

2013 HOUSE HUMAN SERVICES

HB 1453

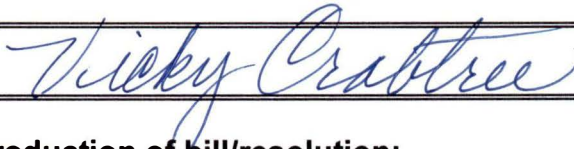
2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee Fort Union Room, State Capitol

HB 1453
January 28, 2013
Job #17833

☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Provide for a nurse triage program in the State Dept. of Health and provide an appropriation.

Minutes:

See Testimony #1

Vice-Chair Hofstad: Opened the hearing on HB 1453.

Rep. Richard Holman: From District 20 introduced and supported the bill. (See Testimony #1)

4:31 Rep. Fehr: Is this one calling system for the whole state and is there already existing system that we are to continue funding?

Rep. Holman: This creates a new system with one call center.

Rep. Laning: You said this is not a call a nurse program, but it sounds like it is.

Rep. Holman: I think it is more comprehensive. This is to save money by having someone who can analyze the situation.

Rep. Anderson: Are there other states with this program?

Rep. Holman: Yes there is. The Health Dept. has that information.

NO OPPOSITION

INFORMATION

Arvy Smith: Assistant deputy director of Dept. of Health gave information. Several states have this same system. Montana has this system only for Medicaid and tells us they have great results.

Rep. Porter: The way this bill is written this is just for Medicaid and this dollar amount would be the state's cost share out of Medicaid to run this program 24/7, 365 days of the year?

Arvy Smith: It is for the whole state and not just Medicaid. We would need partners to put in funding for the special funding. Blue Cross would achieve savings from this. They aren't on board yet. We talked to PERS who are interested and have talked to Medicaid, but not on board. The general fund we estimated would cover the Medicaid match. We don't think we can collect from Medicare for their cost share on this so we built that into state funding.

Rep. Porter: The \$2.2 million would go to a call center out of state that operates 4 or 5 other states?

Arvy Smith: This concept would rely on an out of state vendor. We would go out for bid on this. We talked to Blue Cross about being a vendor. They didn't express any interest. They thought they would be viewed as non-independent and preventing people seeking care. We are looking for an independent contractor on this.

Rep. Fehr: These would not necessarily be nurses licensed in this state?

Smith: There is a medical protocol that is exceptive that these types of organizations follow to decide if someone needs to seek care or referred for another type of care.

Vice-Chair Hofstad: Do these people still have liability protection?

Smith: I believe it provides any liability.

Rep. Fehr: I'm concerned about in-bound call centers and they are in another country how can we be assured the people calling in are going to understand their dialects?

Smith: I believe they can deal with the language issues.

Rep. Mooney: How does the client pay for these services?

Smith: The appropriation not the client would pay for the call. The Montana people were delighted to get advice rather than be told to bring them to ER if they felt like it.

Rep. Mooney: Do you know what the Montana program is called?

Smith: I don't remember, but could give you contact information.

No Opposition

Chairman Weisz: Closed the hearing on HB 1453.

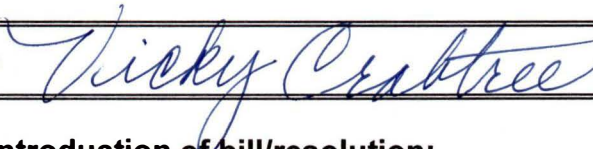
2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee Fort Union Room, State Capitol

HB 1453
January 29, 2013
Job #17924

☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Provide for a nurse triage in the State Dept. of Health and provide an appropriation.

Minutes:

See Testimony #1

Chairman Weisz called to order the continuation of the hearing on HB 1453 as Rep. Nelson couldn't be at the original hearing date.

Rep. Marvin Nelson: Introduced and sponsored the bill. (See Testimony #1)

8:10 Chairman Weisz: The nursing association has concerns over this. The concern is that there won't be a ND nurse on the triage.

Rep. Nelson: You need to be licensed as a ND nurse if you do this job. If they are physically located here probably not.

Rep. Mooney: How does liability work with this?

Rep. Nelson: Works as if you were physically with a nurse. The company and nurse would have liability insurance.

Rep. Mooney: Do the private call a nurse programs have a good success rate?

Rep. Nelson: It is hard to find out. It's hard to come up with a study that doesn't have a positive outcome.

Rep. Fehr: Have you seen any data on who uses this?

Rep. Nelson: It almost follows marketing. States have marketed to their Medicaid patients. Public awareness is the biggest barrier to ask a nurse programs.

Rep. Fehr: I can't believe someone having a heart attack would call the nurse first.

Rep. Nelson: This is for when people don't know. Clearly on the phone there will be times the nurse can't distinguish.

Rep. Fehr: If someone fits into a category where someone is looking for information this fits into that?

Rep. Nelson: That is true.

Rep. Mooney: If this money is approved it would run through the State Dept. of Health. Do you envision our local health districts or even social service people working to get the word out?

Rep. Nelson: Yes. I'd like to add if I may. The funding, I don't like that it is going to BC/BS and going to PERS where they say, "Here's where the benefit is". People are saving money by not paying as much in taxes or in cost shifting in their health insurance. I feel it makes sense to start, getting the money from the general fund. I'm concerned if they go and ask for the money from these companies that it would stop the program. We don't have a Medicaid waiver, but they most certainly are going to give it.

Chairman Weisz closed the hearing on HB 1453.

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee Fort Union Room, State Capitol

HB 1453
February 11, 2012
Job #18369

☐ Conference Committee

Committee Clerk Signature

Ticky Crabtree

Explanation or reason for introduction of bill/resolution:

Providing a nurse triage.

Minutes:

You may make reference to "attached testimony."

Chairman Weisz called the meeting to order on HB 1453.

Rep. Porter: I move a Do Not Pass on HB 1453.

Rep. Laning: Second.

Chairman Weisz: Committee, did you receive e-mails from the Nurse's Association? So everybody did receive their opinion on this. Dr. Dwelle thinks at some point we need to look at something. I don't know if this is the vehicle for that or not.

Rep. Porter: Talking with some of the people who make up the vast majority of funding for this bill. Which is the \$1.75 million of special funds coming from private dollars outside of the state, I didn't hear anyone who was committed to this program or writing a check to this program. They need to get there partners together if they want to do this. I can't support it yet.

Rep. Fehr: My comments are similar. I'm concerned about testimony of other bills of bad debt and emergency room visits and this may help some. But, it is not clear to me that it will do that much for that big problem. I'm supporting the motion.

Rep. Oversen: UND had a nurse triage and it was successful. I'm in support of the program.

Chairman Weisz: Sanford in Fargo is the only one in the state that has Ask A Nurse.

ROLL CALL VOTE: 10 y 3 n 0 absent

DO NOT PASS MOTION CARRIED

Bill Carrier: Rep. Porter

Date: 2-6-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1453

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

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

Motion Made By Rep. Porter Seconded By Rep. Laning

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ		✓	REP. MOONEY	✓	
VICE-CHAIRMAN HOFSTAD	✓		REP. MUSCHA	✓	
REP. ANDERSON		✓	REP. OVERSEN		✓
REP. DAMSCHEN	✓				
REP. FEHR	✓				
REP. KIEFERT	✓				
REP. LANING	✓				
REP. LOOYSEN	✓				
REP. PORTER	✓				
REP. SILBERNAGEL	✓				

Total (Yes) 10 No 3

Absent _____

Floor Assignment Rep. Porter

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

REPORT OF STANDING COMMITTEE

HB 1453: Human Services Committee (Rep. Weisz, Chairman) recommends **DO NOT PASS** (10 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). HB 1453 was placed on the Eleventh order on the calendar.

2013 TESTIMONY

HB 1453

#1

*House Human Services Committee
Testimony by Rep. Rick Holman
January 28, 2013
Nurse Telephone Triage*

Testimony:

The Nurse Telephone Triage Project will implement a telephone triage system with a contractor. The system will reduce unnecessary emergency department visits resulting in an overall reduction of emergency department expenditures and will also be useful during large scale emergencies. A contractor would be secured to staff the system 24 hours a day, seven days a week to receive the calls, provide the caller with assistance in deciding if medical care or emergency room care should be sought, provide advice for self-care, if appropriate, and collect data to measure the system's efficacy and analyze disease data. The caller assistance is based on approved protocol.

The project is estimated to reduce health care costs by from a minimum of \$3 million to as much as \$9 million the first biennium and by \$10 to \$29 million in future biennia.

The proposal is based on getting cost share of \$1,750,000 from those payers who would benefit. State general funding is requested for the Medicaid portion of the estimated number of calls to start but there is potential for a Medicaid waiver to cover much of the Medicaid general fund portion in the future, as one other state has done. Costs include \$1.8 million to a contractor to take the calls and \$500,000 marketing campaign the first biennium only.

(Information gathered from a discussion with the ND Department of Health.)

Testimony of Representative Marvin E. Nelson 1/29/2013 in front of House Human Services Committee.

HB1453.

Chairman Weisz, members of the committee;

HB1453 is to create a statewide nurse triage program in the state under the Dept. of Health. Nurse triage is commonly called Ask a Nurse or Call a Nurse or something like that but most of those are trademarks of particular companies and so I use nurse triage as a more general term to represent the use of registered nurses which can be called by people for help in making medical decisions.

The nurses would be licensed by ND and the companies providing the services carry insurance such as medical malpractice.

The goal of a nurse triage is that a higher percentage of people receive appropriate care at the appropriate time. One of the great problems in medicine is that people need to make the decision of when and when not to seek medical care and at what level of care do they enter the medical system. This results in both the overutilization and underutilization of health care at the appropriate time.

Overutilization would be when a concerned parent brings in a child to an emergency room when what the child has is a common cold. In addition to costing a relatively high amount, there is really nothing that the child will receive to improve his medical condition, in addition, the presentation of the child at the emergency room potentially exposes him to other, more dangerous diseases at a time he is in a weakened condition.

By giving the parents a number where they can call a nurse, they can discuss the illness and what to do for the child. You have health care taking place, actually in some ways superior to what the emergency room can offer, and you are doing it for a lower cost. In addition, there is an education of the parents that takes place that tends to reduce future inappropriate care.

You may on the other hand have a person suffering something like a stroke or heart attack with symptoms the family are not really familiar with, while at the same time the person insists that he or she does not need to go to the emergency room. The call offers a way for the family to get some degree of certainty that indeed, presenting the person at an emergency quickly is the needed response. Delays in treatment can cause increases in damage and increase costs of such things as rehabilitation.

Can one always know with certainty through a phone call, no, of course not, but often one can.

Can hospitals provide the service? Some of course have and do, the problems become one of are they running the program to contain costs? Do they receive the benefits or are they a part of a larger, competitive market where they end up with costs their competitors don't while having the benefits also go to competitors?

There is also the question in people's minds of whether they can trust the program when run by a hospital because the concern is are they just going to tell you to come in even when you don't need to.

With our relatively small population and many service providers throughout the state, it really makes sense to make it a statewide program.

In addition a statewide, state run program gives the Dept. of Health information they will not get through private programs. Things like clusters of calls from an area or the start of a potential epidemic. Minnesota actually ran a statewide system just for one flu outbreak.

Inappropriate use of our medical system comes with a lot of costs. The taxpayers of the state cover much of this through programs such as Medicaid, Medicare and so on. There is also a cost on private health insurance due to cost shifting to private payers. A statewide program will save people more on their taxes and insurance than the program costs and so is a good investment for the people of North Dakota, the result of a nurse triage program would be better healthcare at lower cost.

Medicaid is one area where a lot of people say there is overutilization of emergency rooms. Using the program, the state can use things like refrigerator magnets, key fobs and so on. They can educate the recipients to call the nurse first and studies so good compliance with the instructions given people. We have to remember they are not trained professionals themselves, rather they need the help of trained professionals to make good decisions.

Others will also get access, it seemed as a parent, one of the laws of nature is a child does not get sick until 5:00p.m. on a Friday afternoon. Things don't seem to happen when they are convenient. A nurse triage program makes health care more accessible at all hours and days.