

2017 HOUSE HUMAN SERVICES

HB 1117

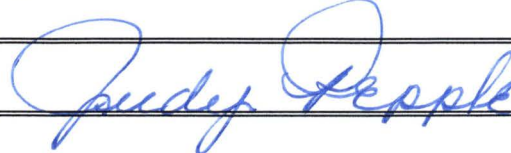
2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

House Bill 1117
1/9/2017
26695

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

relating to changes in terminology with respect to substance abuse and behavioral health

Minutes:

1

Chairman Weisz: Called the committee to order.

Opened the hearing on HB 1117

Chairman Weisz: Support for HB 1117

Pamela Sagness: Director of Behavior Health Division of Human Services
(Attachment 1)

Chairman Weisz: Thank you. Just for the record, when you say it is a housekeeping bill some of us tend to get nervous.

Chairman Weisz: Are there any questions from the committee?

Representative P. Anderson: Many bills dealing with terminology can't we put them together?

Jonathan Alm, Attorney for the Dept. of Human Services.

In some cases each agency will set their own agenda of what they want to move forward, so you might see more bills. Unfortunately the time line for introducing bills does not always allow us to know about other bills before hand.

Representative McWilliams: How often do the definitions about substance abuse change. Do you have the definition of substance abuse disorder with you as it appears in DSM?

P. Sagness: It would depend on which substance we are talking about. It would be different for amphetamine and alcohol. There are still lots of specific terms within that. It can be provided if you want it.

Representative McWilliams: How often do the definitions of substance abuse plan on changing? The more you add to it moves further away and you have a wider and wider scope.

Chairman Weisz: Further questions from the committee?
Further support for HB 1117? Seeing none.
Is there any opposition to HB 1117?
Seeing none, we will close the hearing on HB 1117.

Discussion

Representative Schneider: I move a do pass on HB 1117

Chairman Weisz: Do we have a second?

Representative Westlind: Seconded HB 1117

Chairman Weisz: Further discussion? Hearing none we will call for a vote on HB 1117.

Roll Call vote taken

Chairman Weisz: HB 1117 passed 11 yes 1 no and 2 absent

Chairman Weisz: Who would like to volunteer to carry this one?

Representative Westlind: I will carry it.

Date: 1-9-17
 Roll Call Vote #: 1

**2017 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. HB 1117**

House Human Services Committee
 Subcommittee

Amendment LC# or Description: _____

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. Schneider Seconded By Rep. Westlind

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider	✓	
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams		✓			
Rep. Porter (AB)					
Rep. Seibel	✓				
Rep. Skroch (AB)					
Rep. Westlind	✓				

Total (Yes) 11 No 1
 Absent 2
 Floor Assignment Rep. Westlind

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

REPORT OF STANDING COMMITTEE

HB 1117: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS**
(11 YEAS, 1 NAYS, 2 ABSENT AND NOT VOTING). HB 1117 was placed on the
Eleventh order on the calendar.

2017 SENATE HUMAN SERVICES

HB 1117

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1117
2/14/2017
Job Number 28347

- Subcommittee
 Conference Committee

Committee Clerk Signature

Mame Blum

Explanation or reason for introduction of bill/resolution:

A bill relating to changes in terminology with respect to substance abuse and behavioral health.

Minutes:

1 Attachment= Pamela Sagness

Chair J. Lee: Brought the public hearing to order on HB 1117. Sen. Anderson was absent. **Pam Sagness, Dir. Behavioral Health Division, DHS (0:25-1:10) testified in favor, please see attachment #1.**

Senator Heckaman: On top of page 2, with planning and coordinating system of prevention, and you have early intervention. Is that in there specifically for some reason? Was it not in there before? Is that identifying a new program?

Ms. Sagness: Typically early intervention is part of the full continuum. But, because of the short intervention people often, if a person has a substance use disorder and hold a big intervention and bring everybody to the table. They have a conversation about usage and hopefully get that person into a treatment setting. There is a difference between intervention and early intervention in the field. This just clarifies to mean pre-diagnosis. How do we intervene with someone before they have a substance disorder.

Chair J. Lee: Nothing to do with age?

Ms. Sagness: Correct.

Senator Clemens: Looking at line 10, pg. 1, I need a comment on the arrival at age of 14. It states they can receive treatments without parental notification or consent. How does that work? (3.16)

Ms. Sagness: (3.30-4.70) We aren't recommending changes other than the language in this section. So this is current statute. I do think it is important when treating individuals, that we have adolescent counselor serving the region of Jamestown to Harvey to SD border. Often there are kids that want services, but they have difficulty talking to parents about what the services might be. Or they may have parents that are using themselves. They are afraid that their parents would not allow them to get services. I have rarely worked with individual who was under 18 years of age, where parents were not aware. But it allows them to seek out services in their school. I have worked with a school that had an addiction councilor on staff. That child got services at school. Intent is for services to be provided.

Chair J. Lee: Treatment moves on by encouragement to tell parents, if parents are an obstacle to treatment, we need to lead a family benefiting from the help.

Ms. Sagness: This is very outpatient basis. You could not take a 14-year-old and put them in a residential program without parent consent or knowledge. Looking at someone who may seek to talk to a counselor. (5.33)

V-Chair Larsen: A methadone clinic is out patient too, would they be unable to find out about that then?

Ms. Sagness: It's a little different when you're prescribing meds. I would want someone else answer that.

V-Chair Larsen: A little while back, on this part where it is 14 years for the treatment and examination; I thought we took the age off that. Is that going to show up in August 1 when that part comes in. It is current code as it reads now?

Ms. Sagness: This is current code.

V-Chair Larsen: I thought we changed that examination kit.

Chair J. Lee: It was killed

V-Chair Larsen: The old language always did read just alcohol and drug abuse. We are just changing that word to substance use disorder. It is not new, just language change. I would still like the answer about 15-16 year olds and methadone clinic.

Ms. Sagness: I can follow up on that.

Chair J. Lee: There is a clinic coming to Bismarck, now.

Chair J. Lee: Any more testimony? Any opposition? Any neutral? Public hearing is closed on HB1117

Senator Kreun: DO PASS HB1117

V-Chair Larsen: I second.

Passes 6-0-1.

Senator Kreun will carry

Vote held for Senator Anderson

Senator Anderson supplied his vote, bringing the final vote to 7-0-0.

Date: 2/14 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1117

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: _____

- 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 Sen. Krown Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Krown	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment Sen. Krown

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

REPORT OF STANDING COMMITTEE

HB 1117: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS
(7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1117 was placed on the
Fourteenth order on the calendar.

2017 TESTIMONY

HB 1117

HB 1117
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1-9-17

**Testimony
House Bill 1117 – Department of Human Services
House Human Services Committee
Representative Weisz, Chairman
January 9, 2017**

Chairman Weisz, and members of the House Human Services Committee, I am Pamela Sagness, Director of the Behavioral Health Division for the Department of Human Services (Department). I am here today in support of House Bill 1117, which was introduced at the request of the Department.

The proposed changes would update language to be consistent with the current version of the Diagnostic and Statistical Manual of Mental Disorder, for example "Substance Use Disorder" instead of drug abuse or alcoholism.

In addition, the proposed changes update the "Division of Mental Health and Substance Abuse" to the "Behavioral Health Division". A change initiated by the Department May of 2015.

Lastly, the proposed changes utilize person-first language. The bill proposes to change "chronically mentally ill individuals" to "individuals with a serious mental illness".

That concludes my testimony. I would be happy to address any questions.

Testimony
House Bill 1117 – Department of Human Services
Senate Human Services Committee
Senator Lee, Chairman
February 14, 2017

Chairman Lee, and members of the Senate Human Services Committee, I am Pamela Sagness, Director of the Behavioral Health Division for the Department of Human Services (Department). I am here today in support of House Bill 1117, which was introduced at the request of the Department.

The proposed changes would update language to be consistent with the current version of the Diagnostic and Statistical Manual of Mental Disorder, for example "Substance Use Disorder" instead of drug abuse or alcoholism.

In addition, the proposed changes update the "Division of Mental Health and Substance Abuse" to the "Behavioral Health Division". A change initiated by the Department May of 2015.

Lastly, the proposed changes utilize person-first language. The bill proposes to change "chronically mentally ill individuals" to "individuals with a serious mental illness".

That concludes my testimony. I would be happy to address any questions.