

FISCAL NOTE
Requested by Legislative Council
02/10/2015

Amendment to: HB 1295

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

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				\$1,801,809		\$3,494,331
Expenditures			\$151,692	\$1,801,809	\$194,073	\$3,494,331
Appropriations			\$151,692	\$1,801,809	\$194,073	\$3,494,331

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

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties		\$1,650,129	\$3,300,258
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed HB 1295 requires the Dept. to seek approval from the Centers for Medicare and Medicaid Services (CMS) to expand medical assistance coverage for family planning services to individuals not otherwise eligible for medical assistance, with income below 185% of the federal poverty level.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 requires the Department to expand medical assistance coverage for individuals with income between 138% and 185% of the federal poverty level. As the eligibility level is increased above 147% of the federal poverty level, North Dakota would have to apply for approval under an 1115 waiver. It is not reasonable to anticipate CMS approval of a 1115 waiver by the January 1, 2016 start date proposed by this bill. All estimates were calculated using a July 1, 2016 anticipated start date. The Department estimates that over 25,000 individuals would be eligible for family planning services. We estimate 12,500 of those would participate in coverage annually. Due to the Affordable Care Act and mandatory insurance coverage, it was assumed that this population would be covered through other insurance plans and that the state would be the third party payer of coverage. Expanding coverage will also require IT system changes in order to be implemented. The IT cost along with the cost to cover the additional individuals is estimated to be \$1,953,500 of which, \$151,692 is General Fund and \$1,801,809 is Other funds. We also included costs for the equivalent of 25 additional County eligibility workers to handle the increase in applications expected for this coverage.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

With approval from CMS, the Department will be able to access federal Medicaid funding in 15-17 biennium of which \$976,744 is from increased grants and operating expenditures and \$825,065 is from retained dollars for the addition of 25 County staff. The revenues for the 17-19 biennium are estimated to be \$1,844,202 due to grants and \$1,650,129 from retained dollars for the addition of 25 County staff.

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

With an effective date of July 1, 2016, estimated expenditures under the Medicaid grants line item for 12 months of the 15-17 biennium would total \$1,738,500 and the IT costs are \$215,000, of which, \$151,692 is General Fund and \$1,801,809 is Other Funds. In the 17-19 biennium, estimated expenditures would increase to \$3,688,404 of which, \$194,073 is General Fund and \$3,494,331 is Other Funds.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

The Department will need an appropriation increase for the 15-17 biennium of \$1,953,500 of which, \$151,692 is General Fund and \$1,801,809 is Other Funds. The Department will need an appropriation increase for the 17-19 biennium of \$3,688,404 of which \$194,073 is General Fund and \$3,494,331 is Other Funds.

Name: Debra McDermott

Agency: Department of Human Services

Telephone: 701 328-3695

Date Prepared: 02/12/2015

FISCAL NOTE
Requested by Legislative Council
01/13/2015

Bill/Resolution No.: HB 1295

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

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				\$2,140,678		\$4,193,201
Expenditures			\$160,523	\$2,140,678	\$232,879	\$4,193,201
Appropriations			\$160,523	\$2,140,678	\$232,879	\$4,193,201

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

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties		\$1,980,155	\$3,960,310
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

HB 1295 requires the Dept. to seek approval from the Centers for Medicare and Medicaid Services (CMS) to expand medical assistance coverage for family planning services to individuals not otherwise eligible for medical assistance, with income below two hundred percent of the federal poverty level.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 requires the Department to expand medical assistance coverage for individuals with income between 138% and 200% of the federal poverty level. If the eligibility level is increased above 185% of the federal poverty level, North Dakota would have to apply for approval under an 1115 waiver. It is not reasonable to anticipate CMS approval of a 1115 waiver by the January 1, 2016 start date purposed by this bill. All estimates were calculated using a July 1, 2016 anticipated start date. The Department estimates that over 30,000 individuals would be eligible for family planning services. We estimate 15,000 of those would participate in coverage annually. Due to the Affordable Care Act and mandatory insurance coverage, it was assumed that this population would be covered through other insurance plans and that the state would be the third party payer of coverage. Expanding coverage will also require IT system changes in order to be implemented. The IT cost along with the cost to cover the additional individuals is estimated to be \$2,301,200 of which, \$160,523 is General Fund and \$2,140,678 is Other funds. We also included costs for the equivalent of 30 additional County eligibility workers to handle the increase in applications expected for this coverage.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

With approval from CMS, the Department will be able to access federal Medicaid funding in 15-17 biennium of which \$1,150,600 is from increased grants and operating expenditures and \$990,078 is from retained dollars for the addition of 30 County staff. The revenues for the 17-19 biennium are estimated to be \$2,213,046 due to grants and \$1,980,155 from retained dollars for the addition of 30 County staff.

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

With an effective date of July 1, 2016, estimated expenditures under the Medicaid grants line item for 12 months of the 15-17 biennium would total \$2,086,200 and the IT costs are \$215,000, of which, \$160,523 is General Fund and \$2,140,678 is Other Funds. In the 17-19 biennium, estimated expenditures would increase to \$4,426,080 of which, \$232,879 is General Fund and \$4,193,201 is Other Funds.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

The Department will need an appropriation increase for the 15-17 biennium of \$2,301,200 of which, \$160,523 is General Fund and \$2,140,678 is Other Funds. The Department will need an appropriation increase for the 17-19 biennium of \$4,426,080 of which \$232,879 is General Fund and \$4,193,201 is Other Funds.

Name: Debra McDermott

Agency: Department of Human Services

Telephone: 701 328-3695

Date Prepared: 01/23/2015

2015 HOUSE HUMAN SERVICES

HB 1295

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1295
1/26/2015
22504

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature

Reed Christensen

Explanation or reason for introduction of bill/resolution:

Relating to medical assistance benefits for family planning services and provide an effective date.

Minutes:

Testimonies #1, #2, #3, #4, and #5

Chairman Weisz opened the hearing on HB 1295.

Rep. Oversen: From District 42 in Grand Forks introduced and testified in support of the bill. (See Testimony #1)

Deb Arnold: Testified in support of the bill. (See Testimony #2)

Rep. Oversen: What are you retired from?

Arnold: I worked about 34 years for the State of North Dakota Health Department. I started as a cervical cancer screening director. I then transitioned into the family planning program, and was the director there for over 20 years.

Renee Stromme: ND Women's Network testified in support of the bill. (See Testimony #3)
She passed out testimony from Robin Iszler. (See Testimony #4)

Rep. Porter: Your comment in your testimony talking about not having any coverage, how is that possible in today's environment of universal healthcare? Short of being totally off the grid, no one should be no one that doesn't have coverage, with this included since it is mandated. How can you make a statement that there are people without coverage when the whole purpose of the ACA was to make sure everybody does have coverage?

Stromme: I would agree with you, that is the intention but I would venture to guess the numbers would lay out that there are some who are not meeting that.

Rep. Porter: If they aren't meeting it for the current system that is already in place and everyone is supposed to be going to it, what makes you think that they will suddenly run

into a county and apply for Medicaid if they are already eligible for something else and chose not to do that?

Stromme: I would love to take the opportunity to look back at those in the gaps, and perhaps give some more information. There is a reality that some people are not getting what they need because of the cost. Increasing the Medicaid options would improve the likelihood that they would follow through.

NO OPPOSITION

Chairman Weisz: I have a question for the department on the fiscal note. Basically the fiscal note is reflecting the cost of the copays and deductible's difference?

Julie Schwab Director of Medical Services: That is correct.

Rep. Mooney: Does the 200% vs 185% make a difference in your capacity to drive out the services effectively?

Schwab: Assuming that bill 1291 is passed, it would be a difference between the 185% and 200% that would be similar. If the bill does not pass, that would drop this down to 147% to where anything above that would require the waiver.

Rep. Porter: By passing 1295, individuals would be allowed to carry two policies? One is their insurance component, and you're saying that this component would be on top of the already existing coverage which is already mandated?

Schwab: I believe that is correct.

Chairman Weisz Closed the Hearing on HB 1295

Handed in testimony - Rebecca Matthews #5

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1295
2/9/2015
23479

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature

Reed *Chavez*

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to create and enact a new section to chapter 50-24.1 of the North Dakota Century Code, relating to medical assistance benefits for family planning services; and to provide an effective date.

Minutes:

Chairman Weisz: Reconvened the Hearing

Rep. Oversen: Was it your understanding that if we move it down to 185 they don't have to apply or create an additional waiver.

Chairman Weisz: That is my understanding and I thought that it was pretty clear.

Rep. Oversen: Moves to amend HB 1295 and strike out lines 10, and changing 200 to 185.

Rep. Mooney: Seconds the motion.

Chairman Weisz: I would estimate it to save us about \$500,000.

Voice Vote: the Aye's have it.

Motion to adopt the amendment carries.

Rep. Oversen: There are young college students who still aren't insured under Medicaid. It is not designed to be a long term forever plan it's when they lose coverage & need assistance.

Chairman Weisz: I thought that on the insurance end that most family insurance plans have to be free with no deductibles or co-pays, granted not all services are covered.

Rep Porter: The whole basis that there is a population that is being missed is hard for me to accept. We are on a mandate for universal coverage. I don't see why we would expand to

this level when the ACA was the catch all for Medicaid expansion and the uninsured population. Criminals would be the only ones who this bill would apply to.

Rep Porter: Motions a Do Not Pass as amended.

Rep Hofstad: Seconds the motion.

Roll Call Vote: 10 Yes, 3 No, 0 Absent.

Motion for a Do Not Pass as amended carries

Rep. Seibel Carries the Bill.

15.0595.02001
Title.03000

Adopted by the Human Services Committee

February 9, 2015

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2/9/15

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1295

Page 1, line 10, replace "two hundred" with "one hundred eighty-five"

Renumber accordingly

Date: 2-9-15
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1295

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Description below 15.0595.02001

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Oversen Seconded By Rep. Mooney

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson					
Rep. Rich S. Becker					
Rep. Damschen					
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

page 1, line 10 replace 200 with 185

Date: 2-9-15
Roll Call Vote #: 2

**2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1295**

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 15.0595.02001

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☒ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Porter Seconded By Rep. Hofstad

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney		✓
Vice-Chair Hofstad	✓		Rep. Muscha		✓
Rep. Bert Anderson	✓		Rep. Oversen		✓
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr	✓				
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 10 No 3

Absent 0

Floor Assignment Rep. Seibel

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

REPORT OF STANDING COMMITTEE

HB 1295: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO NOT PASS** (10 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). HB 1295 was placed on the Sixth order on the calendar.

Page 1, line 10, replace "two hundred" with "one hundred eighty-five"

Renumber accordingly

2015 TESTIMONY

HB 1295

##1

Testimony - House Bill 1295
House Human Services Committee
January 26, 2015

Chairman Weisz and members of the House Human Services committee, my name is Kylie Oversen and I represent District 42 in Grand Forks. I am here to testify in support of HB 1295, which would expand medical assistance coverage for family planning services to men and women in North Dakota who have income levels below two hundred percent of the federal poverty level.

Currently, with Medicaid Expansion in North Dakota, individuals who have incomes of up to 138% of the federal poverty level can access family planning and other Medicaid covered services. This bill would expand access to family planning services to a larger number of North Dakotans. To qualify for services under this expansion, an individual must have an income of \$23,340 or less.

Publicly supported family planning services provide a great number of benefits to individuals who are able to access this care. The most well-known benefit is access to contraception and pregnancy planning support. About half of all pregnancies in the U.S. are unintended and a significant number of unintended pregnancies end in termination. At a basic level, access to contraceptive services reduces the number of unintended pregnancies, therefore reducing the number of abortions.

Unintended pregnancies are often spaced more closely than is medically recommended and research shows that closely spaced births often result in premature and low birth weight babies.¹ Prematurity and low birth weight can often lead to further complications and increased costs for babies and their families. Overall, families that are able to plan their pregnancies are less likely to end up needing further government assistance after childbirth.

The benefits of family planning services go far beyond pregnancy planning. Expanded access under HB 1295 would increase testing and treatment of sexually transmitted infections (STIs). According to the Center for Disease Control, North Dakota ranks 27th in the U.S. for chlamydia infections and 38th for gonorrhea infections. These two STIs are completely treatable, but often show no symptoms.

¹ Kavanaugh ML and Anderson RM, *Contraception and Beyond: The Health Benefits of Services Provided at Family Planning Centers*, New York: Guttmacher Institute, 2013.

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If left undetected and untreated, either STI can lead to increased risk of pelvic inflammatory disease, ectopic pregnancy, and infertility. Further, early detection and treatment, as would be provided by family planning services, helps to prevent further transmission of the disease.

Increased access to family planning services also provides cervical cancer prevention services, including Pap and HPV testing and HPV vaccinations. Early detection of abnormal cervical cells is critical to preventing the growth of cervical cancer cells. Men and women accessing family planning services are also more likely to receive the HPV vaccination, which protects against numerous viral strains most commonly linked to cervical cancer.²

Finally, the financial benefits and government savings that can be realized by expanding family planning services are significant. Estimates show that for every tax dollar spent on family planning services, we see over seven dollars in savings. This is a prudent and effective investment of our tax dollars.³

Mr. Chairman and members of the committee, I urge to you favorably consider HB 1295 and I would be happy to answer any questions that you have.

² See generally Adam Sonfield, *Beyond Preventing Unplanned Pregnancy: The Broader Benefits of Publicly Funded Family Planning Services*, Guttmacher Policy Review, Volume 17, Number 4, Fall 2014.

³ *Id.*

Testimony to: House Human Services Committee
Prepared January 26, 2015
Deb Arnold, Retired

Chairman Weisz and members of the Committee, thank you for giving me the opportunity to speak in favor of HB1295 to expand family planning services. I was greatly encouraged to see this bill introduced in this legislature to support women and strengthen children and families.

For most of my life I have supported and worked for women's health and maternal and child health issues. When I was in high school, Lyndon Johnson through his Great Society War on Poverty programs initiated funding for family planning services. He based his decision on statistics that showed that low income women and their children were at higher risk of mortality and morbidity because they lacked adequate access to the health care services they needed. Then in 1970 Richard Nixon signed into law the Title X Family Planning Act which was unanimously passed by the Senate and passed the House by a margin of 298 to 32. And in 1972, legislation was passed that required state Medicaid programs to provide family planning services with the federal government paying 90% and the states 10%. This continues to today.

Family planning services are vital to women's health as well as strengthening families and the health of their children. The impact is physiological, psychological as well as financial. Short pregnancy spacing has been linked to poor birth outcomes, including premature birth and low birth weight. Being able to prepare for a pregnancy can help women achieve healthy behaviors before, during and afterward, such as initiating prenatal care early in pregnancy, taking prenatal vitamins, reducing or stopping smoking and drinking, and starting and sustaining breastfeeding.

Access to contraception enables women to take better care of themselves or their families, support themselves financially, complete their education, or get or keep a job.

Finally, contraceptive use and pregnancy planning can improve the well-being of children. Contraception gives people time to prepare themselves for parenthood, and for the emotional and economic investments needed to help their children succeed which in turn may positively influence their children's mental and behavioral development, and educational achievement.

HB 1295
January 26, 2015

Current Medicaid coverage is at the same level as the minimum wage for a single individual - 138% of poverty. Many will think that 200% of poverty is a significant amount of money, however, it is not. Many will say that with the oil boom in the Bakken that everyone is doing well. That certainly is not true. Even though the Bakken has provided many with economic success, others are still struggling. While the Bakken has strengthened some individuals financial status and the State coffers, it has also impacted negatively on the cost of living in the state. Housing in some areas has skyrocketed to the same levels as New York City but without the same infrastructure supports. Increasing costs for food, housing and transportation leave little left to pay for things beyond the basics of life. The rising costs greatly eat into lower incomes making necessary serious decisions about what expenses can and cannot be covered.

As we are aware women are significant in assuring the health and welfare of their families and significant others. Frequently they will forego amenities and necessary services to assure that their loved ones are covered. But this will ultimately have an impact not only on them but their pregnancies and subsequent children.

Contraception can range from \$500 to \$1,000 for a year. Women may rely on less effective and less costly contraception in attempts to stay within budgets. This may result in an unplanned pregnancy which can cost as much as \$12, 700 for a year (includes prenatal care, delivery, postpartum care and infant care for one year). None of that includes the loss of wages, job advancement and educational attainment. Not only creating financial stress but psychological stress as well.

Family Planning services not only will provide contraceptives but also pre- and inter-conceptual care and counseling; sexually transmitted infection (STI) testing and treatment; cervical and breast cancer screening; domestic and interpersonal violence screening. For many women this may be their gateway to future health care and services.

Women of North Dakota are strong, intelligent and responsible citizens of this state. We should give them the respect and dignity to offer them the tools to enhance their lives and strengthen their families. Let them have access to services that will strengthen their lives as well those around whom they cherish. It will be rewarding for them as well as the State.

I urge you to vote in favor of HB1295 to support the women and families of today and our future generations.

#3
House Human Services Committee
HB1295
January 26, 2015



Good morning, Chair Weisz and members of the House Human Services Committee. My name is Renee Stromme, and I am the Executive Director of the North Dakota Women's Network. The North Dakota Women's Network serves as a catalyst for improving the lives of women through communication, legislation and increased public activism. We believe that education and access to care play a critical role in efforts to promote public safety and well-being and protect against disease. I am here today to testify in favor of HB 1295, which would direct the Department of Health to seek the necessary approval from the centers for Medicare and Medicaid to expand medical assistance coverage for family planning services.

The NDWN supports expanding access to preventive health care services and education programs to help reduce unintended pregnancy and thus abortion, prevent the spread of sexually transmitted infections, and improve the lives of the women and families of North Dakota. Family planning is more than birth control. For many individuals, family planning clinics are their only source of health care and the only place where they can go to get health referrals, education, high blood pressure testing, cancer screenings, and disease testing in addition to contraception and pregnancy testing. Family planning visits give women and men a one on one consultation with a nurse where they can discuss all of their contraceptive options from abstinence, to natural family planning, to birth control and select the option which works best for them.

It is important to point out that 29 states currently have expanded Medicaid Family Planning programs. These programs aid large numbers of low-income families who otherwise may not have any form of coverage. According to the National Academy for State Health Policy "family planning waiver demonstrations have resulted in substantial Medicaid savings and have proved to be an effective way to increase access to family planning services while reducing state and federal spending". In short- family planning services are not only good for patients, but also fiscally sound for states. In fact, according to the Kaiser Family Foundation, states that have obtained these waivers have found that the cost of providing family planning services and supplies to individuals under the program pales in comparison to the cost of providing pregnancy-related services to beneficiaries who would otherwise become pregnant and eligible for Medicaid- funded prenatal, delivery and postpartum care. Statistically, for every dollar spent on family planning services \$7.00 is save to the state and federal government.

Passage of HB 1295 puts focus on the health women and families of North Dakota and is sound economic policy saving the state dollars. The North Dakota Women's Network strongly urge you to pass HB 1295. I will answer any questions.

Renee Stromme
Executive Director

#4

Written Support

HB 1295

Human Services Committee

Monday, January 26, 2015

Good morning, Chairman Weisz and members of the Committee. My name is Robin Iszler; I am the administrator of Central Valley Health District in Jamestown. My local health department houses a Family Planning clinic and provides Family Planning services for men and women for several counties in southeast central North Dakota. I support HB 1295 which would direct the Human Services Department to apply for a Medicaid wavier for Family Planning services. I am submitting this written support as I am unable to speak to you in person. I would like to provide you with information on how the wavier would impact our clinic and the clients we serve.

Our program provides reproductive health services including, cancer screening exams, pregnancy tests, screenings for sexually transmitted disease and HIV, counseling on all forms of birth control, including abstinence and natural family planning and referrals. Anyone is eligible to receive our services. We receive federal Title X dollars to help provide services to clients, however only 22% of our total budget is made up of the Federal Title X dollars. We rely on multiple funding sources to help fund the services we provide. For example about 7% of the clients have North Dakota Medicaid, 11% have private insurance (i.e. Blue Cross) and 20% of clients pay us with their own funds. All these sources are needed to help us to provide services. By passing HB 1295 the number of clients eligible for Medicaid for Family Planning services will increase.

Let me give you an example of how this will help our clients. Clients who come into our clinic fill out an income worksheet to determine the discount they receive based on the Federal poverty guidelines. They maybe charged full fee or a reduced fee is applied, some have insurance coverage and some are asked to provide a donation. The bottom line, no one is denied services because they cannot pay. Because we provide a discount for the services, much of the total

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charges are written off or discounted based on the clients income. Yet we still have costs to operate our clinic (salaries for staff, rent, utilities, supplies, etc.).

With the Medicaid waiver, clients could come into our clinic, complete the income worksheet and be enrolled in the Medicaid program. The client would not have to worry about how the services would be paid for and our clinic would have a guaranteed income source to help support the costs to run the clinic. The Medicaid waiver coverage for family planning, will improve access to critical health care services, providing health care to many women and men who could otherwise not access services.

To encourage states to make family planning services widely available, Congress established a special enhanced 90% match rate. For every dollar spent on Medicaid family planning services, the state pays only 10 cents. It makes sense to apply for the Federal waiver as it only requires a minimal investment of our State dollars. Family planning services play a unique role in the health care delivery system – simultaneously meeting the preventive health needs of patients and saving the Medicaid program money.

The services we provide at Central Valley Health District like annual exams consisting of cancer screening and one on one visits with a registered nurse practitioner are basic health care needs of the women and families of North Dakota. Passage of HB 1295 will create and extend the safety net for those in need and protect the health of our communities.

Thank you for allowing me this opportunity to provide this written information. I would be happy to answer any questions; you may email me at riszler@nd.gov.

Handed in #5

Testimony from

Rebecca Matthews

House Bill No. 1291 and 1295

January 26, 2015

Rep Weisz and members of the House Human Services Committee, I am Rebecca Matthews. I am here to speak in favor of House Bill 1291 and 1295.

I am a mother to four living children and stillborn twins. I understand the value and need of family planning and prenatal care. At the age of 22 I was diagnosed with high blood pressure. Family planning was very important to my husband and me because we wanted to make sure I was in good health and also that I switched to a high blood pressure medication that was safe during pregnancy. In addition I had additional ultrasounds to check for fetal growth and health. Because of my access to prenatal care, my 1st born was born 6 weeks early but without monitoring he would not have survived.

To add to the need for prenatal care is cost of a high risk pregnancy. When I was pregnant with our twins, which was a high risk pregnancy, we had to fly to a fetal care center in OH. The cost of the flight, hotel, and medical bills for testing was very expensive. Upon returning home we needed weekly visits with a maternal-fetal specialist; however, there are NO maternal- fetal specialists in the state of ND. We lost the twins before those visits started, but we feared the cost and stress on our family.

These are my experiences with family planning and pregnancy. However, my husband and I are blessed to have health insurance and my husband makes a very good living. For many families in ND proper prenatal care puts into question their ability to put supper on the table or afford a doctor visit. To imagine something as simple as diagnosing gestational diabetes or eclampsia would not happen and could lead to death to a woman and a child is unacceptable to me.

In an even more difficult situation would be a high risk pregnancy with need to travel to see specialists. The cost of travel, lodging, and missed work may be something many families financially cannot afford. I would hate to see a family not receive the prenatal care they need because they could not afford it. Or that a family is forced into bankruptcy due to the bills accrued to maintain the health of mother and child in a high risk pregnancy.

These bills provide women and families the ability to plan for pregnancies and once pregnant have prenatal care to monitor maternal and fetal health. Because isn't the end goal to have a healthy mother and a healthy baby. With that I urge a do pass for women and families in North Dakota.

Rebecca Matthews

585 Cottonwood Loop Bismarck ND

701-221-2642