisz and members of the House Human Services Committee. My name is Renee Stromme, and I am the Executive Director of the North Dakota Women's Network. Thank you for the opportunity to testify in support of Senate Bill 2287.

The North Dakota Women's Network serves as a catalyst for improving the lives of women through communication, legislation and increased public activism. We are a statewide organization with members from every corner of the state.

NDWN believes strongly that women need access to medical care in order to have healthier lives for themselves and their children. I am here today to testify in favor of SB 2283, which would increase medical assistance eligibility to low-income pregnant women at a rate of 165% of Federal Poverty Level. A woman at the 165% of Federal Poverty Level makes less than \$17,160 per year. The average cost of a low-risk pregnancy from prenatal care to delivery is \$7,600 (Kaiser Family Foundation, 2004) - nearly half the income of a woman at 165% of poverty. Complications and a cesarean-section can increase that cost to \$15,000.

Prenatal care is vital for all pregnant women. Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy. For the health of women and their children, increasing access to prenatal care is vital. According to research on the cost-benefit analysis of prenatal care, each dollar spent on prenatal care could save up to \$3.33 more in neonatal care (Guttmacher).

Thank you for allowing me to speak to you this morning. The North Dakota Women's Network strongly urge you to pass SB 2283. I will answer any questions.

Renee Stromme
Executive Director
North Dakota Women's Network