

**2013 SENATE HUMAN SERVICES**

**SB 2269**

# 2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

SB 2269

1/28/13

Recording Job Number: 17802

Conference Committee

Committee Clerk Signature:



## Explanation or reason for introduction of bill/resolution:

To provide for a legislative management study for the state's health care system; to provide for a care consortium; and to provide an appropriation.

## Minutes:

You may make reference to "attached testimony."

**Vice Chairman Larsen** opens hearing on SB 2269.

**Chairman Lee** introduces the bill to the committee and explains the intention is to have an overreaching study of the availability and access and delivery of healthcare in a very broad sense. It is also important that it include stakeholders and not just be an interim legislative committee study. There is an appropriation of \$50,000.

**Dan Ulmer** from Blue Cross Blue Shield supports the bill. He did not provide written testimony but briefly describes a few studies he was a part of to the committee.

No questions from the committee for Mr. Ulmer.

No more testimony in favor, opposition or neutral.

Hearing is closed.

# 2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

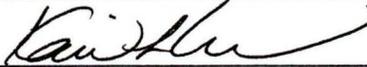
SB 2269

1/28/13

Recording Job Number: 17804

Conference Committee

Committee Clerk Signature:



## Explanation or reason for introduction of bill/resolution:

To provide for a legislative management study for the state's health care system; to provide for a care consortium; and to provide an appropriation.

## Minutes:

You may make reference to "attached testimony."

**Chairman Lee** opens discussion on SB 2269 and asks committee if there is any further information that they need for consideration.

The committee briefly discusses on the appropriation. Chairman Lee continues to explain the purpose of the bill. They are trying to figure out if there is some way that we can provide a more seamless provision of services and make sure it's being done in a more evenly distributed way throughout the state. Financing is a big deal. The governor's appointed consortium will allow them to appoint stakeholders and not just have legislators.

**Senator Anderson** moves a Do Pass and Rerefer to Appropriations.

**Senator Axness** seconds.

**Senator Dever** asks for further clarification on if the legislative management study and the care consortium are two different things. Chairman Lee explains that it's the governor's appointed group that would have the appropriation for the consortium so she sees them as two different studies about the same topic. Discussion briefly continues and Chairman Lee makes sure Senator Dever is clear and ready to proceed with the vote.

**Roll call vote:** 5-0, motion passes.

**Senator Axness** is the carrier.

# 2013 SENATE STANDING COMMITTEE MINUTES

## Senate Human Services Committee Red River Room, State Capitol

SB 2269

1/28/13

Recording Job Number: 17856

Conference Committee

Committee Clerk Signature:



### Explanation or reason for introduction of bill/resolution:

To provide for a legislative management study for the state's health care system; to provide for a care consortium; and to provide and appropriation.

### Minutes:

You may make reference to "attached testimony."

**Chairman Lee** re-opens discussion on SB 2269 and asks the committee if someone would be willing to move to reconsider the actions by which they passed SB 2269 and rereferred to Appropriations for purposes of considering and amendment.

**Senator Larsen** moves to reconsider.

**Senator Axness** seconds.

Committee moves all in favor by voice vote. Motion is carried.

**Chairman Lee** reviews the amendment language proposed by Joel Gilbertson. See attachment #1.

**Senator Larsen** follows by referencing the list from Terry Dwelle (see attachment #2) and wants to know who the experts are in the western part of the state. Chairman Lee proceeds to go through the list in more detail and states that because of the statewide scope of all of those organizations they would have really good representation.

**Senator Dever** wants to know how this is different from what they are looking for if these individuals are members of the Statewide Vision and Strategy Group. Chairman Lee doesn't think that it is states that she doesn't want to necessarily duplicate it. She suggests asking Terry Dwelle or Melissa Olsen from the Health Department to come down to help clarify this and asks the law intern to contact them on their availability.

Discussion is recessed.

# 2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

SB 2269

2/4/13

Recording Job Number: 18252

Conference Committee

Committee Clerk Signature:



## Explanation or reason for introduction of bill/resolution:

To provide for a legislative management study for the state's health care system; to provide for a care consortium; and to provide an appropriation.

## Minutes:

You may make reference to "attached testimony."

Committee discussion continued on 2269:

**Dr. Terry Dwelle**, on behalf of Melissa Olsen, provides additional information. See attachment #3.

**(0:11:05 - 0:15:32)** - Discussion between Chairman Lee and Dr. Dwelle about the purpose of the study, the Statewide Vision and Strategy (SVS), and exchanges.

**(0:15:45 - 0:19:16)** Chairman Lee states that it would be helpful and beneficial to have legislatures on the list as well and continues to stress the importance of what needs to get accomplished with this bill.

**(0:19:180)** Discussion between Senator Larsen and Dr. Dwelle on how SVS is funded. The coordinator is designated by Dr. Dwelle which comes from the Preventive Health Block grant. The rest of the funding has come through BCBS and other partners who have donated resources. This has not been funded in the past by general fund dollars.

No further questions from the committee for Dr. Dwelle.

**(0:20:50 - 0:27:54)** Pre the request of Chairman Lee, **Tammi Ternes** from the Governor's office, steps up to provide information for the committee. Ms. Ternes explains that she has not had a conversation with the Governor regarding this bill. There was a meeting where a task force was recommended to look more into these healthcare issues and the group decided to move more towards a study to engage legislatures. Discussion between Chairman Lee and Ms. Ternes continues on the care consortium. Ms. Ternes states that someone from her office (couldn't catch the name off the recording) would be more knowledgeable on this topic and Chairman Lee asks her to check with her to get her thoughts. Senator Anderson follows by asking Ms. Ternes to also look into if both the study and care consortium are needed.

**(0:28:02 - 0:34:26) Andy Peterson**, Greater North Dakota Chamber, discusses 2020 and its background, as well as how the study and consortium need to be a bipartisan effort.

**Chairman Lee** suggests an amendment that might eliminate the duplications by leaving the legislative management study concept in and, instead of having section 2 regarding the consortium, they allow the SVS to be a significant part of the contributions to that study and add other stakeholders as they see fit. Committee discussion follows about only funding the consortium and perhaps funding a consultant. Mr. Ulmer steps back up addressing his concerns on splitting the consortium from the study and offers some suggestions on how they can make this work. (Ends at 0:46:23)

**Dr. Dwelle** discusses the sustainability of the EMS system.

**Jerry Jurena**, President of the ND Hospital Association briefly offers his comments. The bill has a good format and the concept is right but they need to integrate more funding. He also discusses who could and should be added to the group.

**Courtney Koebele** from the ND Medical Association agrees with everything others have discussed today. She looked up chapter 15-52 (School of Medicine) and suggests using their way of listing their group as an example.

**Chairman Lee** asks everyone in the room who spoke to get together to come up with some kind of solution so the committee can work with them on this.

Discussion is closed.

# 2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

SB 2269

2/6/13

Recording Job Number: 18447

Conference Committee

Committee Clerk Signature:



## Explanation or reason for introduction of bill/resolution:

To provide for a legislative management study for the state's health care system; to provide for a care consortium; and to provide an appropriation.

## Minutes:

You may make reference to "attached testimony."

Discussion #3 on SB 2269:

**Senator Anderson** explains why he feels this bill is not needed and motions a Do Not Pass.

**Chairman Lee** asks Senator Anderson if he would be willing to withdraw his motion in order to review her handout. He agrees to retract. Chairman Lee distributes and discusses an email from Megan Houn that suggests language changes and adds additional language which she explains to the committee (see attachment #4). Committee discussion follows and it is agreed that this new paragraph would substitute for section 2.

**Senator Larsen** explains why he agrees with Senator Anderson's motion.

**Senator Anderson** moves a Do Not Pass.

**Senator Larsen** seconds.

Committee discussion continues on the motion. Senator Dever asked to divide the question: section 1 being division A and sections 2 and 3 being division B with no objection from the committee.

**Roll Call Vote #1:** YES Vote = delete section 1 (A), NO Vote = keep section 1 (A) ✓  
**Motion Do Not Pass 0-5. Section 1 remains in the bill.**

**Roll Call Vote #2:** YES Vote = delete sections 2-3 (B), NO Vote = keep sections 2-3 (B)  
**Motion Do Not Pass 4-1. Sections 2-3 are removed from the bill.**

**Senator Anness** moves to adopt the amendment discussed earlier (attachment #4).

Senate Human Services Committee  
SB 2269  
2/6/13  
Page 2

No one seconds the motion so the motion fails.

**Senator Dever** moves Do Pass to keep section 1 and delete sections 2-3 as Amended.

**Senator Larsen** seconds.

**Roll Call Vote:** 5 -0, motion passes

**Senator Dever** is the carrier.

# 2013 SENATE STANDING COMMITTEE MINUTES

## Senate Human Services Committee Red River Room, State Capitol

SB 2269

2/11/13

Recording Job Number: 18737

Conference Committee

Committee Clerk Signature:



### Explanation or reason for introduction of bill/resolution:

To provide for a legislative management study for the state's health care system; to provide for a care consortium; and to provide an appropriation.

### Minutes:

You may make reference to "attached testimony."

**Chairman Lee** re-opens discussion on SB 2269 and explains why the bill was pulled back to the committee to reconsider. The last action was on the floor so no motion to reconsider is needed. The committee discusses the amendment that Chairman Lee drafted (see attachment #5) which includes the stakeholders (see attachment #6) and the hospitals (see attachment #7) wishes.

**(0:05:46) Senator Anderson** moves the new amendment and adding the appropriation back on. Senator Dever suggests having more discussion on the format, particularly on the appropriation, before a motion is made. Committee discussion continues on attachment #5 and additional changes are made.

**(0:31:40)** - Chairman Lee talks through all the amendments:

- The new paragraph with the changes they just discussed will replace sections 1 and 2 to the middle of line 20, then bring in the old language "In developing the model health care system..." through page 2, line 7.
- Page 2, line 8 - replace "department of commerce" with "Legislative Management"
- Section 3 - \$75,000 replaces \$50,000
- Section 3, line 15 - replace "department of commerce" with "Legislative Management"

**Senator Anderson** moves to adopt the amendment.

**Senator Dever** seconds.

**Roll Call Vote:** 5-0, motion passes

**Senator Anderson** moves Do Pass as Amended and Rerefer to Appropriations.

**Senator Axness** seconds.

Senate Human Services Committee  
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Page 2

**Roll Call Vote:** 5-0, motion passes

**Senator Dever** is the carrier.

Additional testimony from Bill Shalhoob from Greater North Dakota Chamber of Commerce was submitted after hearing and follows attachment #7.

# 2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

SB 2269

2/12/13

Recording Job Number: 18788

Conference Committee

Committee Clerk Signature:

## Explanation or reason for introduction of bill/resolution:

To provide for a legislative management study for the state's health care system; to provide for a care consortium, and to provide an appropriation.

## Minutes:

You may make reference to "attached testimony."

**Chairman Lee** calls the committee back to order for some brief discussion on SB 2269 regarding the revised amendments from Chairman Lee. The first section has an optional study and the second section has a mandatory study so discussion is needed to reconcile this. Committee discussion on "shall" vs. "may."

**Senator Dever** moves to amend on line 5 overstrike the word "consider studying" and insert the word "study."

**Senator Larsen** seconds.

**Roll Call Vote:** 5-0, motion passes.

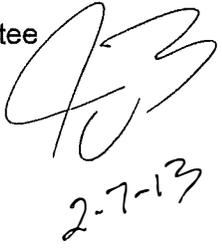
**Chairman Lee** realizes that this was already voted out of the committee so it can't be amended unless the committee reconsiders their previous motion. The committee decides not to reconsider so Chairman Lee rules that the amendment is out of order since it has already been passed out. She proceeds to sign off on original motion made yesterday.

Discussion is closed.

13.0675.01001  
Title.02000

Adopted by the Human Services Committee

February 6, 2013



Handwritten signature and date: 2-7-13

PROPOSED AMENDMENTS TO SENATE BILL NO. 2269

Page 1, line 2, remove "; to provide for a health care consortium; and to provide an appropriation"

Page 1, remove lines 12 through 23

Page 2, remove lines 1 through 18

Renumber accordingly

February 11, 2013

*FB*  
*2-11-13*  
*1 of 2*

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2269

Page 1, line 2, after "system" insert "; to provide for a health care consortium; and to provide an appropriation"

Page 1, after line 11, insert:

**"SECTION 2. HEALTH CARE CONSORTIUM - REPORT TO LEGISLATIVE MANAGEMENT AND GOVERNOR.**

1. The governor shall appoint a consortium that includes a broad scope of private sector stakeholders, members of the senate and the house of representatives, and representation from the statewide vision and strategy partnership for a healthier North Dakota and the university of North Dakota school of medicine and health sciences advisory council. The consortium shall receive and review information provided by the statewide vision and strategy partnership for a healthier North Dakota and the university of North Dakota school of medicine and health sciences advisory council, including the second annual report of the council. The consortium shall provide direct input to the legislative management interim committee that conducts the study provided for under section 1 of this Act. The consortium shall focus its efforts on addressing the immediate needs and challenges of the North Dakota health care delivery system, implementing the healthy North Dakota initiative, examining medicaid reform, and developing a plan for a private health care model that will comply with federal health care reform in a manner that will provide high quality, accessible, and affordable care for North Dakota citizens.
2. In developing the model health care system, the health care consortium shall:
  - a. Consider population shifts, facility needs, personnel needs, rural access, regulatory public health functions, and vulnerable populations.
  - b. Determine the scope of the weaknesses in the current health care system and the scope of the model health care system.
  - c. Take into account the ongoing impact that federal health care reform under the federal Affordable Care Act is having on state delivery of health care and on state delivery of medicaid.
  - d. Work to forge partnerships with federal payers and regulators in order to work toward addressing medical reimbursement system reform.
3. The legislative management shall contract with a consultant to assist the health care consortium in developing a model health care system as required under subsection 2.
4. Before June 1, 2014, the health care consortium shall report to the governor and to the legislative management on the status of the development of the model health care system as well as any recommendations.

2 of 2

**SECTION 3. APPROPRIATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$75,000, or so much of the sum as may be necessary, to the legislative management for the purpose of funding the activities of the health care consortium under section 2 of this Act, for the biennium beginning July 1, 2013, and ending June 30, 2015."

Renumber accordingly



Date: 1/28/13  
 Roll Call Vote #: 1

**2013 SENATE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2269**

Senate 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 Sen. Larsen Seconded By Sen. Axness

Senators	Yes	No	Senator	Yes	No
Chariman Judy Lee			Senator Tyler Axness		
Vice Chairman Oley Larsen					
Senator Dick Dever					
Senator Howard Anderson, Jr.					

*Voice Vote  
 All in favor*

Total (Yes) 5 No 0

Absent 0

Floor Assignment \_\_\_\_\_

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







Date: 2/6/13  
Roll Call Vote #: 3

2013 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2269

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number language in Attachment #4

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

Motion Made By Sen. Axness Seconded By \_\_\_\_\_

Senators	Yes	No	Senator	Yes	No
Chariman Judy Lee			Senator Tyler Axness		
Vice Chairman Oley Larsen					
Senator Dick Dever					
Senator Howard Anderson, Jr.					
<i>Motion fails - NO second</i>					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

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

Date: 2/6/13  
Roll Call Vote #: 4

2013 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2269

Senate Human Services Committee

Check here for Conference Committee 13.0675.01001

Legislative Council Amendment Number Keep sec 1., remove sec 2-3

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

Motion Made By Sen. Dever Seconded By Sen. Larsen

Senators	Yes	No	Senator	Yes	No
Chariman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Dever

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

Date: 2/11/13  
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2269

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number 13. 0675. 02001 Attachment #5

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

Motion Made By Sen. Anderson Seconded By Sen. Dever

Senators	Yes	No	Senator	Yes	No
Chariman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment \_\_\_\_\_

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

Date: 2/11/13  
 Roll Call Vote #: 2

**2013 SENATE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2249**

Senate Human Services Committee

Check here for Conference Committee 13.0075.02001

Legislative Council Amendment Number Attachment #5

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

Motion Made By Sen. Anderson Seconded By Sen. Axness

Senators	Yes	No	Senator	Yes	No
Chairman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Dever

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

Date: 2/12/13  
 Roll Call Vote #: 1

**2013 SENATE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2269**

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number Line 5 - overstrike "consider studying"

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment and insert "study"

Rerefer to Appropriations  Reconsider

Motion Made By Sen. Dever Seconded By Sen. Larsen

Senators	Yes	No	Senator	Yes	No
Chairman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				
<i>Amendment ruled out of order by Chairman Lee</i>					

Total (Yes) 5 No 0

Absent 0

Floor Assignment \_\_\_\_\_

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

**REPORT OF STANDING COMMITTEE**

**SB 2269: Human Services Committee (Sen. J. Lee, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2269 was placed on the Sixth order on the calendar.

Page 1, line 2, remove "; to provide for a health care consortium; and to provide an appropriation"

Page 1, remove lines 12 through 23

Page 2, remove lines 1 through 18

Renumber accordingly

**REPORT OF STANDING COMMITTEE**

**SB 2269, as engrossed: 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, 0 ABSENT AND NOT VOTING). Engrossed SB 2269 was placed on the Sixth order on the calendar.

Page 1, line 2, after "system" insert "; to provide for a health care consortium; and to provide an appropriation"

Page 1, after line 11, insert:

**"SECTION 2. HEALTH CARE CONSORTIUM - REPORT TO LEGISLATIVE MANAGEMENT AND GOVERNOR.**

1. The governor shall appoint a consortium that includes a broad scope of private sector stakeholders, members of the senate and the house of representatives, and representation from the statewide vision and strategy partnership for a healthier North Dakota and the university of North Dakota school of medicine and health sciences advisory council. The consortium shall receive and review information provided by the statewide vision and strategy partnership for a healthier North Dakota and the university of North Dakota school of medicine and health sciences advisory council, including the second annual report of the council. The consortium shall provide direct input to the legislative management interim committee that conducts the study provided for under section 1 of this Act. The consortium shall focus its efforts on addressing the immediate needs and challenges of the North Dakota health care delivery system, implementing the healthy North Dakota initiative, examining medicaid reform, and developing a plan for a private health care model that will comply with federal health care reform in a manner that will provide high quality, accessible, and affordable care for North Dakota citizens.
2. In developing the model health care system, the health care consortium shall:
  - a. Consider population shifts, facility needs, personnel needs, rural access, regulatory public health functions, and vulnerable populations.
  - b. Determine the scope of the weaknesses in the current health care system and the scope of the model health care system.
  - c. Take into account the ongoing impact that federal health care reform under the federal Affordable Care Act is having on state delivery of health care and on state delivery of medicaid.
  - d. Work to forge partnerships with federal payers and regulators in order to work toward addressing medical reimbursement system reform.
3. The legislative management shall contract with a consultant to assist the health care consortium in developing a model health care system as required under subsection 2.
4. Before June 1, 2014, the health care consortium shall report to the governor and to the legislative management on the status of the development of the model health care system as well as any recommendations.

**SECTION 3. APPROPRIATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$75,000, or so much of the sum as may be necessary, to the legislative management for the purpose of funding the activities of the health care consortium under section 2 of this Act, for the biennium beginning July 1, 2013, and ending June 30, 2015."

Renumber accordingly

**2013 SENATE APPROPRIATIONS**

**SB 2269**

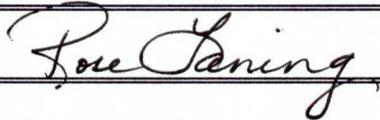
# 2013 SENATE STANDING COMMITTEE MINUTES

## Senate Appropriations Committee Harvest Room, State Capitol

SB 2269  
February 18, 2013  
Job # 19096

Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide for a legislative management study of the state's health care system; to provide for a health care consortium; and to provide an appropriation.

### Minutes:

Legislative Council - Brady Larson

OMB - Lori Laschkewitsch

Chairman Holmberg opened the hearing on SB 2269. All committee members were present.

### Senators Grindberg, District 41: Bill Sponsor.

A few remarks and Senator Dever will add a few remarks on behalf of the policy committee. A few years ago, they wrote into law in a Department of Commerce budget bill language that was described as Beyond 2020. The intent was to separate the legislative history of interim work with economic development and workforce development policy. The beyond 2020 was advanced to allow the business community to lead that during that biennium. The purpose was to get state chambers and other groups organized in identifying what citizens in North Dakota feel about the future and what needs to change. Before the start of this session, I met with group that wanted to advance initiatives that were defined in that report. That is where he agreed to sponsor healthcare legislation. As he listened to some of the health care providers things are changing and the last comprehensive study was in the 90s. He felt he would give them the background and why this is here and why he is on the bill.

**Senator Dever, District 32:** Member of the Human Service committee and carrier of the bill. The bill was introduced with three sections, the first one is the legislative management study, the second a study with the committee appointed by the Governor, the third section is an appropriation that began at fifty thousand dollars and now stands at seventy-five thousand dollars by action in the Human Service Committee and the floor. They previously had amended out section two and three and then through further conversations they became convinced that they should put that back together, so that is what they did. They also provided more specifics to section two on to who would serve on that committee including members of the Senate and House of Representatives. He isn't sure if seventy-five thousand dollars is the right amount of money for hiring a consultant.

**Senator Mathern:** Said he needed a little more information in terms of section two and section one. He didn't quite understand if he was talking about two studies.

**Senator Dever:** They are talking about two studies and in section one it says legislative management shall consider studying the state health care system that is an optional study in this bill.

**Senator Mathern:** Asked why they don't do them together.

**Senator Dever:** Said in some sense they are because it would include members of the Senate and the House of Representatives. The study currently taking place in the private sector is some distance along and what they are doing as a report is...it says in section two; shall provide direct input to the legislative management interim committee that conducts the study.

**Senator Mathern:** Said he supports the concept but is concerned that they could have two tracks going on and when they come to the next legislative session with two versions verses a version that was developed with input from the public and private sector legislative branch. That is so important because we do have some of these things going on already but it seems to him they aren't making the connection between the legislature and these initiatives.

**Senator Dever:** Said in section three it does say the money will be appropriated to legislative management.

**Andy Peterson, President of the Greater ND Chamber of Commerce:** Said they are in support. One of the things that they are concerned with in North Dakota and as we chose not to go down the road of building a state exchange, where are we going from here, how will North Dakota employers be effected. There are really two distinct models that they have come up with. One of the big issues they are talking about is healthcare. There is a private exchange model being built out there in many states. We are on the verge of looking at a private exchange here in North Dakota. The models that have come out are the Vermont model, a single payer system. What is emerging in our state maybe a private alternative to Obamacare. They have been meeting with some of the larger employers in the state and have been talking about healthcare. There is a great degree of uncertainty to them and they want to know where we are going. How can we get involved and make sure what happens in North Dakota is really the best thing for our states employers verses letting something happen to us. They think there is a window coming up in 2017 that will allow them to get out of Obamacare but they could come up with a model that says this meets the standards and we will do it the North Dakota way. They have a little experience and were involved in Beyond 2020. (9:18-12:33)

**Vice Chairman Grindberg:** Said that there had been discussion about the dollar amount, it was introduced at fifty and moved by Human Services committee to seventy-five, any thoughts?

**Andy:** We'd like more money if we could, but will work with what we get.

**Senator Mathern:** Comments imply that this is a way to figure out an exchange for North Dakota, is that your intent to limit the study to an issue of exchange in 2017?

**Andy:** Said no, they think it needs to be more comprehensive than that but in interest of time, I'm trying to hit the highlights. We understand that the issues facing the healthcare system in North Dakota are complex and large. We need to address all of those issues not just an exchange.

**Vice Chairman Grindberg:** Said back to the dollars, would it make sense to have this matched by the industry and providers as a comprehensive approach?

**Andy:** Said it would make perfect sense.

**Vice Chairman Grindberg:** What are your thoughts if we moved this to one hundred thousand in general funds and it had to be matched so it would be two hundred thousand dollar effort?

**Andy:** They would be supportive of that.

**Senator Carlisle:** If it is at seventy-five and you put in a seventy-five match, what is your theory of it going to \$200,000?

**Vice Chairman Grindberg:** If they're bringing in consultants, this effort is going to be much more time intensive and many more meetings than Beyond 2020 meetings. There has been discussion about doing these right verses pinching pennies.

**Senator Carlisle:** Could this bill be rolled it into the commerce budget?

**Vice Chairman Grindberg:** I'd have no problem doing that and tagging it under the definition of 2020.

**Chairman Holmberg:** Opposition to 2269? He closed the hearing.

**Vice Chairman Grindberg:** Senator Carlisle suggested a discussion about moving this into the commerce budget and killing the bill. As the sponsor I would have no problem with that, under the tag line of Beyond 2020.

**Senator Mathern:** That narrows it too much. If we're using the model of the health task force that was around a decade ago, that had staff. The challenge was bringing all the stake holders together. If we move this to a specific budget, like Commerce, then it gives the message that it's a smaller study.

**Senator Carlisle:** As long as we get the end result.

**Chairman Holmberg:** We are not always consistent. Senator Mathern makes a valid point.

**Vice Chairman Grindberg:** I would like to draw up an amendment that would provide \$200,000 for this project, which a \$100,000 be from the state and the other \$100,000 would have to be raised by the group.

**Chairman Holmberg:** Why don't you put together that amendment and then we will bring this up later.

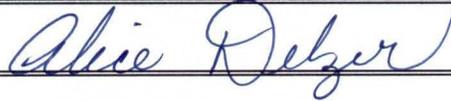
# 2013 SENATE STANDING COMMITTEE MINUTES

## Senate Appropriations Committee Harvest Room, State Capitol

SB 2269  
02-19-13  
Job # 19146

Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

A BILL in regards to legislative management study of the state's health care system (DO PASS AS AMENDED)

### Minutes:

You may make reference to "attached testimony."

**Chairman Holmberg** called the committee to order on Tuesday, February 19, 2013 in regards to SB 2269. All committee members were present.

Tammy R. Dolan -OMB  
Brady Larson -Legislative Council

**Vice Chairman Grindberg** explained the amendment and then moved the amendment.(1.43) Senator Erbele 2<sup>nd</sup> the amendment. #13.0675.03002 (attached)

**Senator Mathern:** One of the concerns I had in the subcommittee that it almost suggests to studies going on. We have a legislative management study and then we have the health care consortium report, which is kind of a study and I would appreciate some further feedback on that and I had suggested that this be combined. Because I really do believe there is a need for this. One of our difficulties in our culture is moving on separate tracks. I kind of hoped that the amendment would have brought these two together.

**Vice Chairman Grindberg** I think there are many bills that have multiple tracks, it's just the nature of the legislative process. What I took away from yesterday's discussion was:

- A. Don't put it the Commerce bill
- B. Let's have some matching funds and strengthen this to move forward so that at the end of the session what sticks as studies is what the second half is going to bring so I understand your point of what we're doing is advancing this bill as best as possible through the Senate and hope that has a good light in the House because at that point we don't have anything to say anymore. If they kill it then we are done and then it's your study that you referenced in another bill, which I am not fully aware of. My takeaway from yesterday is the intent to what was drafted.

**Senator Mathern** Do you see the legislative committee as managing this study or the consortium managing this study?

**Vice Chairman Grindberg** The consortium would manage that with input from executive and legislative branches.

**Chairman Holmberg** We have had this kind of interesting situation before. Last session, the Higher Education Committee spend money studying and producing one bill, and the study that was conducted off campus, shall we say, is the one that came up with the bill that this committee has already endorsed to change the entire funding scheme for higher education so sometimes having eyes outside of the legislature produces more than just the legislative group. And I think that would be one example and they did not work together. That other committee did there own thing.

All in favor of amendments say aye. Opposed, none. it carried

**Vice Chairman Grindberg moved do pass as amended on 2269. 2<sup>nd</sup> by Vice Chairman Bowman**

**Chairman Holmberg:** Call the roll on a Do Pass as Amended.

**A Roll Call vote was taken. Yea: 12; Nay: 1; Absent: 0.**

**Vice Chairman Grindberg will carry the bill .**

The hearing was closed on SB 2269.



Handwritten signature and date: 2-19-13

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2269

Page 1, line 2, after the second semicolon insert "to provide for reports to the legislative management;"

Page 2, line 17, after "4." insert "The health care consortium shall report to the budget section of the legislative management on the status of funding available and anticipated uses of the funding for the consortium during the 2013-14 interim."

Page 2, line 21, replace "\$75,000" with "\$100,000"

Page 2, line 22, after the comma insert "and from special funds, derived from private gifts and grants, the sum of \$100,000, or so much of the sum as may be necessary,"

Page 2, line 23, after the comma insert "as part of the North Dakota 2020 and beyond initiative,"

Page 2, line 24, after the period insert "The legislative management may spend funding from the general fund only to the extent special funds from private gifts and grants are received on a dollar-for-dollar basis."

Renumber accordingly

Date: 2-19-13

Roll Call Vote # 1

2013 SENATE STANDING COMMITTEE  
ROLL CALL VOTES

BILL/RESOLUTION NO. 2269

Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number 13.0675.03002

Action Taken \_\_\_\_\_

Motion Made By Grindberg Seconded By Erbele

Senators	Yes	No	Senator	Yes	No
Chariman Ray Holmberg			Senator Tim Mathern		
Co-Vice Chairman Bill Bowman			Senator David O'Connell		
Co-Vice Chair Tony Grindberg			Senator Larry Robinson		
Senator Ralph Kilzer			Senator John Warner		
Senator Karen Krebsbach					
Senator Robert Erbele					
Senator Terry Wanzek					
Senator Ron Carlisle					
Senator Gary Lee					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

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

*Voice Vote*

Date: 2-19-13

Roll Call Vote # 2

**2013 SENATE STANDING COMMITTEE  
ROLL CALL VOTES**

BILL/RESOLUTION NO. 2269

Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number DPA

Action Taken \_\_\_\_\_

Motion Made By Grindberg Seconded By Bowman

Senators	Yes	No	Senator	Yes	No
Chariman Ray Holmberg	✓		Senator Tim Mathern	✓	
Co-Vice Chairman Bill Bowman	✓		Senator David O'Connell	✓	
Co-Vice Chair Tony Grindberg	✓		Senator Larry Robinson	✓	
Senator Ralph Kilzer	✓		Senator John Warner		✓
Senator Karen Krebsbach	✓				
Senator Robert Erbele	✓				
Senator Terry Wanzek	✓				
Senator Ron Carlisle	✓				
Senator Gary Lee	✓				

Total (Yes) 12 No 1

Absent \_\_\_\_\_

Floor Assignment Grindberg

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

**REPORT OF STANDING COMMITTEE**

**SB 2269, as reengrossed: Appropriations Committee (Sen. Holmberg, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed SB 2269 was placed on the Sixth order on the calendar.

Page 1, line 2, after the second semicolon insert "to provide for reports to the legislative management;"

Page 2, line 17, after "4." insert "The health care consortium shall report to the budget section of the legislative management on the status of funding available and anticipated uses of the funding for the consortium during the 2013-14 interim."

Page 2, line 21, replace "\$75,000" with "\$100,000"

Page 2, line 22, after the comma insert "and from special funds, derived from private gifts and grants, the sum of \$100,000, or so much of the sum as may be necessary,"

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Page 2, line 24, after the period insert "The legislative management may spend funding from the general fund only to the extent special funds from private gifts and grants are received on a dollar-for-dollar basis."

Renumber accordingly

**2013 HOUSE HUMAN SERVICES**

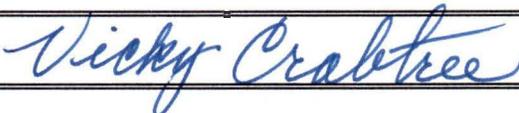
**SB 2269**

# 2013 HOUSE STANDING COMMITTEE MINUTES

## House Human Services Committee Fort Union Room, State Capitol

SB 2269  
March 20, 2013  
Job #20243

Conference Committee

Committee Clerk Signature 

### Explanation or reason for introduction of bill/resolution:

To provide for a legislative management study of the state's health care system.

### Minutes:

*See Testimonies #1-3*

Chairman Weisz opened the hearing on SB 2269.

Sen. Judy Lee: Introduced and sponsored the bill. The first part of the bill talks about the state's health care system of access and availability. This is to look at what the state needs to do to comply with the federal law. The second section talks about a consortium that would be developed that would have stakeholders in the private sector as well. They would be providing expert input into this legislative study. The appropriation is for a consultant.

2:45

Chairman Weisz: Where is the other \$100,000 to come from?

Sen. J. Lee: There were in the past private sector stakeholders that supported some of these. I don't know.

Chairman Weisz: Were there some specific grants?

Sen. J. Lee: No we didn't have any.

Wanda Rose: Lobbyist for the ND Nurses Association testified in support of the bill. (See Testimony #1)

6:55

Chairman Weisz: Is a nurse's representative in the advisory council?

Rose: I do not believe we are.

7:24

Rep. Porter: Was the amendment opposed in the Senate?

Rose: No it was not. Sen. J. Lee is open to this amendment.

8:22

Billie Madler: A member of the ND Center for Nursing Board of Directors and President of the ND Nurse Practitioner Association. (See Testimony #2)

11:47

Chairman Weisz: Did you try and adopt this amendment in the Senate?

Madler: We didn't recognize what the makeup of the interim study committee would be and came in after the fact. We are asking for nursing representation at this point. We have spoken to Senator Lee and she is supportive of that idea.

Rep. Porter: Does your organization have any money they were going to raise to pay for that study?

Madler: There was no discussion about that.

13:24

Andy Peterson: For the Chamber of Greater testified in support of the bill. (See handout #3) We would involve nurses whether there is an amendment or not. We want their feedback. The \$100,000 we will raise that through private funds and not grants.

20:00

Rep. Porter: Can you raise \$200,000?

Peterson: We probably could. Would we if there is no skin in the game from the state? Probably not.

Rep. Fehr: If we are studying health care, how important is it to study behavioral health?

Peterson: We think behavioral health is part of the equation. Yes, we think it is important.

21:15: Jerry Jurena: From ND Hospital Association testified in support of the bill. I sit on many committees dealing with health care and access to health care. I believe coming together into one committee where we are all sitting at the same table and split out there, would be the best effort.

22:04

Rep. Porter: Who is the statewide vision and strategy partnership for health ND and who is there membership?

Jurena: I'll defer that to Melissa Olson.

Melissa Olson: Director of Healthy ND. It is a voluntary private, public partnership that came together with the sole goal to identify strategies to improve the health in North Dakotans and make ND the healthiest Americans by 2020. Our core leadership team is a smaller group. We connected with a larger group which is able to look at the broader vision representing many different dimensions of health. The initial core group consists of Shelly

Peterson from Long term Care Association. Jerry Jurena from the ND Hospital Association. Terry Dwelle from State Health Dept., myself, Tammy Ternes from the Governor's office, Andy Peterson from the ND Chamber, Dick Hedahl from Hedahl's Inc., Paul Vonebers from BC/BS, Dr. Don Warren from NDSU, Al Anderson from ND Commerce Dept. as well as Beth Zander, Dr. Josh Schwinn from the UND School Medicine, and Courtney Koebel from the ND Medical Association. I will provide a background document for you.

Rep. Fehr: It doesn't sound like there is any behavioral health involved in your group. Was there any discussion in that?

Olson: Behavioral health is one is in the areas that is identified in the strategic map and one of those areas that is recognized as needing to be addressed and how it is linked to so much of the other work that we do. It was a matter of prioritizing what we could tackle first. We started with worksite wellness and healthy kids' healthy weight. As the changes evolved out of the west we certainly recognize mental health issues. This group will see who can be contacted and what group needs to be engaged in this.

**NO OPPOSITION**

Chairman Weisz closed the hearing on SB 2269.

# 2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee  
Fort Union Room, State Capitol

SB 2269  
March 27, 2013  
Job #20544

Conference Committee

Committee Clerk Signature

*Vicky Crabtree*

## Explanation or reason for introduction of bill/resolution:

To provide for a legislative management study of the state's health care system.

## Minutes:

Chairman Weisz: Let's look at SB 2269. This is the health care consortium and the meat of the bill is \$100,000 from the state and \$100,000 from the other parties. Many support them.

Rep. Porter: I don't remember a single bill coming in here with money on it for a new program that had any opposition. I would offer up an amendment to this bill. This ties into a bill previously in here about a healthy ND and goes back to some of the behavior issues in there. My discussion with some of the taskforce members they felt they could raise more private dollars so I offer an amendment. On line 25 that the amount be reduced to \$50,000 of general fund money and the sum of \$150,000 from private gifts and grants.

Rep. Looyzen: Second.

Rep. Mooney: \$100,000 in the grand scheme of things is a small amount when you consider where we sit in ND. We have local people who are willing to partner up and simply are asking for us to appropriate a similar amount. I oppose the amendment.

Rep. Silbernagel: The initial piece of legislation requested \$50,000.

VOICE VOTE: MOTION CARRIED

Rep. Porter: I move a Do Pass as Amended and re-referred to Appropriations.

Rep. Fehr: Second.

ROLL CALL VOTE: 13 y 0 n 0 absent

Bill Carrier: Rep. Looyzen

13.0675.04001  
Title.05000

Adopted by the Human Services Committee

March 27, 2013

VK  
3/27/13

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2269

Page 2, line 25, replace "\$100,000" with "\$50,000"

Page 2, line 27, replace "\$100,000" with "\$150,000"

Renumber accordingly

Date: 3-27-13  
 Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2269

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. Looyen

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) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

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

*on line 25  
 reduce the  
 \$100,000 to  
 \$50,000.  
 on line 27  
 replace \$100,000  
 with \$150,000*

*Voice Vote  
 Motion Carried*

Date: 3-27-13  
 Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2269

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. Fehr

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) 13 No 0

Absent 0

Floor Assignment Rep. Looyzen

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

**REPORT OF STANDING COMMITTEE**

**SB 2269, as reengrossed: Human Services Committee (Rep. Weisz, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed SB 2269 was placed on the Sixth order on the calendar.

Page 2, line 25, replace "\$100,000" with "\$50,000"

Page 2, line 27, replace "\$100,000" with "\$150,000"

Renumber accordingly

**2013 HOUSE APPROPRIATIONS**

**SB 2269**

# 2013 HOUSE STANDING COMMITTEE MINUTES

## House Appropriations Committee Roughrider Room, State Capitol

SB 2269  
4/2/13  
Job # 20776

Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide for a legislative management study of the state's health care system; to provide for a health care consortium; to provide for reports to the legislative management; and to provide an appropriation.

### Minutes:

Chairman Delzer called the committee back to order and opened discussion on SB 2269.

Rep. Robin Weisz, District 14: Introduced the bill. This bill is to look at ways we can help reduce increasing healthcare costs and it is basically a partnership. The bill was amended so that there is \$50,000 of state dollars and \$150,000 of other funds which most likely are private funds raised by entities like the chamber, hospital etc.

Chairman Delzer: How is this different from the health policy council?

Rep. Weisz: It's a broader, more diverse group.

Chairman Delzer: The bill says the governor has to appoint it, but it is funded through Legislative Management. It doesn't say what it reports to budget section.

Rep. Weisz: The bulk of the cost is because LM will hire a consultant to work with the consortium to develop a health care model.

Delzer: Why would the governor appoint and then it funds it through legislative members? I don't think I have ever seen them do it that way before. It says shall report to the budget section, but it doesn't say what or anything?

Rep. Weisz: I can't answer that. Most of the cost is from the fact that Legislative Management will hire a consultant to work with the Healthcare policy consortium to develop a model healthcare system, as required.

Delzer: This isn't a single legislator talked about on there.

Rep. Weisz: Yes there it is on 16; members of the Senate and House of Representatives.

Rep. Skarphol: On line 3, page 2 what makes us think we know more than the private on how to develop a healthcare model? If they are the ones that are going to be running it shouldn't they be the one developing it? You would think they would want to make a profit or break even or whatever they want to do. Why do we need to be advising someone on how to run their business?

Rep. Weisz: The point is to include the private sector, health care sector, and policy makers.

Chairman Delzer: That is something the governor could do right now. The difference is funding in management and the governor telling who would decide on the consultant you pick.

Rep. Weisz: The only difference would be that LM would pay for the consultant, so we would have skin in the game.

Rep. Nelson: Did you talk about possible consultants that have the expertise to lead us down this path?

Rep. Weisz: No we did not.

Rep. Nelson: We all understand ACA is before us and implementation is beginning. There are models that would put those states and healthcare delivery systems in place where you can probably do better than states that don't. I wonder about the possibilities that are out there and who can lead us down this path?

Rep. Weisz: One of the reasons this is in front of you is the ACA and the ramifications it has.

Chairman Delzer: Haven't we already gone the route of extending the management committee that is looking at ACA?

Rep. Weisz: I believe that is correct.

Chairman Delzer: Any of these people could come be part of the committee any time they wanted to as far as having input and discussion with the committee anything they wanted to do. Is that not right?

Rep. Weisz: That is correct.

Chairman Delzer: So the only difference is if we want to fund hiring a consultant.

Rep. Weisz: That is also correct. This adds money over and above what is already in LC.

Chairman Delzer: Thank you

# 2013 HOUSE STANDING COMMITTEE MINUTES

## House Appropriations Committee Roughrider Room, State Capitol

SB 2269  
4/4/13  
Job 20907

Conference Committee

Committee Clerk Signature

*Meredith Traubolt*

### Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide for a legislative management study of the state's health care system; to provide for a health care consortium; to provide for reports to the legislative management; and to provide an appropriation.

### Minutes:

You may make reference to "attached testimony."

**Chairman Delzer:** This is the health care consortium and study. It's whatever the committee wishes, but I don't think this is needed. We have the health council. If the governor wants to set up a consortium like this, he certainly can.

**Rep. Streyle** moved Do Not Pass, seconded by **Rep. Brandenburg**.

**Chairman Delzer:** Discussion? Seeing none, a roll call vote was done. The motion carried 19 Yes, 2 No, 1 Absent. **Rep. Pollert** will be the carrier.

Date: 4/4/13  
 Roll Call Vote #: 1

**2013 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2269**

House Appropriations 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. Streyle Seconded By Rep. Brandenburg

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer	X		Rep. Streyle	X	
Vice Chairman Kempenich	X		Rep. Thoreson	X	
Rep. Bellew	X		Rep. Wieland	X	
Rep. Brandenburg	X				
Rep. Dosch	X				
Rep. Grande	X		Rep. Boe	X	
Rep. Hawken	X		Rep. Glassheim		X
Rep. Kreidt	X		Rep. Guggisberg		X
Rep. Martinson	X		Rep. Holman	X	
Rep. Monson			Rep. Williams	X	
Rep. Nelson	X				
Rep. Pollert	X				
Rep. Sanford	X				
Rep. Skarphol	X				

Total Yes 19 No 2

Absent 1

Floor Assignment Rep. Pollert

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

**REPORT OF STANDING COMMITTEE**

**SB 2269, as reengrossed and amended: Appropriations Committee (Rep. Delzer, Chairman) recommends DO NOT PASS (19 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). Reengrossed SB 2269, as amended, was placed on the Fourteenth order on the calendar.**

**2013 TESTIMONY**

**SB 2269**

SB 2269

Amendment Language Proposed by Joel Gilbertson

Page 2, Insert immediately after Line 7

e. Give special attention to the needs throughout the state caused by the present oil activity in western North Dakota. That should include a review of issues relating to staff recruitment and workforce development, capacity for care delivery, financial viability of clinics and hospitals, and growing public health concerns.

(Language stems from "Pushing the Limits Study")

**NDLA, S HMS - Herrick, Kari**

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**From:** Lee, Judy E.  
**Sent:** Monday, January 28, 2013 2:41 PM  
**To:** NDLA, S HMS - Herrick, Kari; NDLA, Intern 02 - Myles, Bethany  
**Subject:** FW: SB 2269

Please make copies for our books.

Senator Judy Lee  
1822 Brentwood Court  
West Fargo, ND 58078  
home phone: 701-282-6512  
e-mail: [jlee@nd.gov](mailto:jlee@nd.gov)

---

**From:** Dwelle, Terry L.  
**Sent:** Monday, January 28, 2013 12:00 PM  
**To:** Lee, Judy E.  
**Subject:** SB 2269

Dear Judy:

Melissa Olson has been tracking SB 2269. The folks who would likely need to engage in this process may already be meeting as the Statewide Vision and Strategy (SVS) group under the Governor's Healthy North Dakota initiative. Current members of the SVS include;

- Courtney Koebele, NDMA
- Shelly Peterson, NDLTCA
- Paul VonEbers, BCBSND
- Jerry Jurena, NDMA
- Al Anderson, Commerce Dept
- Andy Peterson and Dick Hedahl, ND Chamber
- Don Warne, MD, Tribal Chairman's Health Board and NDSU MPH
- Terry Dwelle, NDDoH
- Melissa Olson, NDDoH and HND
- Tami Ternes, Gov's office
- Josh Wynne (new), UNDSMHS

This group developed a strategic map in 2007 and are currently in the process of revising it to develop a Statewide Health Improvement Plan that will be one base for our (Dept of Health) accreditation process. Paul Von Ebers and other members of the SVS suggested that ACA impacts on ND and other healthcare concerns be a major focus of that revision. They recently added Joshua Wynne (UNDSM) and Dr. Don Warne (Director of the Public Health training program at NDSU) and have discussed the potential of adding other members in the near future.

Would SB 2269 be a route of potentially empowering / recognizing this SVS group rather than developing a new group with similar members?

If you have questions regarding the SVS please feel free to contact me or Melissa Olson.

Have a great day!

Terry

PS – Thanks for discussing our budget presentation strategy with Arvy.

## Summary of the Statewide Vision and Strategy for the Health System in North Dakota

### INTRODUCTION

In the summer of 2006, a group of leaders from both the private and public sectors initiated a voluntary, self-funded collaborative effort to explore innovative, statewide approaches to improving the health status of North Dakotans. This initiative, convened by Healthy North Dakota and facilitated by TSI Consulting, Inc., focused on the development of a Vision and Strategy for the Healthcare System in North Dakota.

The following people served as the Planning Committee for the initiative:

- Robert Beattie, UND School of Medicine and Health Sciences
- Sparb Collins, North Dakota Public Employees Retirement System
- James Cooper\*, Medcenter One Health System
- Terry Dwelle\*, North Dakota Department of Health
- Steve Hamar, Mid Dakota Clinic
- Dick Hedahl\*, North Dakota Chamber
- Cheryl Hefta, Native American MCH Program and Spirit Lake Health Tracks
- Duane Houdek\*, Office of the Governor
- Rhonda Ketterling, Meritcare Health System
- Karen Larson, Community HealthCare Association of the Dakotas
- Bruce Levi\*, North Dakota Medical Association
- Jim Long, West River Regional Medical Center
- Dave MacIver, North Dakota Chamber
- Mike Melius, Upper Missouri District Health Unit
- Tim Mihalick, Investors Real Estate Trust
- Shelly Peterson\*, North Dakota Long Term Care Association
- Kurt Stoner, Bethel Lutheran Home
- David Straley, North Dakota Chamber
- Chip Thomas\*, North Dakota Healthcare Association
- Robert Thompson, Altru Health System
- Mike Unhjem\*, Blue Cross/Blue Shield of North Dakota
- Mark Weber, Golden Heart EMS
- Melissa Olson\*, Healthy North Dakota (convener)
- Tim Fallon, TSI Consulting, Inc (facilitator)

\*Indicates Statewide Vision and Strategy Coordinating Team member.

The Planning Committee's efforts, completed in early 2007, are summarized in this document and include the following:

- A vision for the healthcare system in North Dakota: 2020
- A strategic map which outlines key initiatives to be undertaken between 2007 and 2011

- Other priorities that need to be addressed as part of the vision and strategy

By providing a concise summary of the Planning Committee's work, this document sets the stage for engaging other stakeholders throughout North Dakota in efforts to help North Dakotans become the healthiest Americans.

## **VISION FOR THE HEALTHCARE SYSTEM IN NORTH DAKOTA: 2020**

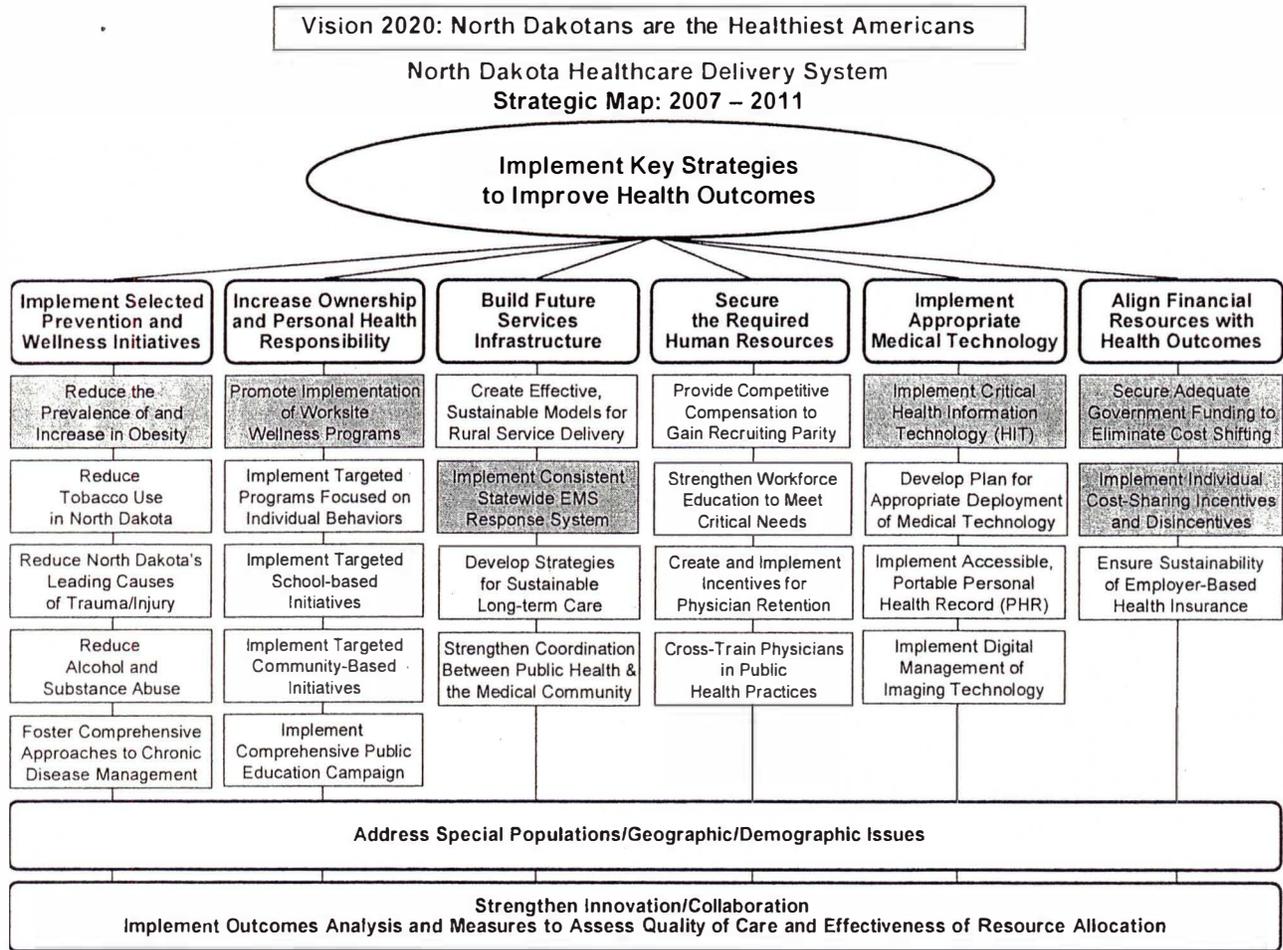
North Dakotans will be the healthiest Americans.

This vision will become a reality because:

- Our citizens—as individuals, groups and communities—embrace personal responsibility for their health and practice healthy lifestyles.
- Systematic approaches to prevention and wellness are supported by North Dakota's culture, policies, and institutions.
- Our healthcare system is structured and supported to provide access for all North Dakotans to appropriate, high quality, patient-centered healthcare in response to disease and injury.

This vision will be accomplished through a series of initiatives between 2007 and 2020 designed to ensure that our comprehensive and coordinated approach to health:

- Continually improves North Dakotan's health outcomes
- Integrates prevention, acute, and long-term care
- Provides timely access to quality emergency and trauma care
- Fosters the effective use of evidence-based and/or consensus-based practices with positive incentives for improving value and supporting the delivery of safe, high quality care
- Provides incentives to encourage living healthy lifestyles
- Encourages advance healthcare planning
- Addresses both individual and population needs
- Provides affordable access to all through a public and private system of health insurance that delivers universal coverage for essential healthcare needs
- Integrates effective use of new medical technology and an electronic health infrastructure
- Is flexible and innovative
- Is supported by an adequate workforce of health professionals to meet the needs of all North Dakotans
- Is fairly and adequately funded to meet the resource needs of public health and healthcare facilities and professionals
- Continues to recognize our traditional values of medicine in ensuring the independent judgment of healthcare professionals in their relationship with patients, medical ethics and professionalism
- Is sustainable over the long term



Note: Year 1 Implementation Priorities are highlighted in lavender.

### OTHER PRIORITIES

In addition to the strategic priorities and objectives outlined on the above Strategic Map, the following priorities also surfaced during the Committee's deliberations:

- Immunization
- Infectious disease, including STDs (sexually transmitted diseases)
- Toxic agents
- Prenatal and early childhood
- Mental health
- Legislative activities regarding seatbelt and helmet use and other high risk practices
- The aging physical plants of healthcare institutions
- Tertiary referral systems
- Pharmacy
- In-depth, statewide study of consumers
- Statewide wellness resource center
- Availability and use of in-state tertiary care
- Mental health workforce needs

- Tele-pharmacy
- Telemetry – in-home for special needs populations
- Internet sites endorsed by the state health department
- Preventive services investment plan
- Tax incentives for long-term care insurance/financing
- Review/analysis of dis-integration of healthcare services
- Mechanisms to address issues of the uninsured

The above priorities will be addressed in two ways:

- As projects initiated outside the Planning Committee process.
- As initiatives that will be carried out from 2012 – 2020.

**Health Planning Efforts**

**2020 Beyond**

- SB 2269

**Public Health Accreditation**

- State
- Local

**Legislative Healthcare Reform Review Committee**

- HB 1034

**Healthy North Dakota Collaborative**

**UND SMHS Advisory Council**

**Long Term Care Advisory Council**

**Hospital Oil Impact Group**

**Other Health Planning Efforts**

**SVS Coordinating Team Members**

Al Anderson\*, Commissioner, ND Dept of Commerce

Terry Dwelle, MD, State Health Officer, ND Dept of Health

Dick Hedahl, Hedahls, Inc.; ND Chamber

Jerry Jurena, President, ND Hospital Association

Courtney Koebele, Executive Director, ND Medical Association

Melissa Olson, Director, Healthy North Dakota

Andy Peterson\*, President, ND Chamber

Shelly Peterson, President, ND Long Term Care Association

Tami Ternes, Policy Advisor, Office of Governor Dalrymple

Paul VonEbers, President & CEO, BCBSND

Don Warne\*, MD, MPH; NDSU MPH Program Director; Policy Advisor, Tribal Chairman's Health Board

Joshua Wynne\*, MD, MBA, MPH; Dean, UNDSMHS

Beth Zander\*, Director, Workforce Development, ND Dept of Commerce

*\*New members Q4 2012 and Q1 2013*

**Statewide Health Improvement Plan**

- Assessments
- Policy Recommendations
- Implementation Strategies
- Evaluation

Accomplished by:  
 strategic linkages, task forces, resource allocation and communication strategies.

**North Dakotans are the Healthiest Americans**

**Influencing External Factors**

The oil boom, the Affordable Care Act, North Dakota's new MPH program and North Dakota health system expansions/mergers.

#  
W

**NDLA, Intern 02 - Myles, Bethany**

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**From:** Dan Ulmer <Dan.Ulmer@bcbsnd.com>  
**Sent:** Tuesday, February 05, 2013 3:21 PM  
**To:** NDLA, Intern 02 - Myles, Bethany  
**Subject:** Fw:

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**From:** Megan Houn  
**Sent:** Tuesday, February 05, 2013 03:17 PM  
**To:** Dan Ulmer  
**Subject:**

The Governor shall appoint a committee, which includes a broad scope of private sector stakeholders. This group will be charged with providing direct input into the legislative management committee. It will reflect the stated goals of 2020 & Beyond, in particular of the goal that calls for North Dakota to be the healthiest state in the nation. As such, this includes harvesting the work of the SVS committee, and working to accomplish the outlined goals below. The overarching goal includes addressing the immediate needs of the health care system, implementing Healthy North Dakota initiatives, and working to provide a private health care model that will provide North Dakota a better health care system than the one imposed by PPACA. The Committee will report to each and every interim committee regarding its progress- at no point shall the committee emphasize one party's interests over another. Rather, its goals shall be in the best interests of the citizens of the Great State of North Dakota.

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Amendment for SB 2269

Numbers ↑

The Governor shall appoint a consortium which includes a broad scope of private sector stakeholders, ~~representatives~~ from the ND Senate and House of Representatives, along with representation and information from the Statewide Vision and Strategy Partnership for a Healthier North Dakota and the UNDSMHC Advisory Council and its second annual report. This group will be charged with providing direct input into the legislative management interim committee which will have the responsibility of studying health care delivery. Studies should include, but not be limited to addressing the immediate needs and challenges of the North Dakota health care delivery system, implementing Healthy North Dakota initiatives, Medicaid reform, and developing a plan for a private health care model that will comply with federal health care reform in a manner which will provide high quality, accessible, and affordable care for ND citizens.

Concerned with ~~state's~~ healthcare

all the governor and

Reports will be made every 6 months to the appropriate legislative management committee.

A consultant who will act as a facilitator will be authorized with the cost not to exceed \$75,000.

SB 2269

Section 2, Sub point 1:

The governor shall appoint a committee, spearheaded by the private sector, which includes a broad scope of stakeholders. This group will be charged with providing direct input into the legislative management committee. It will reflect the stated goals of 2020 & Beyond reflective of the goal that calls for ND to be the healthiest state in the nation. As such, this includes harvesting the work of the SVS committee, and working to accomplish the outlined goals below. The overarching goals includes addressing the immediate needs of the health care system, implementing Healthy North Dakota initiatives, and working to provide a private health care model for the nation. The Committee will report to each and every interim committee regarding its progress – at no point shall the committee emphasize one party's interests over another. Rather, its goals shall be in the best interests of the citizens of the Great State of North Dakota.

Lee, Judy E.

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**From:** Vastag, John <John.Vastag@sanfordhealth.org>  
**Sent:** Monday, February 04, 2013 8:20 PM  
**To:** Lee, Judy E.  
**Subject:** 2269

**Follow Up Flag:** Flag for follow up  
**Flag Status:** Flagged

Good Evening Senator Lee:

Thank you for your time earlier today.

Our HPC CEO's had the following comments:

Dr. Lambrecht has been a member of the SVS group for years and is disappointed in the fact that the meetings do not lead to any concrete results.

Dave Molmen who is Chairman of the UND School of Medicine Advisory Committee commented that he would be supportive of the 2269 if it could pick up where the second annual report left off.

All four of the CEO's came away with the same thoughts:

- 1) They would be supportive of the SB 2269 if it would not duplicate any recent efforts such as the previously mentioned study and focus on items such as the ACA which the second annual report did not cover.
- 2) If the study had definitive goals and objectives and came away with concrete solutions that can be effectively and efficiently implemented.
- 3) If the study asked the hard questions about the current delivery system.
- 4) Would the study potentially lead to a discussion about Medicaid Reform?
- 5) The study would include a moderator that would keep the group focused on the goals and objectives set forth.

Please let me know if I can be of further assistance.

John Vastag  
HPC

Testimony of Bill Shalhoob  
Greater North Dakota Chamber of Commerce  
SB 2269  
January 28, 2013

Mr. Chairman and members of the committee, My name is Bill Shalhoob and I am here today representing the Greater North Dakota Chamber of Commerce, the champions for business in North Dakota. GNDC is working to build the strongest business environment possible through its more than 1,100 business members as well as partnerships and coalitions with local chambers of commerce from across the state. GNDC also represents the National Association of Manufacturers and works closely with the U.S. Chamber of Commerce. As a group we stand in support of SB 2269 and urge a due pass from this committee.

As background GNDC was the principle organization involved in coordinating the 2020 & Beyond state overview completed in the interim. Several problems were identified, including child care, affordable housing and workforce development, and proposals for action are currently being discussed in bill drafts in this session. As part of the 2020 process GNDC became aware of a growing health care threat in North Dakota. Our information indicates 22 of the 26 critical care hospitals in the state are not or will soon not be operating at a level that will not allow them to continue operations. I hesitate to use the word profit since it does not apply to these entities. We think a problem or potential problem of this magnitude needs to be vetted and discussed. We envision some sort of state wide discussion that resembles what we did for the 2020 & Beyond process. The goal would be to get in front of the threat with solutions that address the problem before it becomes acute.

Thank you for the opportunity to appear before you today in support of SB 2269. I would be happy to answer any questions.

#1

Testimony on SB 2269

March 20, 2013

Chairman Weisz and members of the House Human Services Committee,

I am Wanda Rose, lobbyist for the North Dakota Nurses Association. I stand before you in support of the concept of SB 2269. This bill provides for a legislative management study of the state's health care system and NDNA supports the need to study the state's health care system. However, there is an omission in the composition of the governor appointed consortium that will study the state's health care system. As written the bill does not include representation from nursing. The nursing profession is an important part of all facets of the health care system from prevention through chronic and end-of life care and from prenatal and pediatric to gerontology care. The entire health care system relies on nursing as the backbone, making a healthy supply of nurses a necessity to state policy and planning. While North Dakota has a good supply of RN/APRNs there is a misdistribution with some rural areas without an adequate supply of RNs. In addition, with the implementation of the Affordable Care Act it is anticipated that RNs will be utilized in greater care coordination roles and APRNs utilized to fill in areas with physicians shortages. Nursing is the largest provider of health care services in North Dakota.

The nursing profession would like to offer an amendment to SB 2269 that includes appointment of nursing representation to the consortium.

The appointment could come from names submitted to the Governor from the ND Center for Nursing. The ND Center for Nursing was created in 2011 as a centralized coordinating organization for the ND nursing community. The Center for Nursing Board of Directors includes representation from the major nursing organizations in the state which includes North Dakota Nurses Association, North Dakota Organization of Nurse Executives, College and University Nursing Education Administrators, North Dakota DON Administration/LTC, North Dakota Nurse Practitioners Association, North Dakota Association of Nurse Anesthetists, and Nursing Students Association of North Dakota.

Suggested amendment:

**Page 1 line 17 after representation add from the ND Center for Nursing**

Thank You for your consideration.

Wanda Rose PhD, RN, BC  
North Dakota Nurses Association  
Lobbyist #444  
1429 Pocatello Dr.  
Bismarck, ND 58504  
701-400-4585



North Dakota  
Nurse Practitioner Association

#2

Chairman Weisz and committee members:

My name is Billie Madler. I am testifying as a member of the ND Center for Nursing Board of Directors and as President of the North Dakota Nurse Practitioner Association.

The ND Center for Nursing (ND CON) is a non-profit organization officially created in 2011 to provide a unified voice for nursing excellence. The mission of the Center is to guide the ongoing development of a well-prepared and diverse nursing workforce to meet the needs of the citizens of ND through research, education, recruitment and retention, advocacy and public policy. The Center has participation from over 50 organizations including nursing organizations, nursing education programs, regulatory agencies, philanthropic organizations, state agencies, grant-funded projects that have a focus on statewide nursing workforce development and other interested individuals (See Appendix A for list of organizations participating in the ND CON). The ND CON Workforce Planning group published a report in January 2013 that highlights findings from the ten-year North Dakota Nursing Needs Study and offers comprehensive information for the nursing K-12 pipeline, nursing higher education, and nursing supply and demand.

The North Dakota Nurse Practitioner Association (NDNPA) is a statewide professional organization established to promote quality healthcare in North Dakota by support, advocacy, leadership and continued education of nurse practitioners. Right now there are nurse practitioners providing care to North Dakota citizens in every part of the state; in rural and urban areas, in primary and specialty care practices, from the very young to the elderly, and among insured and uninsured. My NP colleagues and I are filling a major healthcare need across the state and doing so in an ever increasing capacity.

Both organizations I represent today support SB 2269. However, both have identified a gap in nursing representation on the proposed legislative management study of the state's health care system. Nursing is by far the largest constituency of professionals in the healthcare system. Nurses have first-hand knowledge and expertise in the issues facing healthcare in these challenging times.

The North Dakota Nurse Practitioner Association and the North Dakota Center for Nursing would like to propose an amendment to Senate Bill 2269. Specifically, our request would be to insert on line 19 after the words "advisory council" the words "and an APRN representative from the ND Center for Nursing".

Chairman and members of the committee, nurses are involved on a daily basis with delivery of health care in our state and in such are a vital stakeholder regarding the work proposed by SB2269. It is critical that the membership of the team identified by SB 2269 includes nursing. The ND Center for Nursing is the appropriate location to recruit a nursing leader for appointment by the Governor to serve in this interim study and on a health care consortium.

Thank you

Billie Madler, DNP, FNP  
NDNPA President  
[bmadler@umary.edu](mailto:bmadler@umary.edu)  
701-400-4693

Cheryl Rising, MSN, FNP  
NDNPA Legislative Representative  
[cdrising@earthlink.net](mailto:cdrising@earthlink.net)  
701-527-2583

## **Appendix A**

**North Dakota Center for Nursing has a governing board of directors that includes representation of 11 organizations:**

- North Dakota Organization of Nurse Executives
- College and University Nursing Education Administrators
- ND Chapter of National Association of Directors of Nursing/Long Term Care
- North Dakota Board of Nursing
- North Dakota Area Health Education Center
- North Dakota Nurse Practitioners Association
- Nursing Students Association of North Dakota
- North Dakota Department of Commerce Workforce Development Division
- North Dakota Association of Nurse Anesthetists
- North Dakota Nurses Association
- Public Member

**ND Center for Nursing Leadership Team includes representation from the above organizations along members from over 50 organizations:**

- AARP
- Altru Health Foundation
- American Association of Nurse Practitioners Regional Representatives
- American Indian Community University Partnership
- Association of Perioperative Registered Nurses North Dakota State Council
- Bismarck State University Nursing Program
- Chapters of Sigma Theta Tau
- Concordia College Department of Nursing
- Critical Access Hospital Quality Network
- Dakota College at Bottineau Nursing Program
- Dakota Nursing Program
- Dickinson State University Department of Nursing
- F-M Clinical Sites/Academic Faculties Collaborative
- Fort Berthold Community College Nursing Program
- Jamestown College Nursing Program
- Lake Region State College Nursing Program
- Minot State University Nursing Program
- Minnesota Nursing Informatics Group Representative
- Next Steps: A Career Ladder into the Health Professions in Tribal Communities
- North Dakota Association of Home Care
- North Dakota Chapters of American Nephrology Nurses' Association
- North Dakota Hospice Organization
- North Dakota Nurses Association
- North Dakota Nursing Education Consortium
- North Dakota Public Health Directors of Nursing
- North Dakota School Nurses Association

- North Dakota State College of Science Nursing Program
- North Dakota State Genetics Education
- North Dakota State University Nursing Program
- North Dakota University System Nursing Articulation Committee
- North Dakota Workforce Development Council
- Robert Wood Johnson Partners Investing in Nursing's Future
- Rural Nurse Organization North Dakota Representative
- Sanford College of Nursing
- Sitting Bull College Nursing Program
- United Tribes Technical College Nursing Program
- University of Mary Nursing Program
- University of North Dakota College of Nursing
- Williston State College Nursing Program

*Supplement  
02/28/2017*

## Healthy North Dakota – Relationship Table

Note: Items in green font are the committees and coalitions that partner to build a healthy North Dakota through community engagement.



### Data, Evaluation & Quality Assurance

Health Behaviors & Risk Factors	Nutrition Creating a Hunger Free ND Coalition	Physical Activity	Tobacco	Substance Abuse	Injuries ND Injury Prevention Coalition	Immunizations ND Immunization Advisory Committee	Environmental Risk Factors
	<b>Diseases</b>						
	Cancer – ND Cancer Coalition						
	Diabetes – Dakota Diabetes Coalition						
	Cardiovascular Disease/Stroke – Heart Disease & Stroke Advisory Council						
	Oral Health – ND Oral Health Coalition						
	Mental Health – ND Suicide Prevention Coalition						
	<b>Channels</b>						
	Schools – School Health Inter-Agency Workgroup						
	Worksites – HND Worksite Wellness Advisory Council						
	Health System – Statewide Vision and Strategy Coordinating Team & Planning Committee						
	Community – rural, tribal, faith-based, aging, service organizations and others						
	<b>Populations</b>						
	Early Childhood – HND Early Childhood Alliance & Physical Activity and Nutrition in Childcare Committee						
	Children with Special Healthcare Needs – ND Integrated Services Advisory Group						
	Health Disparities – Office for the Elimination of Health Disparities Work Group						
	Women's Health – HND Breastfeeding Committee						

Policy, System & Environmental changes

Primary Prevention

Community & Clinical Linkages

Tertiary Prevention

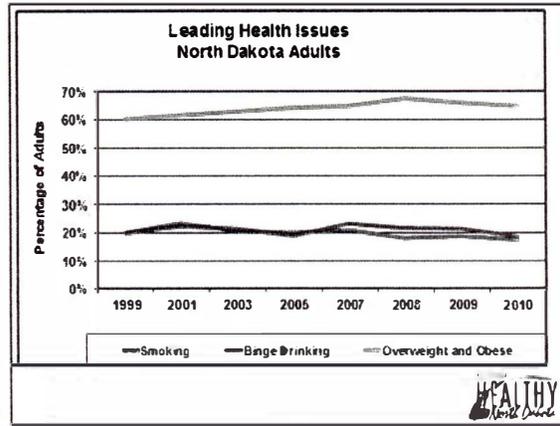
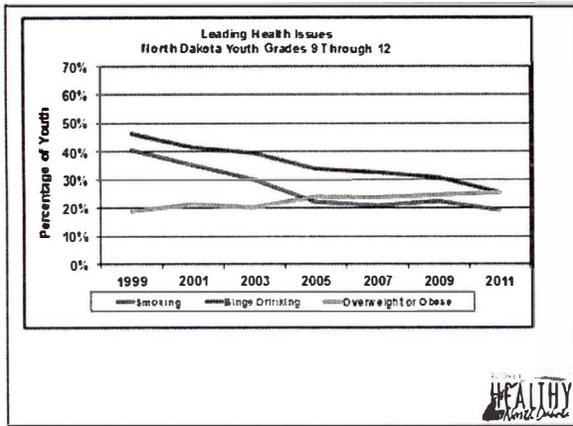
Healthcare Systems

Secondary Prevention

### INTRODUCTION AND RATIONALE

Our current healthcare system might better be described as a sick care and injury response system. The current model has proven to be expensive and ineffective. In order to become a true health system, the current system needs to transition to one that has a prevention orientation in all facets including: access, quality of care, reimbursement and work force.

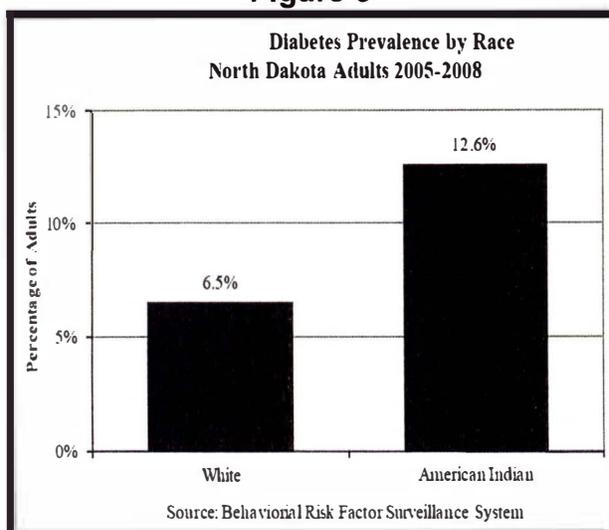
Preventing disease and related risk factors saves money and improves quality of life. Prevention works by reducing the risk factors that lead to disease; better managing disease once it exists; and by changing policies and the environment to support healthy lifestyles. Tobacco use, poor nutrition, physical inactivity and excessive alcohol use continue to affect the health and quality of life for many North Dakotans as the following charts demonstrate.



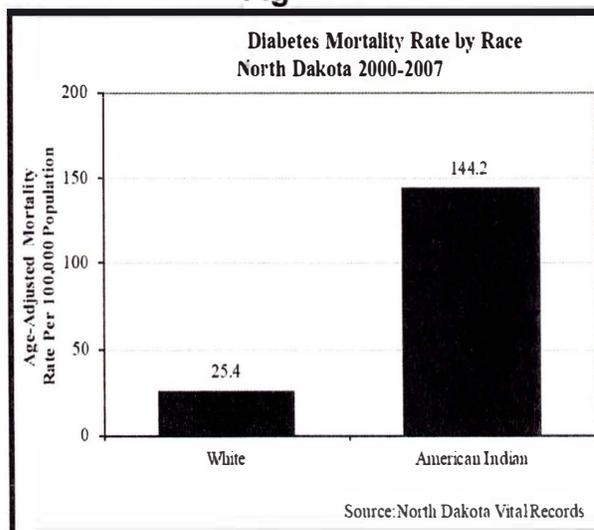
And now, there is evidence that it's affecting the quality of our children's lives as well – for the first time in U.S. history, this generation of children is not expected to live as long as their parents.

Additionally, North Dakota's largest disparate group, the American Indian population, suffers from among the greatest health disparities in the nation. For example, according to the North Dakota Department of Health, American Indians have about double the prevalence of diabetes as compared to the white population (Figure 3—BRFSS data). However, American Indians have nearly *six-fold* the mortality rate from diabetes (Figure 4—vital records data).<sup>1</sup> Although there is a clear disparity in the prevalence of diabetes, the disparity in death due to diabetes is even greater. Undoubtedly, improved and evidence-based primary and secondary prevention programs are needed to eliminate these disparities, and the healthcare system needs to focus adequate attention on both preventing diseases from occurring in the first place, and on treating diseases in a more effective manner.

**Figure 3**



**Figure 4**



## PROPOSED APPROACH

The Statewide Vision and Strategy (SVS) Partnership for a Healthy North Dakota's strategic map (attached here) identifies strategic priorities for transitioning our current health system to one that provides the right care, of high quality, at the right time for the right price:

- Implement select wellness and prevention initiatives
- Increase ownership and personal health responsibility
- Build future services infrastructure
- Secure the required human resources
- Implement appropriate medical technology
- Align financial resources with health outcomes

### IMPLEMENT SELECT WELLNESS AND PREVENTION INITIATIVES

Goal: Reduce the risk factors for the leading causes of death and disability in ND.

- Partner with existing health coalitions in Healthy North Dakota to identify current resources for and best practices in tobacco prevention, nutrition and physical activity
- Partner with North Dakota's tribal nations to ensure that improvements in the health system statewide will have a positive impact on American Indians as well.

### INCREASE OWNERSHIP AND PERSONAL HEALTH RESPONSIBILITY

Goal: Utilize community engagement techniques to empower people to identify, own and solve their own health problems

- Partner with Healthy North Dakota's community transformation grant partners to implement community-based (tribal and rural) trainings
- Partner with North Dakota's MPH programs to offer graduate-level community engagement courses as part of a health leadership certificate course

## **BUILD FUTURE SERVICES INFRASTRUCTURE**

Goal: Establish effective, sustainable models for service delivery

- Implement statewide EMS system
- Integrate primary care and public health services
- Establish a statewide Call-A-Nurse system
- Increase chronic disease management programs
- Develop strategies for sustainable long term care delivery

## **SECURE THE REQUIRED HUMAN RESOURCES**

Goal: Ensure North Dakota has the right number of providers with the right training providing health services

- Cross-train primary care physicians in public health practices
- Support ND's MPH program
- Establish primary health care teams that utilize different levels of affordable options to providing care: NPs, PAs, community paramedics, community health workers, community-based chaplains, etc.

## **IMPLEMENT APPROPRIATE MEDICAL TECHNOLOGY**

Goal: Implement critical health information technology

- Partner with ND's Statewide HIT Committee to plan, implement and evaluate successful HIT strategies

## **ALIGN FINANCIAL RESOURCES WITH HEALTH OUTCOMES**

Goal: Reimburse health services based on health outcomes, not fee for service

- Align reimbursement with health outcomes
- Medicaid expansion will allow more North Dakotans the opportunity to seek health services before health issues become late-stage and more expensive to treat, and it will reduce the amount of unsustainable, uncompensated care that is currently absorbed by our hospital system
- Possible coordination with the Health Insurance Exchange

## **CONCLUSION**

Several provisions in the Affordable Care Act will allow for greater focus on preventing disease, improving health outcomes and expanded access to health resources. Some of these provisions include Medicaid expansion, Public Health Fund grant opportunities, and the Indian Health Care Improvement Act. It is imperative that North Dakota build an effective, financially sustainable health system that improves the quality of life for its entire population. The above strategies outline what needs to be done to accomplish this. HOW this will be accomplished will be identified through a strategic, collaborative partnership that at the forefront has in mind the goal of making North Dakotans the healthiest Americans.

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<sup>i</sup> North Dakota Department of Health. The Burden of Diabetes in North Dakota, 2009.  
[www.diabetesnd.org](http://www.diabetesnd.org)