19.1014.02000

# FISCAL NOTE

**Requested by Legislative Council**
**02/07/2019**

Amendment to: HB 1515

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.*

| | 2017-2019 Biennium | | 2019-2021 Biennium | | 2021-2023 Biennium | |
|---|---|---|---|---|---|---|
| | General Fund | Other Funds | General Fund | Other Funds | General Fund | Other Funds |
| **Revenues** | | | | $815,973 | | $1,087,286 |
| **Expenditures** | | | $815,973 | $815,973 | $1,087,286 | $1,087,286 |
| **Appropriations** | | | $815,973 | $815,973 | $1,087,286 | $1,087,286 |

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

| | 2017-2019 Biennium | 2019-2021 Biennium | 2021-2023 Biennium |
|---|---|---|---|
| **Counties** | | | |
| **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 1515 requires the Department to seek approval from the Centers for Medicare and Medicaid Services (CMS) to expand medical assistance coverage for pregnant women with income between 147% and 162% 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 pregnant women with income between 147% and 162%, inclusive of the 5% disregard, of the federal poverty level. All estimates were calculated using a January 1, 2020 anticipated start date.

The Department estimates that 455 additional pregnant women would qualify for 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. The projected cost for 18 months in the 19-21 biennium is $1,631,946, of which $815,973 is general fund. Expanding coverage will also require IT system changes, at a cost of $6,400, of which $3,200 is general fund.

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.*

The services provided under HB 1515 are eligible to receive matching Medicaid federal funds based on the Federal Medical Assistance Percentage.

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.*

Section 1 requires the Department to expand medical assistance coverage for pregnant women with income between 147% and 162%, inclusive of the 5% disregard, of the federal poverty level. All estimates were calculated using a January 1, 2020 anticipated start date.

The Department estimates that 455 additional pregnant women would qualify for 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. The projected cost for 18 months in the 19-21 biennium is $1,631,946, of which $815,973 is general fund. Expanding coverage will also require IT system changes, at a cost of $6,400, of which $3,200 is general fund.

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.*

For the 19-21 biennium the Department of Human Services would need appropriation increases to the base level budget in SB 2012, in the following line items; grants medical assistance of $1,625,546 of which $812,773 would be general fund, operating of $6,400, of which $3,200 would be general fund.

For the 21-23 biennium the Department of Human Services would need appropriation authority of $2,174,572 of which $1,087,286 is general fund in the grants medical assistance line item for the medical assistance coverage proposed in HB 1515.

**Name:** Rhonda Obrigewitch

**Agency:** Human Services

**Telephone:** 328-4585

**Date Prepared:** 01/20/2019

19.1014.01000

# FISCAL NOTE

**Requested by Legislative Council**
**01/14/2019**

Bill/Resolution No.: HB 1515

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.*

| | 2017-2019 Biennium | | 2019-2021 Biennium | | 2021-2023 Biennium | |
|---|---|---|---|---|---|---|
| | General Fund | Other Funds | General Fund | Other Funds | General Fund | Other Funds |
| **Revenues** | | | | $2,631,166 | | $4,879,617 |
| **Expenditures** | | | $2,631,165 | $2,631,166 | $4,879,617 | $4,879,617 |
| **Appropriations** | | | $2,631,165 | $2,631,166 | $4,879,617 | $4,879,617 |

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

| | 2017-2019 Biennium | 2019-2021 Biennium | 2021-2023 Biennium |
|---|---|---|---|
| **Counties** | | | |
| **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 1515 requires the Department to seek approval from the Centers for Medicare and Medicaid Services (CMS) to expand medical assistance coverage for pregnant women with income between 147% and 200% 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 pregnant women with income between 147% and 200% of the federal poverty level. If eligibility level is increased above 185% of the federal poverty level, North Dakota would have to apply for approval under an 1115 waiver, or explore an option through a CHIP targeted low income pregnant women program. Based on the estimated CHIP expenditures and the finite CHIP allotment available, the Department is not estimating to have adequate CHIP allotment to fund the expansion proposed in HB 1515. Based on the time needed to develop and the anticipated time for CMS approval of a 1115 waiver, the Department does not expect the January 1, 2020 start date purposed by this bill to be achievable. Therefore, all estimates were calculated using a July 1, 2020 anticipated start date.

The Department estimates that 2,000 additional pregnant women would qualify for 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. The projected cost for 12 months in the 19-21 biennium is $4,779,280, of which $2,389,640 is general fund. Expanding coverage will also require IT system changes, at a cost of $282,377, of which $141,188 is general fund and an additional FTE, required to implement the waiver and maintain the monitoring, evaluation, and technical/operational reporting requirements of the waiver with an estimated cost of $200,674, of which $100,337 is general fund.

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.*

      The services provided under HB 1515 are eligible to receive matching Medicaid federal funds based off the Federal Medical Assistance Percentage.

   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.*

      Section 1 requires the Department to expand medical assistance coverage for pregnant women with income between 147% and 200% of the federal poverty level. If eligibility level is increased above 185% of the federal poverty level, North Dakota would have to apply for approval under an 1115 waiver, or explore an option through a CHIP targeted low income pregnant women program. Based on the estimated CHIP expenditures and the finite CHIP allotment available, the Department is not estimating to have adequate CHIP allotment to fund the expansion proposed in HB 1515. Based on the time needed to develop and the anticipated time for CMS approval of a 1115 waiver, the Department does not expect the January 1, 2020 start date purposed by this bill to be achievable. Therefore, all estimates were calculated using a July 1, 2020 anticipated start date.

      The Department estimates that 2,000 additional pregnant women would qualify for 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. The projected cost for 12 months in the 19-21 biennium is $4,779,280, of which $2,389,640 is general fund. Expanding coverage will also require IT system changes, at a cost of $282,377, of which $141,188 is general fund and an additional FTE, required to implement the waiver and maintain the monitoring, evaluation, and technical/operational reporting requirements of the waiver with an estimated cost of $200,674, of which $100,337 is general fund.

   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.*

      For the 19-21 biennium the Department of Human Services would need appropriation increases to the base level budget in SB 2012, in the following line items; grants medical assistance of $4,779,280 of which $2,389,640 would be general fund, operating of $282,377, of which $141,188 would be general fund, and salary of $200,674, of which $100,337 would be general fund.

      For the 21-23 biennium the Department of Human Services would need appropriation authority of $9,558,560 of which $4,779,280 is general fund in the grants medical assistance line item for the medical assistance coverage proposed in HB 1515 and $200,674, of which $100,377 is general fund to maintain the FTE.

**Name:** Rhonda Obrigewitch

**Agency:** Human Services

**Telephone:** 328-4585

**Date Prepared:** 01/20/2019

**2019 HOUSE HUMAN SERVICES**

**HB 1515**

# 2019 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**
Fort Union Room, State Capitol

HB 1515
1/21/2019
31110

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Elaine Stromme by Nicole Klaman

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

**Minutes:** 3

**Vice Chairman Rohr**: opened the hearing on HB 1515

**Representative Alisa Mitskog**: Introduced HB 1515, **See attachment 1**
(0:1:30-0:3:00)

**Vice Chairperson Rohr**: Questions? Seeing none. Further support?

**Kristie Wolff**, Executive Director of the ND Women's Network: Verbal and written testimony in support, see **attachment 2**
(0:04:04-0:05:54)

**Vice chairperson Rohr**: Questions?

**Representative Todd Porter**: Inside of the Affordable Care Act, the group we are targeting has fully subsidized healthcare available to them. I'm having a hard time understanding why we are filling a gap that's already been filled.

**Kristie Wolff**: Within the Affordable care act some plans were grandfathered in that did not have to include prenatal care. Some women may not have healthcare due to this or maybe because they are working two, part time jobs.

**Rep. Todd Porter**: I thought this was a law that people had health coverage?

**Kristie Wolff**: Some may still take the tax penalty or some may have health coverage but it may not cover their delivery.

**Vice Chairperson Rohr**: Thank you for your testimony.

**Bennett Tucker**, Citizen: Verbal and written support testimony, See **attachment 3**
I would like to add in response to Rep. Porters statements on the Fiscal note; Clearly there is a need as it states “the Department estimates that 2000 additional pregnant women would qualify for coverage annually”.

(0:09:00-0:19:13)

**Vice Chairperson Rohr**: Thank you. Any opposed? Seeing none

**Vice Chairperson Rohr** closes meeting

# 2019 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**
Fort Union Room, State Capitol

HB 1515
2/5/2019
32182

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Nicole Klaman

Relating to medical assistance coverage for pregnant women; and to provide an availability date

**Minutes:**

**Chairman Weisz**: opened meeting

**Representative Todd Porter**: Since the ACA was passed, it was always our assumption that the individuals above the 152% were going to be covered through the exchange or private insurance pools offered by employers because it's the federal law that they have it. I'm surprised to hear the federal law is not being enforced and that people are ignoring the fact that they need coverage. 152% is at 31,585 which comes out to be earning $15.19 per hour. Moving up, the per hour is getting close to $20.00 an hr the individual can make and be on this program. I'm torn by the fact that the uninsured rates have remained the same with the ACA and the Federal Law is being ignored. In result we are supposed to expand our Medicaid program.

**Chairman Weisz**: I have a Department question. Per the fiscal note, it says the assumption is the population would be covered through their plan and the state would be the 3rd party payer. That still seems like a lot of money, so how did you arrive at that number?

**Eric Elkins**, Medical Services Division: We looked at the people that we considered to have other coverage, per our records. Initially the per member per month for a pregnant woman was 4500.00 for care. After considering other coverage, it dropped the estimate around to $2200.00. We could not tell if they actually had pregnancy benefits, just coverage. Between 147% and 200% there were 2000 women, so we took the new 22000.00 and derived the fiscal estimate. Our decision support division provided us with the 2000 women.

**Chairman Weisz**: Questions from the committee? Seeing none.

**Representative Mary Schneider**: If the bill is limited to 185%, do you have the figures on how that would change or how many would be eligible?

**Eric Elkins**: 147%-185% 1332 VS 2000 at 200% That is the amount of women between those poverty levels

**Chairman Weisz**: That would cut cost 33%

**Eric Elkins**: A waiver would need to be in place

**Chairman Weisz**: Roughly 1.8 million would be the cost at 185%, ball park.

**Rep. Schneider**: Propose an Amendment. Line 10 of the bill, I would remove 200 and sub 185%, that removes the FTE and decreases this to a lower poverty level and also eliminates the waiver issues.

**Representative Gretchen Dobervich**: Second

**Rep. Porter**: What does that move the annual wage to? Federal Poverty Level at 185%?

**Chairman Weisz**: About 36,000-37,000

Voice Vote on Amendment: Motion Carries

**Representative Chuck Damschen**: Doesn't address the issue brought up by Rep. Porter. Any idea how many abortions are due to income level?

**Rep. Schneider**: I thought I read in the abortion bill that 2/3 had a motivation based on poverty.

**Chairman Weisz**: I'm uncertain if that's tracked by the health department.

**Rep. Schneider**: Informed consent bill?

**Seth**: HB 1346

**Representative Kathy Skroch**: Bennet tucker's testimony, per CDC poverty level or financial issues maybe a motivation but not a causation.

**Representative Gretchen Dobervich**: We did hear in MA, when pregnancy med coverage increased they saw a decline in abortion

**Rep. Schneider**: If we are focusing on the children and abortion prevention. Focusing on providing medical coverage for children regardless of the amount of money it requires.

**Representative Gretchen Dobervich** Do pass as Amended with rerefer to approps

**Representative Mary Schneider**: Second

Roll Call Vote: Yes 5 No 7 Absent 2
Do Pass as Amended, Rerefer to Appropriations Motion Fails

**Rep. Anderson**: Move Do Not Pass as Amended

**Rep. Damschen**: Second

**Rep. Porter**: I could support this move to 160%= 8% and stay below the federal poverty lines.

**Rep. Anderson**: Withdraw motion
**Rep. Damschen**: Withdraw motion

**Rep. Anderson**: I'd support Montana's decision and move it to 162%.
I move to adopt amendment.

**Rep. Skroch**: Second

Voice Vote: Motion to adopt amendment carries;
page 1 line 10 after "hundred" insert "sixty-two"

**Rep. Porter**: Motion Do Pass as Amended, rerefer to appropriations
**Rep. M. Ruby**: Second

Roll Call vote: Yes 11 No 1 Absent 2
Motion Carries, Do Pass as amended rerefer to appropriations

**Representative Matthew Ruby**: Carrier

DP 2/5/19

19.1014.01001
Title.02000

Adopted by the Human Services Committee

February 5, 2019

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1515

Page 1, line 10, replace "two" with "one"

Page 1, line 10, after "hundred" insert "sixty-two"

Renumber accordingly

Date: 2-5-19
Roll Call Vote #: 1

**2019 HOUSE STANDING COMMITTEE**
**ROLL CALL VOTES**
**BILL/RESOLUTION NO.** 1515

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. Dobervich

| Representatives | Yes | No | Representatives | Yes | No |
|---|---|---|---|---|---|
| Robin Weisz - Chairman | | | Gretchen Dobervich | | |
| Karen M. Rohr – Vice Chairman | | | Mary Schneider | | |
| Dick Anderson | | | | | |
| Chuck Damschen | | | | | |
| Bill Devlin | | | | | |
| Clayton Fegley | | ✓ | | | |
| Dwight Kiefert | ✓ | | | | |
| Todd Porter | | | | | |
| Matthew Ruby | – | | | | |
| Bill Tveit | | | | | |
| Greg Westlind | | | | | |
| Kathy Skroch | | | | | |
| | | | | | |
| | | | | | |

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Motion carries to remove 200 and sub 185%
Amendment Adopted

Date: 2/5/2019
Vote #: 2

**2019 HOUSE STANDING COMMITTEE**
**ROLL CALL VOTES**
**BILL/RESOLUTION NO.** 1515

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. Dobervich Seconded By Rep. Schneider

| Representatives | Yes | No | Representatives | Yes | No |
|---|---|---|---|---|---|
| Robin Weisz, Chairman | | X | Gretchen Dobervich | X | |
| Karen M. Rohr, Vice Chair | | X | Mary Schneider | X | |
| Dick Anderson | | X | | | |
| Chuck Damschen | | X | | | |
| Bill Devlin | X | | | | |
| Clayton Fegley | X | | | | |
| Dwight Kiefert | --- | --- | | | |
| Todd Porter | | X | | | |
| Matthew Ruby | X | | | | |
| Bill Tveit | ---- | --- | | | |
| Greg Westlind | | X | | | |
| Kathy Skroch | | X | | | |
| | | | | | |
| | | | | | |

Total (Yes) 5 No 7

Absent 2

Floor Assignment _____

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

Motion DO Pass as amended Fails

Date: 2/5/2019
Vote #: 3

**2019 HOUSE STANDING COMMITTEE**
**ROLL CALL VOTES**
**BILL/RESOLUTION NO. " 1515**

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.1014.01001

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. Anderson Seconded By Rep. Skroch

| Representatives | Yes | No | Representatives | Yes | No |
|---|---|---|---|---|---|
| Robin Weisz, Chairman | | | Gretchen Dobervich | | |
| Karen M. Rohr, Vice Chair | | | Mary Schneider | | |
| Dick Anderson | | | | | |
| Chuck Damschen | | | | | |
| Bill Devlin | | | | | |
| Clayton Fegley | | | | | |
| Dwight Kiefert | --- | --- | | | |
| Todd Porter | | | | | |
| Matthew Ruby | | | | | |
| Bill Tveit | ---- | --- | | | |
| Greg Westlind | | | | | |
| Kathy Skroch | | | | | |
| | | | | | |
| | | | | | |

Total (Yes) _____ No _____

Absent 2

Floor Assignment _____

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

Voice Vote to change Page 1 line 10, after "hundred" insert "sixty-two"

Motion Carries to adopt amendment

Date: 2/5/2019
Vote #: 4

**2019 HOUSE STANDING COMMITTEE**
**ROLL CALL VOTES**
**BILL/RESOLUTION NO. 1515**

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.1014.01001

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. Ruby

| Representatives | Yes | No | Representatives | Yes | No |
|---|---|---|---|---|---|
| Robin Weisz, Chairman | | x | Gretchen Dobervich | X | |
| Karen M. Rohr, Vice Chair | X | | Mary Schneider | x | |
| Dick Anderson | X | | | | |
| Chuck Damschen | X | | | | |
| Bill Devlin | x | | | | |
| Clayton Fegley | X | | | | |
| Dwight Kiefert | --- | --- | | | |
| Todd Porter | X | | | | |
| Matthew Ruby | x | | | | |
| Bill Tveit | ---- | --- | | | |
| Greg Westlind | X | | | | |
| Kathy Skroch | X | | | | |
| | | | | | |
| | | | | | |

Total (Yes) 11 No 1

Absent 2

Floor Assignment R epRuby

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

**Motion Carries, Do Pass as amended**

## REPORT OF STANDING COMMITTEE

**HB 1515: Human Services Committee (Rep. Weisz, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (11 YEAS, 1 NAYS, 2 ABSENT AND NOT VOTING). HB 1515 was placed on the Sixth order on the calendar.

Page 1, line 10, replace "two" with "one"

Page 1, line 10, after "hundred" insert "sixty-two"

Renumber accordingly

**2019 HOUSE APPROPRIATIONS**

**HB 1515**

# 2019 HOUSE STANDING COMMITTEE MINUTES

**Appropriations Committee**
Roughrider Room, State Capitol

HB 1515
2/14/2019
32762

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Risa Bergquist by Caitlin Fleck

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

Relating to medical assistance coverage for pregnant women; and to provide an availability date.

**Minutes:**

**Recoding started late.**

**Chairman Delzer:** Opened meeting.

**Representative Weisz:** This bill is for Medicaid expansion for pregnant women.

**Representative Kempenich**: They say that they want 115 waivers, are they basing that on…?

**Chairman Delzer:** I think you have to get the waiver for the change.

**Representative Weisz:** I think for a family of 4 it's right around 38,000.

**Chairman Delzer:** Shouldn't all these people be falling under expanded Medicaid?

**Representative Weisz:** They should, but it all depends on what they are paying under ACA.

**Chairman Delzer**: So there would be no out of pocket.

**Representative Kempenich:** It changed somewhat, but most of that is in between 147 to 162.

**Representative Weisz:** That is correct, there are more of them in that 160 range instead of the 190, so the fiscal note didn't drop as much as we though it would.

**Chairman Delzer**: So what is the out of pocket cost then on expanded Medicaid?

**Representative Weisz:** That would depend on the policy that the person has.

**Chairman Delzer:** Well if they are under expanded Medicaid already, it's a fixed policy, is it not?

**Representative Weisz:** Expanded Medicaid doesn't really apply to this group.

**Chairman Delzer:** Why not?

**Representative Weisz:** Because they are already covered with that. The Medicaid expansion group is excluded because it is generally a single male. Women are already covered under this for up to 152%.

**Chairman Delzer**: What kind of fiscal note were you hoping for?

**Representative Weisz:** We though the fiscal note would be in the 300-400,000-dollar range. We didn't expect that there would be that large number in the 160 range.

**Representative Kempenich:** Some of these probably have a single policy out of a work situation too, but is this outside of their insurance.

**Chairman Delzer:** It should be figured into the fiscal note

**Representative Weisz:** Medicaid expansion isn't an overlap of coverage. It is a separate product here for a separate group. This would be pick up what is not covered.

**Chairman Delzer**: What is your report out of committee?

**Representative Weisz**: I believe it was either unanimous or ….

**Chairman Delzer:** Who was the carrier?

**Representative Weisz:** I don't have that.

**Chairman Delzer**: We can find that out.

No further question, meeting closed.

# 2019 HOUSE STANDING COMMITTEE MINUTES

**Appropriations Committee**
Roughrider Room, State Capitol

HB 1515
2/15/2019
32848

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Parker Oswald

**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 coverage for pregnant women; and to provide an availability date.

**Minutes:**

**Chairman Delzer**: Opens meeting on HB 1515. There is no amendment for this.

**(00:45) Representative Jim Schmidt**: Is there a fiscal note?

**Chairman Delzer**: They thought they would lower the fiscal note a lot more than they did. They thought they would lower it $400,000 on the general fund side. They only lowered it to $815,000 of general fund. This was because the number of pregnant women that falls in there is much lower.

**(1:50) Chairman Delzer**: A single pregnant mother with one child would be around $25,000 if I remember right. What are your wishes?

**(2:30) Representative Kempenich**: **I move a Do pass, seconded by Brandenburg**.

**(3:00) Chairman Delzer**: Further discussion? The second fiscal note is $815,973 of general funds and $815,973 of federal funds. Then it is $1,087,286 in general funds and the same in federal funds for 2023. It will eventually be a little less general fund and more federal fund.

**(3:45) Chairman Delzer**: It is based on per capita income.

**Representative David Monson**: I know absolutely nothing about Medicaid, but what level do we have for others; 200%?

**Chairman Delzer**: Traditional is 100% of poverty. We have a number of different places in Medicaid for different things.

**(4:35) Representative Kempenich**: Healthy steps is at 160%, I believe.

**Chairman Delzer**: I am not sure if that is net income or modified gross.

**Representative Kempenich**: I think they are using $455,000 additional and I think that is high.

**Chairman Delzer**: This is a third payer system and most will have insurance too. It keeps the out of pocket low or non-existent.

**(5:35) Chairman Delzer: Roll Call Vote is taken. Motion carries with 19 yes, 2 nays and 0 absent. Representative M. Ruby will carry.**

Date: 2/15/2019
Roll Call Vote #: 1

**2019 HOUSE STANDING COMMITTEE**
**ROLL CALL VOTES**
**BILL/RESOLUTION NO. HB 1515**

House Appropriations 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 **Representative Kempenich** Seconded By **Representative Brandenburg**

| Representatives | Yes | No | Representatives | Yes | No |
|---|---|---|---|---|---|
| Chairman Delzer | | X | | | |
| Representative Kempenich | X | | | | |
| Representative Anderson | X | | Representative Schobinger | X | |
| Representative Beadle | X | | Representative Vigesaa | X | |
| Representative Bellew | | X | | | |
| Representative Brandenburg | X | | | | |
| Representative Howe | X | | Representative Boe | X | |
| Representative Kreidt | X | | Representative Holman | X | |
| Representative Martinson | X | | Representative Mock | X | |
| Representative Meier | X | | | | |
| Representative Monson | X | | | | |
| Representative Nathe | X | | | | |
| Representative J. Nelson | X | | | | |
| Representative Sanford | X | | | | |
| Representative Schatz | X | | | | |
| Representative Schmidt | X | | | | |
| | | | | | |

Total (Yes) 19 No 2

Absent 0

Floor Assignment **Representative M. Ruby**

# Motion Carries

## REPORT OF STANDING COMMITTEE

**HB 1515, as engrossed: Appropriations Committee (Rep. Delzer, Chairman)** recommends **DO PASS** (19 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1515 was placed on the Eleventh order on the calendar.

**2019 SENATE HUMAN SERVICES**

**HB 1515**

# 2019 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**
Red River Room, State Capitol

HB 1515
3/4/2019
Job # 33094

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez / Carie Winings

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

Relating to medical assistance coverage for pregnant women; and to provide an availability date.

**Minutes:** Attachments: 1-4

**Madam Chair Lee:** Opened the hearing on HB 1515.

**Representative Alisa Mitskog, District 25:** See Attachment #1 for testimony and introduction to the bill.

**(:33) Senator Roers:** As I am looking through your testimony, it says 199% for South Dakota. But then when I go to table 2, I see 138. Where does the 199 come from?

**Representative Mitskog:** It is just a transposition of numbers with South Carolina above it.

**(02:00-10:37) Ben Tucker, Citizen of Saint Thomas, North Dakota:** Testifying in support of HB 1515. See Attachment #2 for testimony.

**Madam Chair Lee:** Reminded everyone in the room that the committee was short on time and wanted to make sure that all testimony was provided to the committee for the record.

**(11:20-13:35) Kristie Wolff, Executive Director of the North Dakota Women's Network:** Testifying in support of HB 1515. See Attachment #3 for testimony.

**(13:57-15:47) Christine King, Social Work Student, University of Mary:** Testifying in support of HB 1515. See Attachment #4 for testimony.

**(16:00-16:45) Christopher Dodson, North Dakota Catholic Conference:** Testified in favor of HB 1515. You have a lot of good information and Mr. Tucker has prepared a lot of good information in his preparation on this bill. This is something that we have always supported from the Catholic conference. It is consistent with the dignity of the human person from conception to natural death. This is an opportunity which is physically responsible and

available to us and we should take it. We also support the increase proposed by Representative Mitskog.

**Madam Chair Lee:** Asked for any further testimony in favor of and in opposition to the bill and there was none. Closed the hearing on HB 1515.

# 2019 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**
Red River Room, State Capitol

HB 1515
3/4/2019
Job # 33136

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

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

Relating to medical assistance coverage for pregnant women; and to provide an availability date.

**Minutes:** No Attachments

**Madam Chair Lee opens the discussion on HB 1515.**

**Senator K. Roers:** As we talked about HB 1515 which would increase the income threshold to 162% of the federal poverty level to the current 152%. Someone mentioned to me that there was a bill that was passed earlier in the session that increased something to 170%, is that true?

**Senator Clemens:** 177% I think it was.

**Maggie Anderson, Department of Human Services:** I am wondering if you are referring to SB 2106, where we requested to administer the children's health insurance program (CHIP) in house and it was a complete review and update to chapter 50-29 which is a children's health insurance chapter. In there you will see a change that actually says we are going from 160% to 175% MAGI (modified adjusted gross income). The 160% was our net income level and then the affordable care act (ACA) kicked in and that is a house cleaning change it is not a change in eligibility because if you look at the green chart we handed out, way over to the right on health steps at 175%, that is where we are today. That is where we have been since we have had to go to that MAGI conversion from the 160% net, that is probably what you are remembering but that wasn't an eligibility change that was just cleaning up the code. To my knowledge the only eligibility increases that have come across our way this session is HB 1515 and SB 2012 which is the departments appropriation, the senate included a piece to increase the children with disabilities buy-in from 300% to 225% of poverty.

**Madam Chair Lee:** Any further questions?

**Madam Chair Lee closes the discussion on HB 1515.**

# 2019 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**
Red River Room, State Capitol

HB 1515
3/4/2019
Job # 33157

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

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

Relating to medical assistance coverage for pregnant women; and to provide an availability date.

**Minutes:** Attachment #1

**Madam Chair Lee** opens the discussion on HB 1515.

**(00:00-00:30) Madam Chair Lee** goes over the fiscal not for HB 1515 while Maggie Anderson provides the committee with a handout of ACA Medicaid Income Eligibility Levels. Please See Attachment #1 for handout.

**Senator K. Roers:** Would this bill actually changes this whole column or would it split children and pregnant women into two columns?

**Maggie Anderson:** Yes.

**Senator Hogan:** As a liberal, I would really like to go to 185% of poverty but I'm not sure there is a will in the committee to do that.

**Senator K. Roers:** Do we have a way of knowing what the original fiscal note when it was at 185% looked like?

**Madam Chair Lee:** If you go to the original version of the bill and you look at fiscal note next to it in LAWS, but the additional issue there is that they would have to have the waiver.

**Senator Hogan:** We go to 185% and not have a waiver.

**Senator K. Roers:** The original fiscal note was 2.6 million general fund, 2.6 million other, and for 2021-2022 biennium is 4.8 million as opposed to the 469,000.

**(02:21-02:50) Senator O. Larsen** enters the room and Madam Chair Lee gives him a quick recap of what the committee discussion is about.

**Senator K. Roers:** They must not have run it at 185%.

**Senator O. Larsen:** What did we just pass out of here from the senate bill?

**Senator K. Roers:** That was actually changing the healthy steps (CHIP), it was taking it over so, it didn't change the percentage it's just the gross income.

**Senator O. Larsen:** We have a federal bar of 138% and that is what we should be doing. We shouldn't be doing this 152% or the 175%. We should be stuck with the 138% and move forward because I feel now that this is an entitlement and not a benefit.

**Senator Hogan:** I think it is an investment in our future, having health babies makes a huge difference at birth with prenatal care I think really makes a difference.

**Senator O. Larsen:** Which they are getting at 138% of poverty.

**Madam Chair Lee:** It's the ones above that, that she is talking about. Let's say it's a family household of two and that then would be 2,085 dollars a month.

**Senator K. Roers:** A family of two is counting the fetus?

**Madam Chair Lee:** Yes. I sure would like to move this thing on folks. What are we thinking?

**Senator Hogan:** I move to ADOPT AMENDMENT of this being 185% of poverty
Seconded by Senator K. Roers

**Senator Clemens:** When talking about this 152%, that is what Medicaid pays. When Senator O. Larsen is mentioning 138%, that wouldn't pertain to this column right?

**Madam Chair Lee:** No, that is what the expansion number is, that is what he is basing that on.

**Senator Clemens:** Pregnant women and children, that is pregnant women with other children?

**Maggie Anderson, Director of Medicaid Services with the Department of Human Services:** That eligibility determination would be done at the time that the child is born and then based on the circumstances at that time the child could be on Medicaid or CHIP (Children's Health Insurance Program). It really would depend on the situation of the time. When the pregnant woman is pregnant and that is the first time they come to apply for Medicaid there are certain eligibility rules that we apply and then they are eligible up to 60 days' post-partum. We aren't going to look at eligibility changes at that time but it could happen where there is an eligibility change that would affect the baby upon the time they are born, that pregnant mom is still going to retain her pregnant woman coverage 60 days post-partum but that child could be Healthy Steps eligible by the time they are born. We would need to re-do eligibility and see where they qualify, they may not be eligible for either one it just depends on the circumstances of that household at that time.

**Madam Chair Lee:** With the change that we made to CHIP, the child can now be covered the day of birth and not just the first of the following month and can have three months of retrospective coverage as well. It is part of the discussion of the eligibility.

**Senator O. Larsen:** For clarification with this new 185% of poverty, this federal poverty guideline for 2019; 150% is 18,000 dollars and 200% is 24,280 dollars, so 187% of poverty is going to be around 20,000 dollars per year probably. If we are counting the baby as a second person, their income increases to 32,090 dollars at 200% so we will say about 29,000 dollars a year that person is making and still qualify for this 187% that we are going to allow? If that person is living with someone they don't have to combine that income, so let's just say their income is another 40,000 dollars, that is a lot of money that we are coming forward to give these folks an entitlement, a free ride as far as I'm concerned.

**Madam Chair Lee:** We have an amendment; would you like to have more discussion on the 185%?

**ROLL CALL VOTE TAKEN**
**1 YEA, 5 NAY, 0 ABSENT**
**MOTION FAILS**

**Madam Chair Lee:** We are back now the way the bill came to us; do we see other things you would like to change in order to move this forward?

**Senator Hogan:** I really believe that prenatal care is the backbone to the future and health of children and I think that is what this is about.

**Senator O. Larsen:** The responsibility piece is really missing in this bill. If I know that I can't afford a Chevy pickup at 32,000 dollars, I better not be buying a pickup. We are providing at 138% of poverty, the state of North Dakota is providing healthcare for everybody.

**Madam Chair Lee:** I think the fact that the infants have no say in this, they have no control on whether or not the parents have the money. If they are in places where there are qualified health care centers there is a better potential for them to be able to get healthcare but we don't have enough of those. The children should not short changed with no adequate medical care and prenatal care which I think was the thrust of much of our testimony this morning. We can't make moral judgements, it's too late for that, we are talking about woman who are already pregnant.

**Senator O. Larsen:** We are consistently giving them healthcare at 138% of poverty, they have healthcare. We are taking care of them but the responsibility of that person now has to foot the bill a little bit.

**Senator Anderson:** I move a **DO NOT PASS.**
**Seconded by Senator O. Larsen.**

**Senator Anderson:** Right now, we are at 152% of poverty. If we don't change that to 162% is stays at 152% still above what Senator O. Larsen was indicating at 138%. I agree, every

time we incrementally change these things we create a little bit more of a liability on a part of the state and less responsibility on the part of the soon to be parent.

**Madam Chair Lee:** Any further discussion on the do not pass motion?

**Senator Hogan:** I think it is about the children, so I am going to vote no.

**Senator O. Larsen:** I am involved with Hope Clinic and some of these other facilities that go above and beyond and I think they have a great piece where they are giving vitamins, counseling, and doing above and beyond the health insurance piece. I think the need is being met, I just don't think the state should have to go above and beyond that.

**Madam Chair Lee:** In your professional experience, where do you see the participants in these situations being. Do you see them not getting some service or are they getting basic services? I would be interested if either Maggie Anderson or Kim Jacobson could give us your professional opinion.

**Maggie Anderson:** I have to answer by talking about the income eligibility levels and the 138% and the 152%. The 138% of poverty is totally tied to Medicaid expansion and the minimum set by the ACA (Affordable Care Act) which is why when you look at the kid's column 0-6 in that 152% and what we talked about when the CHIP bill was here, it is one of the big changes that happened with CHIP, and it took about 720 kids off of CHIP. Prior to the ACA we had two different eligibility tracks for kids. We had 0-6 year olds that we covered up to 133% of poverty that was a state decision, for 6-19 year olds we covered them at 100% of poverty, so it was a lower level so those kids didn't qualify for Medicaid up to 133% only to 100%. When we had to do what is called the MAGI (Modified Adjust Gross Income) equivalent of where we were on the day the ACA was signed in 2010, if you look at the part that talks about adult expansion group and the children ages 6-19, they are at that 138% which is the 133% plus the 5% disregard because, the kids that were 6-19 on the date the ACA was signed, were at 100% of poverty. All of this got implemented January 1, 2014 and then all of the 6-19 year olds got bumped right to the 138%, now you go to your pregnant woman and your kids that were 0-6, they were at 133% of poverty net on the day the act was signed in 2010, so when the ACA was implemented in 2014 the pregnant woman and the children 0-6 would still be at 152% of poverty because it has nothing to do with the 138% it has to do with where our income eligibility was at the time the act passed and at that time the state of ND did net income we did not do MAGI, so we had to create a MAGI equivalent of that net income level which is what the 152% is. What are these people going to miss? All the vitamins and information that they receive that Senator O. Larsen mentioned, that is for a healthy pregnancy. If you have an individual who is at 153% and it is not a healthy pregnancy, and they can't afford the premiums to purchase the coverage in the marketplace, those are the services that they miss out on. The other thing that I think is important, is if a woman shows up at the county office and they are at that moment pregnant, they cannot be enrolled in Medicaid expansion. They have to be enrolled in pregnant women Medicaid coverage. If they show up at the county office today and they are not pregnant, and they qualify for Medicaid expansion, and six months down the road they become pregnant; then it is the woman's choice whether they want to remain on Medicaid expansion or whether they want to elect to have traditional Medicaid coverage. It may depend on where they live or who their primary care provider is etc. If they also have some dental work that has to be done,

that may or may not get worse with their pregnancy and they may choose to come to traditional Medicaid because that dental work would be covered during the period of their pregnancy.

**(25:14) Senator O. Larsen:** There is the box when you sign up to go back if you had health bills and you had medical bills on the marketplace if you sign up for Medicaid expansion though. If I incurred bills, I can hit that check box and go back and have those taken care of, or at least looked at.

**Maggie Anderson:** It is call the three months' prior coverage. Yes, those can be covered, but if I am pregnant at the day when I say that I am applying, and those three months back – that is going to be under traditional Medicaid pregnant women's coverage and not under expansion.

**Madam Chair Lee:** And the 152 is the MAGI equivalent of 138?

**Maggie Anderson:** It is the MAGI equivalent of 133 net. It tells you how good our income disregards and deductions were before the ACA.

**Madam Chair Lee:** Kim, do you have anything to add to that? I want to make sure we don't miss the counties perspective.

**Kim Jacobson, Director, Agassiz Valley Social Services:** It does come down to – if an individual presents pregnant, there is that conversation in the county office about what programs they would be eligible for. It is a very confusing area for many clients as they are in that situation coming forward often times those individuals are in difficult situations personally as well. Any effort we can make to streamline that process or make it easier for individuals to understand what is expected of them and what is available would certainly be supported by the county because it is a very complex situation.

**Senator Hogan:** When somebody comes in and they are 153%, what do you do with them?

**Kim Jacobson:** If they are over our income guidelines, there is nothing we can do. We can try to refer them to see if there is community program that may support them in some way, but those are not widely provided throughout the state. It does present quite a dilemma.

**Senator Anderson:** It would be no different if it is 162 because it would still be those people that fall on the edge of that. You might take care of a few more, but the bottom line wouldn't be any different for those that fall on the edge.

**Kim Jacobson:** You are correct. There is always a cliff where folks will fall of the eligibility standard. It is just wherever the legislature feels comfortable in providing benefits to an individual based on what they determine would be poverty for an individual and where they would need assistance in order to provide prenatal care.

**Madam Chair Lee:** We have a motion on the floor for a **Do Not Pass.** Is there further discussion on the motion?

**ROLL CALL VOTE TAKEN**
**3 YEA, 3 NAY, 0 ABSENT**
**MOTION FAILS**

**Madam Chair Lee:** We can't send this out of here with no committee recommendation. If there ever was a committee in this building that bodies rely on to give some kind of input, this is one. What can we do to make this palatable? We are at 162 with the engrossed bill, and we are at 152 currently.

**Senator Clemens:** Asked for clarity.

**Madam Chair Lee:** It would be the first time ever that we would send a bill out of here without committee recommendation. That is a gutless way for a committee to send a bill out of committee. We just don't do that. We have heard all the information. It is not fair to all the people on the floor, ever, to send it without committee recommendation because we have the benefit of hearing people like the ones who are here today and the others who have been here to talk about the bill. We have the opportunity to discuss them and talk about amending them and we need to be able to come up with something that the six of us can figure out.

**Senator Clemens:** The reason I ask is that I have been in other committees and we have done that so I just wanted clarification.

**Madam Chair Lee:** I really think it is important. This goes back to welfare to work way back in the olden days. We were sitting here and there were six of us. It looked like that is where it was going to go, and we ended up having a short powwow in the hall with a couple of people and figure out how to move forward. Everyone agreed that it was going to be impossible for the Senate to know what to do with a bill if we couldn't come up with a recommendation after all the work we had done on it. I cannot think of any reason to change my thoughts on that now either. We have the advantage over everyone else that we sit with up there in what we have heard here. Obviously everyone is not going to agree when we get to the floor either. They are entitled to have an opinion from us just as we are entitled to have an opinion from other committees. Would you be interested in an adjustment to the percentage? Is there another number that would suit the folks that don't like it at all?

**Senator Hogan:** It was interesting that the House unanimously recommended passage on this.

**Senator Anderson:** When I look at this chart that was handed out on what percent different states were at, I think it is interesting to see that South Dakota is at 138. I thought that we just heard that the 152 North Dakota had was an equivalent number to 138 but it was adjusted. South Dakota would have to be using the same calculation under the Affordable Care Act right? Of course they do not have Medicaid expansion. Maybe that is why they didn't change it.

**(34:42) Maggie Anderson:** None of the MAGI equivalent has anything to do with Medicaid expansion. So even if we had not done Medicaid expansion, the Affordable Care Act required us to move to modified adjusted gross income. South Dakota very likely could have been doing gross income eligibility before the Affordable Care Act, where were doing net eligibility

net income eligibility. So, they may not have had to come up with a MAGI equivalent, because they were already at gross income eligibility determination. I cannot speak to the chart you are looking at. I am guessing it is from the Keiser foundation or something like that.

**Madam Chair Lee:** Georgetown. We know there was one error.

**Maggie Anderson:** Just looking at this, that is my guess with South Dakota. They were at the federal minimum prior to the ACA – which was 133. Then they were required to put the 5% disregard on there, which was part of the MAGI, and otherwise they were at gross income prior to the implementation of the ACA. That is why they did not have to come up with the MAGI equivalent.

**Madam Chair Lee:** How long do you want to think about what you would like to do with the percentage if that is the only thing we are discussing here? We know that some people are not going to like it no matter what it says.

**Senator Hogan:** Moved to amend with 160% of poverty.

**Senator K. Roers:** Seconded.

**ROLL CALL VOTE TAKEN**
**3 YEA, 3 NAY, 0 ABSENT**
**MOTION FAILS**

**Madam Chair Lee:** Some of you may want to think about how you plan to respond to the question about voting against the bill to assist pregnant women when you go to your forum this weekend. I am just saying.

**Senator K Roers:** One of the things that someone challenged me with on this is that the argument could be, and I am not saying that I ascribe to this argument, that the people who are pro-life voting against this – the argument could then be that you are pro birth and not pro-life. So you want that baby to be born but you are not caring about the quality of that life, knowing that pre-natal care helps with the outcome of that. I am not saying I believe that, but that was an argument that was lobbed at me.

**Senator Anderson:** I think that the reason I am voting against the increase is that we have this baseline that we have established, and if we are worried about the baby and so forth we should go back to the 200% and take care of them as much as we can. But, the problem with that is that this incentive for those people that take care of themselves – that is always the risk that we always take with all of these programs. That is why we establish a baseline and above that you have to figure out how to take care of yourself. If there is extenuating circumstances and someone has a special medical condition etc., there are other programs that take care of that. We know that they can buy insurance for almost zero. Now, whether they can pay for the co-pays and so forth, that is more to do with the Affordable Care Act then it is to do with our programs.

**Madam Chair Lee:** They also might be covered by an employer provided insurance plan in ERISA (Employee Retirement Income Security Act) 40% of the people in the state are, last I

was told, and we have no control over that and neither does the federal government. Coverage is determined by the employer. Some are generous and some are not. Etc. There may be people who are gaming the system certainly, but I think there are people who are living pretty modestly that find themselves in this position. Some may have an addiction. Maybe this is a situation where there may be depression. If we don't get those moms through the challenging time in order to be a good parent, we are going to have these kids in the system all the way to DOCR. Every child born of a poor mom is not going to be in that situation, but we cannot be selective about how we are doing this either. I don't have the answer, but I just think it is not fair for us to say that everyone who finds themselves in this circumstance is trying to game the system and get a freebee. Some do, but I know there are a fair number of single parents out there who are struggling and don't have a lot of money.

**Senator Anderson:** I would submit that whether you spend $50 million or not, you still have not helped that individual to stand on their own two feet and take the responsibility for themselves.

**Madam Chair Lee:** If they were as responsible as you and I are, they would not be on Medicaid.

**Senator Hogan:** In terms of families with dependent children in the TANF (Temporary Assistance for Needy Families) program, the average length of time on assistance is 8 months and then they are self-sufficient or moving toward, they are probably still getting Medicaid or TANF but almost all clients are off all assistance within 3.5 years. It is transitional assistance for almost everyone unless there is a chronic disease or disability so I think sometimes we think that people are using the system but it's very transitional. Almost all people receiving benefits are working towards self-sufficiency and over time most of them get it. When we had the five-year time limit on TANF, when we got to the end of it we had very few people who ever got to five years and people were surprised. It is a transitional benefit in a crisis and a pregnancy for a single woman is a crisis and this is crisis support.

**Senator Anderson:** What I hear you say is that it is working pretty good now.

**Senator Hogan:** I think that what we are doing is those people who reach the cliff. What happens to those pregnant women who aren't eligible now? We are at the lowest 10% of the eligibility already in the nation even at 152%, most states are way above what we are doing. Our work participation rates are very high on all assistance and so I think sometimes until you see the face of it you don't know that most people don't stay on assistance long periods of time.

**Senator K. Roers:** When talking about 200% or 100%, is that off of a federal number or is it adjusted by region and state?

**Madam Chair Lee:** Federal.

**Senator K. Roers:** So a person in North Dakota could make the same amount as somebody in Washington D.C. and the relative purchasing power of that dollar is actually higher here, so us being in the bottom 10% is not something I strive for but it is not as ugly as it could be if it was based on a regionalized number.

**Senator O. Larsen:** It is cheaper to live here; in Minot you can get an apartment now for about 500 dollars a month. You could get a house for 525 dollars a month, but in Minneapolis of course is a lot more expensive and that is why the chart number there is higher in Minneapolis than it is here. As I am looking at this policy here, a bronze policy is $1.22, max out of pocket is 5,000 dollars.

**Madam Chair Lee:** If you don't have 500 dollars, so 5,000 dollars is an insurmountable number.

**Senator K. Roers:** When I left Minneapolis and moved to Fargo my apartment costs exactly the same.

**Madam Chair Lee:** It would be very hard to find an apartment in Fargo for under 1,000 dollars now and I wouldn't live in a house for 500 dollars a month unless I was putting 200,000 dollars down. Day care is between 900-1,000 dollars for an infant plus another 700 dollars for another child, that is minimum. We have had a motion to amend that has failed, we have had a motion of do not pass that has failed, and we have had another motion to amend that has failed so where are we with this? I don't see anyone thinking overnight and getting a whole lot of different results in the morning.

**Senator K. Roers:** Just to give you a little perspective, if our budget passes and we have a state employee who is currently at the 152% mark and they get the 3% raise they still won't hit this 160% mark so a 3% raise still isn't going to raise somebody in an annual income the amount that we are planning on raising the state employees and I can tell you, I have talked to a few of them who are at that point who are below the poverty level. The fact that the federal number has increased every year but our state employee's salary has stayed the same for four years has actually put more of them into the poverty threshold. I just wanted to use their raise as an example.

**Senator Clemens:** I move a **DO NOT PASS**
**Seconded by Senator O. Larsen**

**Senator O. Larsen:** I hope that we send this out as do not pass because, I do agree with you about no committee recommendation and then I think, we let the floor decide what to do with it.

**ROLL CALL VOTE TAKEN**
**4 YEA, 2 NAY, 0 ABSENT**
**MOTION PASSES DO NOT PASS**

**Madam Chair Lee closes the discussion on HB 1515.**

Date: 3/4/19
Roll Call Vote #: 1

**2019 SENATE STANDING COMMITTEE**
**ROLL CALL VOTES**
**BILL/RESOLUTION NO.** 1515

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Add "1185."

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 Hogan Seconded By Roers

| Senators | Yes | No | Senators | Yes | No |
|---|---|---|---|---|---|
| Sen. Judy Lee | | X | Sen. Kathy Hogan | X | |
| Sen. Oley Larsen | | X | | | |
| Sen. Howard C. Anderson | | X | | | |
| Sen. David Clemens | | X | | | |
| Sen. Kristin Roers | | X | | | |
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Total (Yes) 1 No 5

Absent 0

Floor Assignment _____

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

Motion failed

Date: 3/4/19
Roll Call Vote #: 2

**2019 SENATE STANDING COMMITTEE**
**ROLL CALL VOTES**
**BILL/RESOLUTION NO.** 1515

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 Anderson Seconded By O. Larsen

| Senators | Yes | No | Senators | Yes | No |
|---|---|---|---|---|---|
| Sen. Judy Lee | | X | Sen. Kathy Hogan | | X |
| Sen. Oley Larsen | X | | | | |
| Sen. Howard C. Anderson | X | | | | |
| Sen. David Clemens | X | | | | |
| Sen. Kristin Roers | | X | | | |

Total (Yes) 3 No 3

Absent 0

Floor Assignment _____

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

motion failed.

Date: 3/4/19
Roll Call Vote #: 3

**2019 SENATE STANDING COMMITTEE**
**ROLL CALL VOTES**
**BILL/RESOLUTION NO.**

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 160% of poverty

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 Hogan Seconded By K. Roers

| Senators | Yes | No | Senators | Yes | No |
|---|---|---|---|---|---|
| Sen. Judy Lee | X | | Sen. Kathy Hogan | X | |
| Sen. Oley Larsen | | X | | | |
| Sen. Howard C. Anderson | | X | | | |
| Sen. David Clemens | | X | | | |
| Sen. Kristin Roers | X | | | | |
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Total (Yes) 3 No 3

Absent 0

Floor Assignment _____

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

Motion Failed

Date: 3/4/19
Roll Call Vote #: 4

**2019 SENATE STANDING COMMITTEE**
**ROLL CALL VOTES**
**BILL/RESOLUTION NO. 1515**

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 Clemens Seconded By O. Larsen

| Senators | Yes | No | Senators | Yes | No |
|---|---|---|---|---|---|
| Sen. Judy Lee | | X | Sen. Kathy Hogan | | X |
| Sen. Oley Larsen | X | | | | |
| Sen. Howard C. Anderson | X | | | | |
| Sen. David Clemens | X | | | | |
| Sen. Kristin Roers | X | | | | |

Total (Yes) 4 No 2

Absent 0

Floor Assignment Sen. O. Larsen

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

## REPORT OF STANDING COMMITTEE

**HB 1515, as engrossed: Human Services Committee (Sen. J. Lee, Chairman)** recommends **DO NOT PASS** (4 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1515 was placed on the Fourteenth order on the calendar.

**2019 SENATE APPROPRIATIONS**

**HB 1515**

# 2019 SENATE STANDING COMMITTEE MINUTES

**Appropriations Committee**
Harvest Room, State Capitol

HB 1515
3/22/2019
JOB # 34168 & 34178

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Alice Delzer / Florence Mayer

**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 coverage for pregnant women; and to provide an availability date.

**Minutes:**

1.Testimony of Alisa Mitskog
2.What are states doing today?
3.ACA Medicaid Income Eligibility Levels

**V. Chairman Wanzek:** Called the Committee to order on HB 1515. All committee members were present except Senator Holmberg. Stephanie Gullickson, OMB and Sheila M. Sandness, Legislative Council were also present.

**Representative Alisa Mitskog, District 25:** Introduced HB 1515 and presented **Attachment #1,** an explanation of the reason for the bill. She submitted **Attachment #2** a fact sheet on Medicaid and CHIP eligibility and **Attachment # 3**, ACA Medicaid Income Eligibility Levels. Her testimony states that HB 1515 is a bill that would increase and expand medical assistance to pregnant women. HB 1515 would raise coverage to 162%. There are women who cannot afford health insurance, and that is why I brought this bill forward. I would ask for your consideration for support of this bill.

**Senator Sorvaag:** How did you arrive at 162%? Why the 10%?

**Representative Mitskog:** The original bill was at 200%. This was amended in the House.

**Senator Dever:** Where is the money? I am looking at the vote in the House, the Chairman of House Appropriations voted no but all the rest of them voted yes.

**Representative Mitskog:** That's a difficult question. I would stress, ND and as policy makers, we have, through legislation, we have demonstrated that we truly care about the unborn and children in our state. This bill is really important. There are statistics that say when women of lower economic income, when they have coverage, abortions go down and really the costs, if they have good prenatal care and have coverage for delivery, the risks for complications go down and I would remind the committee it would just take a couple of neonatal stays for an infant that comes as an expense through Medicaid dollars so, this might

be investing in preventative measures trying to insure that women have good prenatal care and have safe pregnancies and to provide and lower those risks of complications.

**(0.05.57) Senator Grabinger:** When they came up with the number of 162% did they give you any background as to how they achieved that number. I am looking at the other states and they are all over the place.

**Representative Mitskog:** Maggie Anderson may be able to provide some specifics on that. I believe when you go above a certain level, there has to be a waiver from the federal government. At that 162%, we wouldn't have to ask for a waiver.

**Senator Gary Lee:** Just looking at your table on Attachment #3, if you are at 152%, then the child is born; can they automatically, if they qualify income-wise, go to the 175% and CHIPS program?

**Representative Mitskog:** I would defer that to the expert, Maggie Anderson as well.

**Senator Gary Lee:** This certainly doesn't cover the prenatal care but I am just wondering if they move them, or are eligible to move to the 175% after the child is born, as a family unit.

**Representative Mitskog:** I believe if they were above the 152%, they would have to go to the private market. the woman wouldn't be eligible for Medicaid. But again, Maggie Anderson may be able to offer that expertise.

**V. Chairman Krebsbach:** I am looking at the chart of the states around us, looking at MN, 283%, MT is 162, and SD is at138 and then you have the next page in #8, that they provide full Medicaid benefits to pregnant women with incomes up to $591 per month. That gives them a little extra benefit.

**Representative Mitskog:** I think the chart is telling us as a state we can do better. We are not at the bottom, we are not in the middle in a state that's real generous and again I go back to, the state, just this session we talked extensively about saving the unborn. How do we do that for low income women that don't have coverage and they don't have the means to go to the private market. For my day job, I am a chiropractor. I take care of women that are working, but they don't have health care coverage. There is that gap. I know some of the discussion has been this is a life style or choices. It may be the case but If we want to save babies, to prevent complications, prenatal, after birth, neonatal units, that are very expensive, I think this is a step forward, making the investment in the unborn and women who are bearing our children.

**(0.10.20) Senator Dever:** Let me relieve the stress, we're going to put the money in there. The question is whether it will go in the budget on the House side or as an appropriation in this bill. I believe that as the House passed it, and as the Senate passed it, both chambers knew what the amount of money was necessary to move this forward. And I believe my quote about taking care of the babies without regard to the lifestyle, choices, or anything of the mother, but to give the babies a good start in life. So I think we are going to pass this. And we are likely to put it in this appropriation and we are likely to go over to the House and they are going to say that the Senate spends all the money, but they are the ones sending

us the policy bills without the money, so just you know, and I don't know if appeared before the House Appropriations Committee, you're here in the friendly one.

**(0.11.24) Representative Mitskog:** I think your comments are spot on. I know what I'm up against, but I think the vote in the House was telling. There was support for this. And I know I have some work ahead of me with regards to House Appropriations but I am ready for that battle, pending your decision here and the Senate's decision and I'll go to work on this.

**Senator Dever:** The members of the subcommittee on the Senate Human Services will be standing with you.

**V. Chairman Wanzek:** I see this as being more preventative. By helping young pregnant women earlier in pregnancy, you might prevent situations later.

**Representative Mitskog:** Yes, we need to keep the focus on that because we may be expending dollars up front, but you have to look at one stay, one child that's born prematurely, the mother hasn't had prenatal care and the cost associated with that, that the state is going to incur, so this is being preventative. There is overwhelming research that says prenatal care helps prevent complications and allows for healthy children to be born.

**Senator Robinson:** I want to commend you for the testimony and the bill. Good luck in House Appropriations. I was intrigued and impressed with the debate we had on the Senate floor. You are right on, one premature, long-term hospitalization situation will more than pay for this. Thank you.

**V. Chairman Wanzek:** Anyone else who wishes to testify in favor?

**Christopher Dodson, ND Catholic Conference:** I wasn't planning to testify, but a question was asked about162%. I believe the House looked at the numbers that Senator Krebsbach was just mentioning, and noticed we can at least do as well as our neighbor to the West. When we looked at the fiscal note, $815,000 to cover 2 lives is a bargain. These people cannot obtain insurance despite all the reforms we've made. As Appropriation wise, it's a 2 for 1, the unborn child and that mother both getting good starts, and that's so important.

**V. Chairman Wanzek:** Anyone else wishing to testify?

**Maggie Anderson, DHS:** I would be happy to walk through the fiscal note, if there are any questions on that.

**Senator Gary Lee:** The table you provided to Representative Mitskog, how do they get through the CHIPS program if they're at 162? Do they qualify just based on income for the child if they would be able to get that level of care?

**Maggie Anderson:** The CHIPS would just be for the child, unless the mom was under 19 then the way that the Children's Health Insurance Program (CHIPS) was designed was It doesn't pay for labor and delivery, but it does pay for some prenatal services so the mom could go over to Medicaid for that portion of time, come back onto CHIP if they were like 17 or 18. If you had a 35-year-old female and the mom didn't qualify for Medicaid, but their

income was up to 175, the child would be eligible upon birth for the Children's Health Insurance Program. Again, keeping in mind that currently CHIP is prospective because it's a premium we pay. In the executive request, we asked for that to be in-house and then under traditional Medicaid, they'd be eligible the day of their birth.

**Senator Mathern:** In the history of the department, how high of an eligibility level have we had for this program?

**(0.17.16) Maggie Anderson:** For pregnant women? (Correct.) We have to go back prior to the Affordable Care Act (ACA). If you look at the chart the "pregnant women and children 0-6" prior to the implementation of the Affordable Care Act changes on January 1st, of 2014, that group was at 133% of poverty. The reason they are at 152% is because we had to do what's called MAGI (Modified Adjusted Gross Income) equivalent of all our income eligibility. Prior to the Affordable Care Act, ND decided we would be a net income state. While we were at 133% of poverty, we allowed a series of income disregards and deductions that would have made that 133% equivalent to 152%. At the time, prior to the ACA the 133% was the federal minimum. It was that minimum for the 0 to 6 year-olds and for the pregnant women and that's where we were at until the change of the ACA on January 1st, 2014. There have been various bills that have proposed to increase that number, this is the one that made it this far in increasing it since the time of the ACA.

**Senator Erbele:** How do you arrive at the 455 estimate? What kind of data, information or history do you have to come up with that number.

**Maggie Anderson:** It is still an estimate. We use current population survey information as we do for anytime that someone proposes a change in Medicaid eligibility. We have to look at how many individuals are in ND, how many women are of childbearing years, we look at pregnancy and birth statistics, we know how many are already covered under Medicaid and what proportion of those births we are already covering up to 152, so we look at that current population survey at the various levels of poverty and we come up with that estimate. I would just say that's the same estimate and same methodology we use to estimate that we would have about 20,000 people on Medicaid Expansion, which we have about 20,000 people on Medicaid Expansion.

**Senator Erbele:** So how many are we covering at 152% now?

**Maggie Anderson:** I want to say it's in the neighborhood of 3,000 or more per year. That's, unlike if you have an individual who's aged or disabled who may be on Medicaid for many years, the pregnancy coverage lasts for the pregnancy plus the 60 days postpartum.

**V. Chairman Wanzek:** I imagine that money we spend providing medical services to a person who is pregnant, that should provide us better outcomes when there is birth, will actually save us money. Is that potentially possible?

**Maggie Anderson:** It certainly is possible. That is the intent behind this, is to make sure the mom and the baby have good care, to have better birth outcomes, to not have some of those adverse impacts at birth, if there is something that could be addressed during that prenatal period to be able to do that. If you look at our fiscal note, our fiscal note does assume,

because of the Affordable Care Act, that women will likely have 3rd party coverage because with the individual mandate that came as part of the ACA, so we assume that as part of our fiscal note and that we would be paying as a secondary payer on many of the claims. It certainly could save money, but we can't predict how many of those would be. If a baby was born, they had some type of significant disability that could have been caught with prenatal care, that child will likely be on Medicaid.

**V. Chairman Wanzek:** I know it's not calculated in the fiscal note, if it was we might be able to show there is a net situation, because the state is cancelling each other out.

**(0.22.50) Maggie Anderson:** It's a great point. Part of the difficulty is ascertaining which, because we do have children with disabilities who are on the Medicaid program. We have children born each year, who upon birth have a developmental disability and they would become eligible for Medicaid. The difficulty would be saying, how many of those would have otherwise been on Medicaid because of family income or a situation, and how many of them would have been in this income level that where the prenatal care could have prevented it.

**V. Chairman Wanzek:** It's based on personal experience in many areas of life. If things go well it costs a lot less then when things go bad.

**Senator Robinson**: I was just thinking, prevention early intervention is always the right thing to do. In terms of prevention, in many of these cases, there might not be a lot we can do, but early intervention makes a difference all the time. I think this is a prolife approach of doing a good thing.

**Maggie Anderson:** The money is not appropriated in the bill and I heard Senator Dever's comments about that. That is the consistent message that we've been trying to deliver from the department the bills that have come over without money in them and they are not in SB 2012.

**Senator Dever:** I need to ask if on the point on this and other bills associated have been raised with the House Appropriations as they consider the DHS budget?

**Maggie Anderson:** At this time, I'm not sure what Tom Eide has shared with them. We have a summary sheet of 4 bills in play. Unfortunately, 3 of them are Medicaid.

**Senator Dever:** As of this morning, it was the last one, this one and the next one.

**Maggie Anderson:** I am not sure if they shared all of that with the subcommittee in House Appropriations. Of course, the testimony in House Appropriations is very different then it is here in Senate Appropriations. It is the committee chair from the policy committee who provides the information on the bill and agencies generally are not involved in that process or discussion so we did not have the opportunity when the bill was before full appropriations.

**Senator Dever:** I would rather see it on the appropriation bill because it already passed the policy in both chambers.

**V. Chairman Wanzek:** Anyone else who wishes to comment on HB 1515? We will close the hearing on HB 1515.

**A new job was started at this time. JOB # 34178 on HB 1515.**

**Discussion was started regarding action to be taken on HB 1515.**

**Chairman Holmberg:** You are recommending that we wait and see what the House does?

**Senator Dever:** My only concern is then it would need to be passed by both chambers with the money in it.

**Senator Mathern:** The last couple of bills with that scenario have the solution in the House, SB 2012. They have the bill now. I would encourage us to pass this bill. Then they are clear they have the responsibility to actually fund the policy bills they passed and they have the vehicle to do it.

**Senator Dever:** If that's the preference of the committee, I can go along with that, as long as we flag it and make sure that it ends up in the bill and assuming that we can add it in conference committee on SB 2012.

**Chairman Holmberg:** SB 2012 will be awhile before we get it and you can't guarantee anything because they are in control of the budget. We'll take it up next week unless you want to do it today.

**Senator Dever:** If the bill passes and the money doesn't get in the budget, the department just absorbs it.

**Chairman Holmberg:** And they said that. That's what happens when these kinds of concepts go through.

**Senator Mathern:** I am concerned if we don't pass it, we're giving the message to the House not to put it in SB 2012. SB 2012 is being worked on this moment. I would encourage us to pass it so they know they are responsible for what they pass.

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**Senator Mathern: Moved a Do Pass on HB 1515. 2nd by Senator Oehlke.**

**V. Chairman Krebsbach:** Would it be wise for us to put the money in the bill?

**Chairman Holmberg**: This one isn't a budget bill.

**Senator Dever**: If we pass this on the floor, it's a done deal.

**Senator Mathern: I withdraw the motion.**

**Chairman Holmberg:** We will wait until next week. The hearing was closed on HB 1515.

# 2019 SENATE STANDING COMMITTEE MINUTES

**Appropriations Committee**
Harvest Room, State Capitol

HB 1515
3/26/2019
Job # 34238

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Rose Laning

**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 coverage for pregnant women

**Minutes:**

Legislative Council: Adam Mathiak
OMB: Stephanie Gullickson

**Chairman Holmberg** opened discussion on HB 1515.

**Senator Dever** said there is no need to amend the bill. It came to the floor of the Senate with a Do Not Pass recommendation. It was overturned on the floor and came down to us for the money, but the money is going to be in appropriations, so I don't see a need to amend the bill. If it's necessary to go back to the floor for another vote as it was, then I would move a do pass recommendation.

**Senator Dever: Moved a Do Pass.**
**Senator Robinson: seconded the motion**.

A Roll Call Vote Was Taken: 14 yeas, 0 nays, 0 absent.
Motion carried.

The bill will go back to the Human Services committee.

Date: 3-22-2019
Roll Call Vote #: 1

**2019 SENATE STANDING COMMITTEE**
**ROLL CALL VOTES**
**BILL/RESOLUTION NO.** 1515

Senate Appropriations 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 Mathern Seconded By Oehlke

| Senators | Yes | No | Senators | Yes | No |
|---|---|---|---|---|---|
| Senator Holmberg | | | Senator Mathern | | |
| Senator Krebsbach | | | Senator Grabinger | | |
| Senator Wanzek | | | Senator Robinson | | |
| Senator Erbele | | | | | |
| Senator Poolman | | | | | |
| Senator Bekkedahl | | | | | |
| Senator G. Lee | | | | | |
| Senator Dever | | | | | |
| Senator Sorvaag | | | | | |
| Senator Oehlke | | | | | |
| Senator Hogue | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Date: 3-26-19
Roll Call Vote #: 1

**2019 SENATE STANDING COMMITTEE**
**ROLL CALL VOTES**
**BILL/RESOLUTION NO.** 1515

Senate Appropriations 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 Dever Seconded By Robinson

| Senators | Yes | No | Senators | Yes | No |
|---|---|---|---|---|---|
| Senator Holmberg | ✓ | | Senator Mathern | ✓ | |
| Senator Krebsbach | ✓ | | Senator Grabinger | ✓ | |
| Senator Wanzek | ✓ | | Senator Robinson | ✓ | |
| Senator Erbele | ✓ | | | | |
| Senator Poolman | ✓ | | | | |
| Senator Bekkedahl | ✓ | | | | |
| Senator G. Lee | ✓ | | | | |
| Senator Dever | ✓ | | | | |
| Senator Sorvaag | ✓ | | | | |
| Senator Oehlke | ✓ | | | | |
| Senator Hogue | ✓ | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total (Yes) 14 No 0

Absent 0

Floor Assignment Human Ser

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

O Larsen

## REPORT OF STANDING COMMITTEE

**HB 1515, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman)** recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1515 was placed on the Fourteenth order on the calendar.

**2019 TESTIMONY**

**HB 1515**

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Pg. 1

**HB 1515 Testimony**

**House Human Services Committee**

**Robin Weisz, Chairman**

**January 21, 2019**

Good Morning Chairman Weisz and Committee Members:

For the record, my name is Alisa Mitskog. I represent District 25.

HB 1515 is a bill that would increase and expand medical assistance to pregnant women

to 200% of the poverty level. Currently, pregnant women are covered to 152 % of the poverty level.

If a woman's income is above the 152% poverty level and is not covered by Medicaid expansion, she is not eligible and must go to the private market for coverage.

The problem is there are women you cannot afford to pay for private insurance. While the State has made great strides in increasing coverage for individuals in our state, I believe a gap continues to exist.

We all know the importance of prenatal care in preventing pregnancy related complications and maternal and infant mortality. The risks increase when women go without coverage.

I didn't realize the complexity of the Medicaid coverage and the waivers associated with going above 185% until I received the fiscal note last night. I wasn't expecting it to be as high as it is.

Despite the fiscal note, I am hoping the committee can have a comprehensive discussion about this issue. A good compromise would be to raise it 185%

I provided a handout comparing what other states do for Medicaid and CHIP coverage for pregnant women. If you compare where North Dakota is, I think we can do better.

If we truly care about the lives of children and women, we need to take care of pregnant women in our state. I think it's important that we discuss this issue and I would ask for your consideration.

Thank you for your time.

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1/21/19
pg. 2

**Table 2**
**Medicaid and CHIP Income Eligibility Limits for Pregnant Women, January 2018**

| State | Percent of the Federal Poverty Level[1] | | | Annual Income | | |
|---|---|---|---|---|---|---|
| | Medicaid[1] | CHIP[1] | Unborn Child Option (CHIP-Funded)[1,2] | Medicaid[1] | CHIP[1] | Unborn Child Option (CHIP-Funded)[1,2] |
| Median or Total | 200% | 258% | 214% | $41,560 | $53,612 | $44,365 |
| Alabama | 146% | | | $30,338 | | |
| Alaska | 205% | | | $53,259 | | |
| Arizona | 161% | | | $33,455 | | |
| Arkansas[3] | 214% | | 214% | $44,469 | | $44,469 |
| California | 213% | | 322% | $44,261 | | $66,911 |
| Colorado | 200% | 265% | | $41,560 | $55,067 | |
| Connecticut | 263% | | | $54,651 | | |
| Delaware | 217% | | | $45,092 | | |
| District of Columbia[4] | 324% | | | $67,327 | | |
| Florida | 196% | | | $40,728 | | |
| Georgia | 225% | | | $46,755 | | |
| Hawaii | 196% | | | $46,844 | | |
| Idaho | 138% | | | $28,676 | | |
| Illinois | 213% | | 213% | $44,261 | | $44,261 |
| Indiana[5] | 218% | | | $45,300 | | |
| Iowa | 380% | | | $78,964 | | |
| Kansas | 171% | | | $35,533 | | |
| Kentucky | 200% | | | $41,560 | | |
| Louisiana | 138% | | 214% | $28,676 | | $44,469 |
| Maine | 214% | | | $44,469 | | |
| Maryland | 264% | | | $54,859 | | |
| Massachusetts | 205% | | 205% | $42,599 | | $42,599 |
| Michigan | 200% | | 200% | $41,560 | | $41,560 |
| Minnesota | 283% | | 283% | $58,807 | | $58,807 |
| Mississippi | 199% | | | $41,352 | | |
| Missouri | 201% | 305% | 305% | $41,767 | $63,379 | $63,379 |
| Montana | 162% | | | $33,663 | | |
| Nebraska | 199% | | 202% | $41,352 | | $41,975 |
| Nevada | 165% | | | $34,287 | | |
| New Hampshire | 201% | | | $41,767 | | |
| New Jersey[4] | 199% | 205% | | $41,352 | $42,599 | |
| New Mexico | 255% | | | $52,989 | | |
| New York[4] | 223% | | | $46,339 | | |
| North Carolina[6] | 201% | | | $41,767 | | |
| North Dakota | 152% | | | $31,585 | | |
| Ohio | 205% | | | $42,599 | | |
| Oklahoma[7] | 138% | | 210% | $28,676 | | $43,638 |
| Oregon | 190% | | 190% | $39,482 | | $39,482 |
| Pennsylvania | 220% | | | $45,716 | | |
| Rhode Island | 195% | 258% | 258% | $40,521 | $53,612 | $53,612 |
| South Carolina | 199% | | | $41,352 | | |
| South Dakota[8] | 138% | | | $28,676 | | |
| Tennessee[9] | 200% | | 255% | $41,560 | | $52,989 |
| Texas | 203% | | 207% | $42,183 | | $43,014 |
| Utah | 144% | | | $29,923 | | |
| Vermont | 213% | | | $44,261 | | |
| Virginia | 148% | 205% | | $30,754 | $42,599 | |
| Washington | 198% | | 198% | $41,144 | | $41,144 |
| West Virginia | 163% | | | $33,871 | | |
| Wisconsin | 306% | | 306% | $63,586 | | $63,586 |
| Wyoming | 159% | | | $33,040 | | |

SOURCE: Based on a national survey conducted by the Kaiser Family Foundation with the Georgetown University Center for Children and Families, 2018.

Table presents rules in effect as of January 1, 2018.

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## Table 2 Notes

1. January 2018 income limits reflect Modified Adjusted Gross Income (MAGI)-converted income standards, and include a disregard equal to five percentage points of the federal poverty level (FPL). As of 2018, the FPL for a family of three was $20,780.
2. The unborn child option permits states to consider the fetus a "targeted low-income child" for purposes of CHIP coverage.
3. Arkansas provides the full Medicaid benefits to pregnant women with incomes up to levels established for the old Aid to Families with Dependent Children (AFDC) program, which is $220 per month. Above those levels, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid and the unborn child option in CHIP with incomes up to 209% FPL.
4. The District of Columbia, New Jersey, and New York provide pregnancy-related services not covered through emergency Medicaid for some income-eligible pregnant women who are not otherwise eligible due to immigration status using state-only funds.
5. Indiana uses a state-specific income disregard that is equal to five percent of the highest income eligibility threshold for the group.
6. North Carolina provides full Medicaid benefits to pregnant women with incomes up to roughly 43% FPL. Above that level, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid.
7. Oklahoma offers a premium assistance program to pregnant women with incomes up to 205% FPL who have access to employer sponsored insurance through its Insure Oklahoma program.
8. South Dakota provides full Medicaid benefits to pregnant women with incomes up to $591 per month (for a family of three). Above that level, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid.
9. In Tennessee, women covered under the unborn child option receive comprehensive medical services but do not receive chiropractic, dental or vision benefits that CHIP children receive.

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March 2018 | Fact Sheet

# Where Are States Today? Medicaid and CHIP Eligibility Levels for Children, Pregnant Women, and Adults

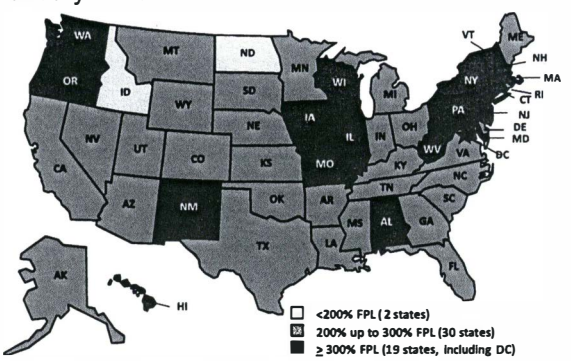
This fact sheet provides Medicaid and CHIP eligibility levels for children, pregnant women, parents, and other non-disabled adults as of January 2018, based on annual state survey data.[1] The data highlight the central role Medicaid and CHIP play in covering low-income children and pregnant women and show Medicaid's expanded role for low-income adults under the Affordable Care Act (ACA). See Tables 1-3 for state-specific data.

**As of January 2018, 49 states cover children with incomes up to at least 200% of the federal poverty level (FPL, $41,560 per year for a family of three in 2018) through Medicaid and CHIP (Figure 1, Table 1 and 1A).** This count includes 19 states that cover children with incomes at or above 300% FPL. Only two states (ID and ND) limit children's eligibility to below 200% FPL. Across states, the upper Medicaid/CHIP eligibility limit for children ranges from 175% FPL in North Dakota to 405% FPL.

**Most states extend coverage to pregnant women beyond the federal minimum of 138% FPL through Medicaid and CHIP.** As of January 2018, 34 states cover pregnant women with incomes at or above 200% FPL ($41,560 per year for a family of three in 2018), including 12 states (including DC) that cover pregnant women with family incomes above 250% FPL. Five states extend coverage for pregnant women through CHIP and 16 states use CHIP funding to provide coverage through the unborn child option, under which states cover income-eligible pregnant women regardless of immigration status (Figure 2, Table 2).

Figure 1

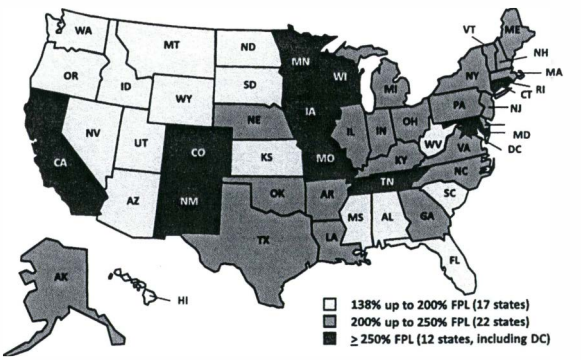
Income Eligibility Levels for Children in Medicaid/CHIP, January 2018




NOTE: Eligibility levels are based on 2018 federal poverty levels (FPLs) for a family of three. In 2018, the FPL was $20,780 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.
SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2018.

Figure 2

Income Eligibility Levels for Pregnant Women in Medicaid/CHIP, January 2018




NOTE: Eligibility levels are based on 2018 federal poverty levels (FPLs) for a family of three. In 2018, the FPL was $20,780 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.
SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2018.

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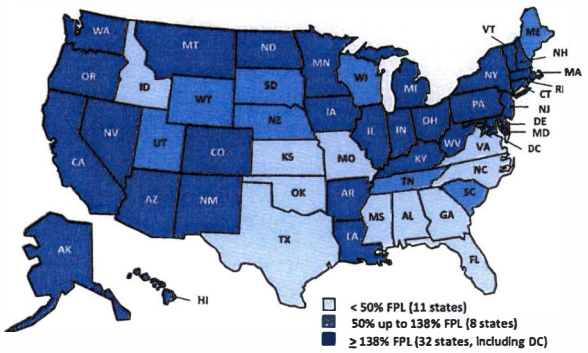
**As of January 2018, 32 states cover parents and other adults with incomes up to 138% FPL ($28,676 per year for a family of three and $16,753 per year for an individual in 2018) under the ACA Medicaid expansion to low-income adults (Figures 3 and 4, Table 3).** The District of Columbia extends eligibility beyond the expansion limit to parents with incomes up to 221% FPL and other adults with incomes up to 215%, and Alaska covers parents with incomes up to 139% FPL.

Figure 3

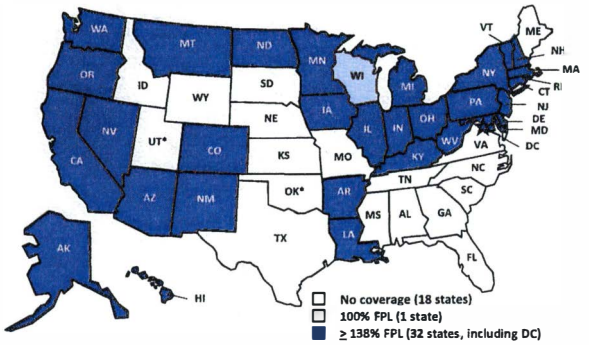
Medicaid Income Eligibility Levels for Parents, January 2018




NOTE: Eligibility levels are based on 2018 federal poverty levels (FPLs) for a family of three. In 2018, the FPL was $20,780 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.
SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2018.

Figure 4

Medicaid Income Eligibility Levels for Other Adults, January 2018

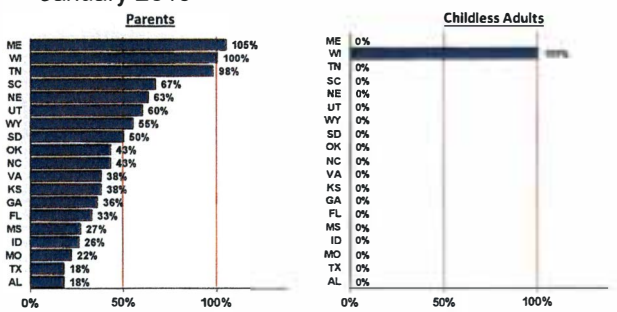



NOTES: Eligibility levels are based on 2018 federal poverty levels (FPLs) for an individual. In 2018, the FPL was $12,140 for an individual. Thresholds include the standard five percentage point of the FPL disregard. *OK and UT provide more limited coverage to some childless adults under Section 1115 waiver authority.
SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2018

**In the 19 states that have not expanded Medicaid, the median eligibility limit for parents is 43% FPL ($8,935 per year for a family of three in 2018) and other adults remain ineligible, except in Wisconsin (Figure 5).** In 11 of these states, parent eligibility is at less than half of the poverty level, and only two of these states (ME and WI) cover parents at or above poverty. Wisconsin is the only non-expansion state that provides full Medicaid coverage to other adults, although eligibility at 100% FPL remains below the expansion level and the state does not receive the enhanced match available for expansion adults for this coverage.[2] In the non-expansion states, 2.4 million adults with incomes above the Medicaid eligibility limit but below poverty fall into a coverage gap; they are ineligible for Medicaid and do not qualify for subsidies for Marketplace coverage, which become available at 100% FPL.[3]

Figure 5

Medicaid Income Eligibility Limits for Adults in States that Have Not Implemented the Medicaid Expansion, January 2018




NOTES: Eligibility levels are based on 2018 federal poverty levels (FPLs) and are calculated based on a family of three for parents and an individual for childless adults. In 2018, the FPL was $20,780 for a family of three and $12,140 for an individual. Thresholds include the standard five percentage point of FPL disregard. OK and UT provide more limited coverage to some childless adults under Section 1115 waiver authority
SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2018.

In sum, Medicaid and CHIP continue to be central sources of coverage for the low-income population, but eligibility varies widely across groups and states. Medicaid and CHIP provide a base of coverage to low-income children and pregnant women nationwide. Eligibility for adults has grown in states that implemented the Medicaid expansion, but remains limited in states that have not expanded. There could be continued gains in eligibility for adults if additional states expand Medicaid, which would reduce the number of poor uninsured adults that fall into the coverage gap. However, states moving forward with expansion may seek waivers to add requirements or restrictions for adults as a condition of expanding.

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North Dakota Women's Network

**Kristie Wolff – Executive Director, North Dakota Women's Network**
**Support HB 1515**
**North Dakota House Human Services Committee**

January 21, 2019

Chairman Weisz and members of the House Human Services Committee, my name is Kristie Wolff, I am the Executive Director of the North Dakota Women's Network.

North Dakota Women's Network is a statewide organization with members and advocates from every corner of the state. Based on our mission to improve the lives of women, I am writing in support of HB 1515.

Women need access to medical care in order to have healthier lives for themselves and their children, this is especially critical during pregnancy, delivery and post-delivery. HB 1515, would increase medical assistance eligibility to low-income pregnant women living within 200% of Federal Poverty Level. A woman at 200% of Federal Poverty Level makes about $24,280 per year. The average cost of a low-risk pregnancy in North Dakota with a vaginal delivery is around $8,000 - nearly a third of the income of a woman living at 200% of poverty. Complications and a cesarean-section can increase that cost to over $16,000.

The data is clear that adequate and affordable access to prenatal care is vital for all pregnant women. Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy. Prenatal care also helps women control existing conditions, such as high blood pressure and diabetes, which is important to prevent serious complications. According to research on the cost-benefit analysis of prenatal care, each dollar spent on prenatal care could save up to $3.33 more in neonatal care (Guttmacher).

Thank you for allowing me to speak to you this morning. The North Dakota Women's Network strongly urges a Do Pass Recommendation on HB 1515.

Thank you.

Kristie Wolff
kristie@ndwomen.org

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# HB 1515

Chairman Weisz (or Acting Chair Rohr), Members of the House Committee on Human Services,

My name is Bennet Tucker. I live in St. Thomas, North Dakota. I rise today in support of HB 1515.

The bill is straightforward. It directs the appropriate agency to apply for approval from the Centers for Medicare and Medicaid to expand medical assistance for pregnant women with income below 200% of the National Poverty Level. Contingent upon that approval, North Dakota would move from our current 152% of the poverty line to 200%.

I see 4 independent reasons to vote Do Pass on HB 1515. 2 of them are fairly obvious; so, for those 2, I will be fairly brief. However, the last 2 reasons to vote Do Pass (a decrease in the number of abortions and considering the fetus as a person for the purposes of Medicaid) are a bit more nuanced and will take a bit of time.

The first reason to vote in favor of HB 1515 is obvious. It is deep within our core North Dakota values and traditions to care for and support pregnant women near the poverty line. Our current standard of 152% of the poverty line ranks us an embarrassing 44th among the states. However, our values concerning a woman with child are far from 44th.

200% is the median national average and also the mode national average for states when it comes to qualifying pregnant women and their families for Medicaid coverage. For a great state like ours, blessed from our rich black soils of the Red River Valley to our rich black crude of the Bakken and everywhere in-between, a blessed state within a blessed nation, to be below average is unacceptable. We are in the Top Ten for Income Per Person and Income Per Household. We shouldn't be in the Bottom Ten for supporting pregnant women.

Many of the states at or above the national average are states that share many of our own conservative values. Texas, with whom we have much in common, is at 203%. Wisconsin is at 306% of the National Poverty Level. Iowa is at a positively Christian 380%.

We are North Dakotans. We stand up and offer a chair when a pregnant woman walks into the room. We care deeply for young couples who are struggling and now expecting a child. I urge you to recommend Do Pass on House Bill 1515 because it will align our Medicaid eligibility to more closely reflect our values.

A second reason to support the bill is to strengthen our rural health care facilities. We know that more people having medical coverage decreases financial strain on these institutions. While getting everybody coverage is a difficult proposal, looking to support our rural health

care centers by broadening coverage whenever it is easily justified seems to be not difficult at all. This appears, to me, to be one of those times when we can use the cost sharing provisions to bolster those centers.

Those of us who live in rural North Dakota, far from a population center, can attest to the convenience of a high-quality rural health system. Unfortunately, we can also often attest to its critical importance. For quality prenatal and maternal care that is accessible, I urge you to recommend Do Pass on HB 1515 because it also supports our rural health care centers.

A third independent reason to vote in favor of the bill is because there is a correlation between increasing medical care coverage for pregnant women and decreasing the number of abortions.

Statistically speaking, this is a correlation and not causation because, most of the time, there are multiple motivations for the difficult decision to seek an abortion. However, the correlation between women of child bearing age having medical coverage and a decrease in the abortion rate cannot be denied.

This correlation was studied first, and most in-depth, by Harvard University when Massachusetts was adopting Romney Care. Before passage, a Harvard professor erroneously predicted that increasing medical coverage would increase their abortion rate by 20%. After implementation, it was found that the exact opposite was true. Massachusetts abortion rate declined from 3.8 per 1,000 residents to 3.14 per 1,000 residents which is a 17% decline.

Abortion statistics are notoriously difficult to track. Some states don't report them at all because of how their medical privacy statues are written. At the very end of 2018, the CDC came out with their 2016 numbers; so tracking anywhere close to real-time is impossible. There a multiple motivations for women and cultural changes within regions across the nation and this is a correlation, not causation. Still, even conceding all of that, this bill will decrease the number of abortions in North Dakota.

Some might point to family planning centers and their daily fight to hold down the number of abortions. To those I would say, "Add another tool to their box." Give those people more arguments for their side; for against them is a harsh reality. According to North Dakota Vital Statistics, 33% of our pregnant women list Uninsured and Underinsured as a Priority Need. 75% of abortions are sought by economically disadvantaged women nationally and we are probably no different. There is a need. There is a reality that must be faced by these women, the most vulnerable of all the vulnerable.

Some others might put forth the theological argument that poverty is a poor excuse for having an abortion. While that may be viewed as true by some, I would counter the theology with a moral argument. In the days Jesus of Nazareth walked the earth, I'm sure that Pharisees said

that poverty was a poor excuse for destitute and abandoned women to turn to prostitution. Yet when Jesus encountered such women, he had only compassion and sympathy. For the women helped by this bill, I hope that we can offer all the compassion and all the sympathy that our hearts and the Holy Spirit can muster.

There is a correlation between medical coverage to the abortion rate and abortions are more often sought by women near the poverty line. House Bill 1515 will reduce the number of abortions in North Dakota and I urge you to recommend Do Pass.

The fourth and final reason I offer for you to support this bill is that many North Dakota legislators believe that life begins at conception and this bill offers the rare opportunity to stand up for that belief without fear of being overturned by the judicial system.

As we know, the National Poverty Level is determined by family size. A single person, for 2019, is considered below the poverty line if income falls below $12,490. For a family of just two, that goes to $16,910 and a family of three is $21,330.

So a single woman in North Dakota who is pregnant needs to be under 152% on the National Poverty Level to qualify for Medicaid which is $18,984. If a young married couple is expecting, they need to be under $25,703. A small family of three that is expecting a second child needs to be under $32,100. Please remember that these incomes are without health coverage and that coverage is very expensive.

Should this bill become law and North Dakota moves to 200% of the poverty line, a single woman would then have to be below $24,980...very close to the $25,703 for a family of two at the current 152%. A couple that makes under that $25,703 for 152% would now be eligible if they are under $33,820...very close to the family of three being under $32,421 under current rules.

In effect, moving from 152% of the poverty line to 200% of the poverty line is basically the same as counting the fetus as a family member. It will be counted as a family member the day it is born, but the effect of this bill is that day comes as soon as a pregnancy is confirmed and an expected delivery date is given.

Should a bill that changes Medicaid requirements to define a fetus as a family member come before the legislature, it would almost certainly be given serious consideration. Such a bill, however, would almost as certainly face a court challenge. For those that believe that life should be defined at conception, here is an opportunity to put that belief into action. If you believe that is a human life and already a member of a family, then this bill allows you to act on that belief and I urge you to vote Do Pass.

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House Bill 1515 moves our medical coverage rules closer to our values towards pregnant women, so I urge you to recommend passage. It will help support our very important rural health care system, so I urge you to recommend passage. It will decrease the number of abortions in North Dakota for every year to come, so I urge you to recommend passage. For those who believe that life begins at conception, it allows you to vote your convictions and I urge you to stand behind those convictions.

Thank you for your time, your attention and your public service.

Please send House Bill 1515 to the floor with a Do Pass recommendation.

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**HB 1515 Testimony**

**Senate Human Services Committee**

**Senator Judy Lee, Chairman**

**March 4, 2019**

Good Morning Chairman Lee and Committee Members:

For the record, my name is Alisa Mitskog. I represent District 25.

HB 1515 is a bill that would increase and expand medical assistance to pregnant women.

My original version of HB 1515 proposed to increase and expand medical assistance to pregnant women to 200% of the poverty level. The House amended the bill to increase the coverage to 162%. Currently, pregnant women are covered to 152 % of the poverty level.

If a woman's income is above the 152% poverty level and is not covered by Medicaid expansion, she is not eligible and must go to the private market for coverage.

The problem is there are women you cannot afford to pay for private insurance. While the State has made great strides in increasing coverage for individuals in our state, I believe a gap continues to exist.

I provided a handout comparing what other states do for Medicaid and CHIP coverage for pregnant women. If you compare where North Dakota is, I think we can do better.

Our neighboring states, Minnesota is at 283%, South Dakota 199% and Montana 162%.

I would like to see the committee consider raising it to 185%.

There is some complexity of the Medicaid coverage and the waivers associated with going above 185%. I would defer to DHS staff to explain this.

In closing, if we truly care about the lives of children and women, and saving babies, we need to take care of pregnant women in our state. We all know the importance of prenatal care in preventing pregnancy related complications and maternal and infant mortality. The risks increase when women go without coverage.

I would ask for your consideration for support of this bill.

Thank you for your time.

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March 2018 | Fact Sheet

# Where Are States Today? Medicaid and CHIP Eligibility Levels for Children, Pregnant Women, and Adults

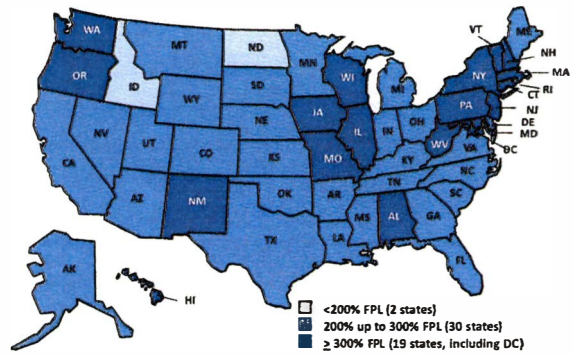
This fact sheet provides Medicaid and CHIP eligibility levels for children, pregnant women, parents, and other non-disabled adults as of January 2018, based on annual state survey data.[1] The data highlight the central role Medicaid and CHIP play in covering low-income children and pregnant women and show Medicaid's expanded role for low-income adults under the Affordable Care Act (ACA). See Tables 1-3 for state-specific data.

**As of January 2018, 49 states cover children with incomes up to at least 200% of the federal poverty level (FPL, $41,560 per year for a family of three in 2018) through Medicaid and CHIP (Figure 1, Table 1 and 1A).** This count includes 19 states that cover children with incomes at or above 300% FPL. Only two states (ID and ND) limit children's eligibility to below 200% FPL. Across states, the upper Medicaid/CHIP eligibility limit for children ranges from 175% FPL in North Dakota to 405% FPL.

**Most states extend coverage to pregnant women beyond the federal minimum of 138% FPL through Medicaid and CHIP.** As of January 2018, 34 states cover pregnant women with incomes at or above 200% FPL ($41,560 per year for a family of three in 2018), including 12 states (including DC) that cover pregnant women with family incomes above 250% FPL. Five states extend coverage for pregnant women through CHIP and 16 states use CHIP funding to provide coverage through the unborn child option, under which states cover income-eligible pregnant women regardless of immigration status (Figure 2, Table 2).

Figure 1

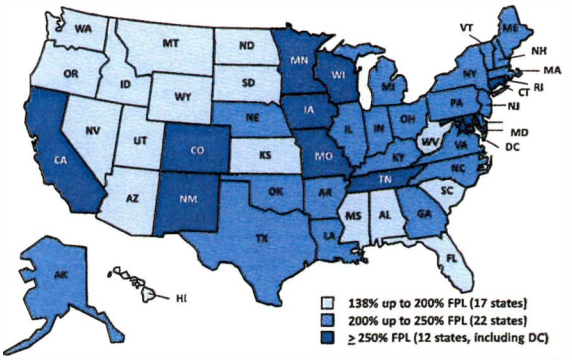
Income Eligibility Levels for Children in Medicaid/CHIP, January 2018




NOTE: Eligibility levels are based on 2018 federal poverty levels (FPLs) for a family of three. In 2018, the FPL was $20,780 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.
SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2018.

Figure 2

Income Eligibility Levels for Pregnant Women in Medicaid/CHIP, January 2018




NOTE: Eligibility levels are based on 2018 federal poverty levels (FPLs) for a family of three. In 2018, the FPL was $20,780 for a family of three. Thresholds include the standard five percentage point of the FPL disregard
SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2018

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**Table 2**
**Medicaid and CHIP Income Eligibility Limits for Pregnant Women, January 2018**

| State | Percent of the Federal Poverty Level[1] | | | Annual Income | | |
|---|---|---|---|---|---|---|
| | Medicaid[1] | CHIP[1] | Unborn Child Option (CHIP-Funded)[1,2] | Medicaid[1] | CHIP[1] | Unborn Child Option (CHIP-Funded)[1,2] |
| **Median or Total** | **200%** | **258%** | **214%** | **$41,560** | **$53,612** | **$44,365** |
| Alabama | 146% | | | $30,338 | | |
| Alaska | 205% | | | $53,259 | | |
| Arizona | 161% | | | $33,455 | | |
| Arkansas[3] | 214% | | 214% | $44,469 | | $44,469 |
| California | 213% | | 322% | $44,261 | | $66,911 |
| Colorado | 200% | 265% | | $41,560 | $55,067 | |
| Connecticut | 263% | | | $54,651 | | |
| Delaware | 217% | | | $45,092 | | |
| District of Columbia[4] | 324% | | | $67,327 | | |
| Florida | 196% | | | $40,728 | | |
| Georgia | 225% | | | $46,755 | | |
| Hawaii | 196% | | | $46,844 | | |
| Idaho | 138% | | | $28,676 | | |
| Illinois | 213% | | 213% | $44,261 | | $44,261 |
| Indiana[5] | 218% | | | $45,300 | | |
| Iowa | 380% | | | $78,964 | | |
| Kansas | 171% | | | $35,533 | | |
| Kentucky | 200% | | | $41,560 | | |
| Louisiana | 138% | | 214% | $28,676 | | $44,469 |
| Maine | 214% | | | $44,469 | | |
| Maryland | 264% | | | $54,859 | | |
| Massachusetts | 205% | | 205% | $42,599 | | $42,599 |
| Michigan | 200% | | 200% | $41,560 | | $41,560 |
| Minnesota | 283% | | 283% | $58,807 | | $58,807 |
| Mississippi | 199% | | | $41,352 | | |
| Missouri | 201% | 305% | 305% | $41,767 | $63,379 | $63,379 |
| Montana | 162% | | | $33,663 | | |
| Nebraska | 199% | | 202% | $41,352 | | $41,975 |
| Nevada | 165% | | | $34,287 | | |
| New Hampshire | 201% | | | $41,767 | | |
| New Jersey[4] | 199% | 205% | | $41,352 | $42,599 | |
| New Mexico | 255% | | | $52,989 | | |
| New York[4] | 223% | | | $46,339 | | |
| North Carolina[6] | 201% | | | $41,767 | | |
| North Dakota | 152% | | | $31,585 | | |
| Ohio | 205% | | | $42,599 | | |
| Oklahoma[7] | 138% | | 210% | $28,676 | | $43,638 |
| Oregon | 190% | | 190% | $39,482 | | $39,482 |
| Pennsylvania | 220% | | | $45,716 | | |
| Rhode Island | 195% | 258% | 258% | $40,521 | $53,612 | $53,612 |
| South Carolina | 199% | | | $41,352 | | |
| South Dakota[8] | 138% | | | $28,676 | | |
| Tennessee[9] | 200% | | 255% | $41,560 | | $52,989 |
| Texas | 203% | | 207% | $42,183 | | $43,014 |
| Utah | 144% | | | $29,923 | | |
| Vermont | 213% | | | $44,261 | | |
| Virginia | 148% | 205% | | $30,754 | $42,599 | |
| Washington | 198% | | 198% | $41,144 | | $41,144 |
| West Virginia | 163% | | | $33,871 | | |
| Wisconsin | 306% | | 306% | $63,586 | | $63,586 |
| Wyoming | 159% | | | $33,040 | | |

SOURCE: Based on a national survey conducted by the Kaiser Family Foundation with the Georgetown University Center for Children and Families, 2018.

Table presents rules in effect as of January 1, 2018.

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# HB 1515
# Pregnancy Medical Coverage

Testimony for
Senate Committee on Human Services

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# HB 1515

## Testimony to the Senate Committee on Human Services

Ben Tucker

I am Ben Tucker from Saint Thomas, North Dakota. I am speaking for myself and only myself.

I rise today in support of House Bill 1515 because it will reduce the number of abortions in North Dakota while simultaneously supporting pregnant women close to the poverty line in a way that more closely reflects North Dakota's values.

Madam Chair, Vice Chair Larsen, Members of the Committee,

HB 1515 is a straightforward bill. As amended it directs the appropriate agency to apply for approval from the Centers for Medicare and Medicaid Services (CMS) so North Dakota can grant medical assistance to pregnant women up to 162% of the Federal Poverty Level (FPL); commonly known as the poverty line.

Last November, when the idea of attempting this bill was born, North Dakota was at 152% of the poverty line to qualify pregnant women for Medicaid and that ranked us 44th among the states and the District of Columbia. Since then, the calendar changed on January 1st and we regressed to 147% and slid in the rankings to 47th.

The national average (median and mode) back in November was 200% of the poverty line for a pregnant woman. Today that national average is 205%.

Several Midwestern states that share our conservative values show much more care and concern for pregnant women. Texas is at 203%. Wisconsin is at 306%. Iowa is at 380%.

Caring for a woman who with child is deep within our core North Dakota values and traditions. We rise to offer a chair. We show our concern for struggling young couples that are expecting a baby. The amount of care we show for a pregnant woman near the poverty line, the most vulnerable of the vulnerable, borders on reverence.

Our ranking is particularly embarrassing because we are a state that has been blessed by God. From our rich black soils of the Red River Valley to the our rich black crude in the Bakken and everywhere in-between, we have been blessed. Our state is consistently in the Top Ten for income per person. We should not be in the Bottom Ten when it comes to Medicaid coverage for pregnant women. That simply does not reflect our values.

HB 1515, in addition to reflecting our North Dakota values, will prevent abortions. When medical coverage goes up, abortions go down.

Statistically speaking, this is a correlation and not causation because, most of the time, there are multiple motivations for the difficult decision to seek an abortion and we do not track these motives. However, the correlation between women of child bearing age having medical coverage and a decrease in the abortion rate cannot be denied.

This correlation was studied first, and most in-depth, by Harvard University when Massachusetts was adopting Romney Care. Before passage, a Harvard professor erroneously predicted that increasing medical coverage would increase their abortion rate by 20%. After implementation, it was found that the exact opposite was true. Massachusetts' abortion rate declined from 3.8 per 1,000 residents to 3.14 per 1,000 residents which is a 17% decline.

North Dakota was once fairly consistent with 1,350 abortions per year. Once this legislative body covered more people near the Federal Poverty Level with Medicaid, we went down to 1,100 per year. That is an 11% decline. Again, this is just a correlation; but it is a consistent correlation.

The vast majority of abortions are sought by women under 200% of the poverty line. Even the most ardent Pro Choice person would not want a lack of medical coverage to be a reason for choosing an abortion. A person who is Pro Life would certainly want to remove it as a motivating factor.

There are many other reasons for this Committee to recommend Do Pass on HB 1515. Uncovered and unpaid prenatal bills are burdensome to our medical facilities. Women going without prenatal care have a higher rate of unfavorable medical outcomes. Their babies have a much higher rate of very unfavorable outcomes. Morality enters the conversation when considering support for the poor and vulnerable. I will leave those reasons for others and for you, this Committee, to discuss.

For my testimony, I will only urge you...beg you...to send HB 1515 to the Senate floor with a Do Pass recommendation because it will reduce abortions and because North Dakota cares about a woman near the poverty line that is with child.

That being said:

I lack the authority to offer an amendment. It is not my place, but there is an amendment that I hope the Senate Human Services Committee will seriously consider once you meet for your committee work to discuss HB 1515.

The bill originally set Medicaid eligibility for pregnant women at 200% FPL. In November, that would have brought North Dakota to the national average; which is now actually 205%.

The House Human Services Committee did like the bill. They gave it an almost unanimous Do Pass recommendation. However, they did amend it. At 200%, the bill would have required North Dakota to get a federal waiver under Section 1115. I have included a copy of the bill's original Fiscal Note with my written testimony and highlighted that sentence. There it states that North Dakota cannot increase above 185% FPL without the aforementioned federal waiver.

From members of the House Human Services Committee and by listening to the bill carrier on the House floor, I learned that 162% became the compromise number because that is what our neighbor to the west is at.

If I had be present for that decision, I would have pushed very hard for 185% for many reasons; but one argument is quite unconventional. 185%, for the purposes of Medicaid, is mathematically the same as counting the fetus as a full family member.

Let us say that there is a young couple. Between them they make around $31,000. Good people, but they don't have great jobs and they don't get health insurance. The day comes when they discover they are pregnant. Under the current 147%, they would not qualify for Medicaid because they are a family of two. They would be covered if we go to 185%.

The day the baby is born, Medicaid will define them as a family of three. They are not a family of three until the baby is born. Should this legislature move Medicaid coverage for pregnant women to 185% FPL, it would be mathematically the same as counting the fetus as a family member for the purposes of Medicaid. I've included a chart to show this. The left column is the Federal Poverty Level for 2019. The red column is 147% FPL, yellow is the current bill at 162% and the green is 185%.

The lines show, from right to left and high to low, how a pregnant women would, in effect, be counted as two people and a couple would have almost the exact eligibility as a family of three.

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HB 1515 is an opportunity for those who believe that a fetus should be counted as a human being to, for the purposes of Medicaid, put that belief into action and into legislation. It will be a vote and a law that will never be overturned by any court.

From the definition of "personhood" to preventing rare late-term abortions, this legislature strives to impart some sense of humanity to the fetus that will withstand a challenge in the courts. Amending to 185% will do exactly that. It will impart a sense of humanity by granting medical coverage at conception that will surely come the day the baby is born.

185% is something of a Magic Number. It is the highest North Dakota can go without a federal waiver. It is also the number that allows a woman or a small family to be treated as if the fetus was a full family member.

The House passed HB 1515 by a vote of 86 to 5. House Human Services gave it a Do Pass 11 to 1. The House Appropriations Committee recommended Do Pass with a 19 to 2 vote. There is strong support for pregnant women near the poverty line to get medical coverage.

185% and how it imparts humanity upon a fetus, to the best of my knowledge, was never discussed during their committee work. I urge this Senate Committee to seriously consider amending the bill and taking these facts to a conference committee.

So today I ask for a lot. It's a good bill. I ask that you recommend Do Pass. I also ask that you consider making it a better bill.

Madam Chair, members of the committee, thank you for your time, your attention and mostly for your public service.

If you have any questions for me, I will do my best to answer them.

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19.1014.01000

# FISCAL NOTE
**Requested by Legislative Council**
**01/14/2019**

Bill/Resolution No.: HB 1515

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.*

| | 2017-2019 Biennium | | 2019-2021 Biennium | | 2021-2023 Biennium | |
|---|---|---|---|---|---|---|
| | General Fund | Other Funds | General Fund | Other Funds | General Fund | Other Funds |
| Revenues | | | | $2,631,166 | | $4,879,617 |
| Expenditures | | | $2,631,165 | $2,631,166 | $4,879,617 | $4,879,617 |
| Appropriations | | | $2,631,165 | $2,631,166 | $4,879,617 | $4,879,617 |

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

| | 2017-2019 Biennium | 2019-2021 Biennium | 2021-2023 Biennium |
|---|---|---|---|
| Counties | | | |
| 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 1515 requires the Department to seek approval from the Centers for Medicare and Medicaid Services (CMS) to expand medical assistance coverage for pregnant women with income between 147% and 200% 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 pregnant women with income between 147% and 200% of the federal poverty level. If eligibility level is increased above 185% of the federal poverty level, North Dakota would have to apply for approval under an 1115 waiver, or explore an option through a CHIP targeted low income pregnant women program. Based on the estimated CHIP expenditures and the finite CHIP allotment available, the Department is not estimating to have adequate CHIP allotment to fund the expansion proposed in HB 1515. Based on the time needed to develop and the anticipated time for CMS approval of a 1115 waiver, the Department does not expect the January 1, 2020 start date purposed by this bill to be achievable. Therefore, all estimates were calculated using a July 1, 2020 anticipated start date.

The Department estimates that 2,000 additional pregnant women would qualify for 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. The projected cost for 12 months in the 19-21 biennium is $4,779,280, of which $2,389,640 is general fund. Expanding coverage will also require IT system changes, at a cost of $282,377, of which $141,188 is general fund and an additional FTE, required to implement the waiver and maintain the monitoring, evaluation, and technical/operational reporting requirements of the waiver with an estimated cost of $200,674, of which $100,337 is general fund.

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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.*

The services provided under HB 1515 are eligible to receive matching Medicaid federal funds based off the Federal Medical Assistance Percentage.

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.*

Section 1 requires the Department to expand medical assistance coverage for pregnant women with income between 147% and 200% of the federal poverty level. If eligibility level is increased above 185% of the federal poverty level, North Dakota would have to apply for approval under an 1115 waiver, or explore an option through a CHIP targeted low income pregnant women program. Based on the estimated CHIP expenditures and the finite CHIP allotment available, the Department is not estimating to have adequate CHIP allotment to fund the expansion proposed in HB 1515. Based on the time needed to develop and the anticipated time for CMS approval of a 1115 waiver, the Department does not expect the January 1, 2020 start date purposed by this bill to be achievable. Therefore, all estimates were calculated using a July 1, 2020 anticipated start date.

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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.*

For the 19-21 biennium the Department of Human Services would need appropriation increases to the base level budget in SB 2012, in the following line items; grants medical assistance of $4,779,280 of which $2,389,640 would be general fund, operating of $282,377, of which $141,188 would be general fund, and salary of $200,674, of which $100,337 would be general fund.

For the 21-23 biennium the Department of Human Services would need appropriation authority of $9,558,560 of which $4,779,280 is general fund in the grants medical assistance line item for the medical assistance coverage proposed in HB 1515 and $200,674, of which $100,377 is general fund to maintain the FTE.

**Name:** Rhonda Obrigewitch

**Agency:** Human Services

**Telephone:** 328-4585

**Date Prepared:** 01/20/2019

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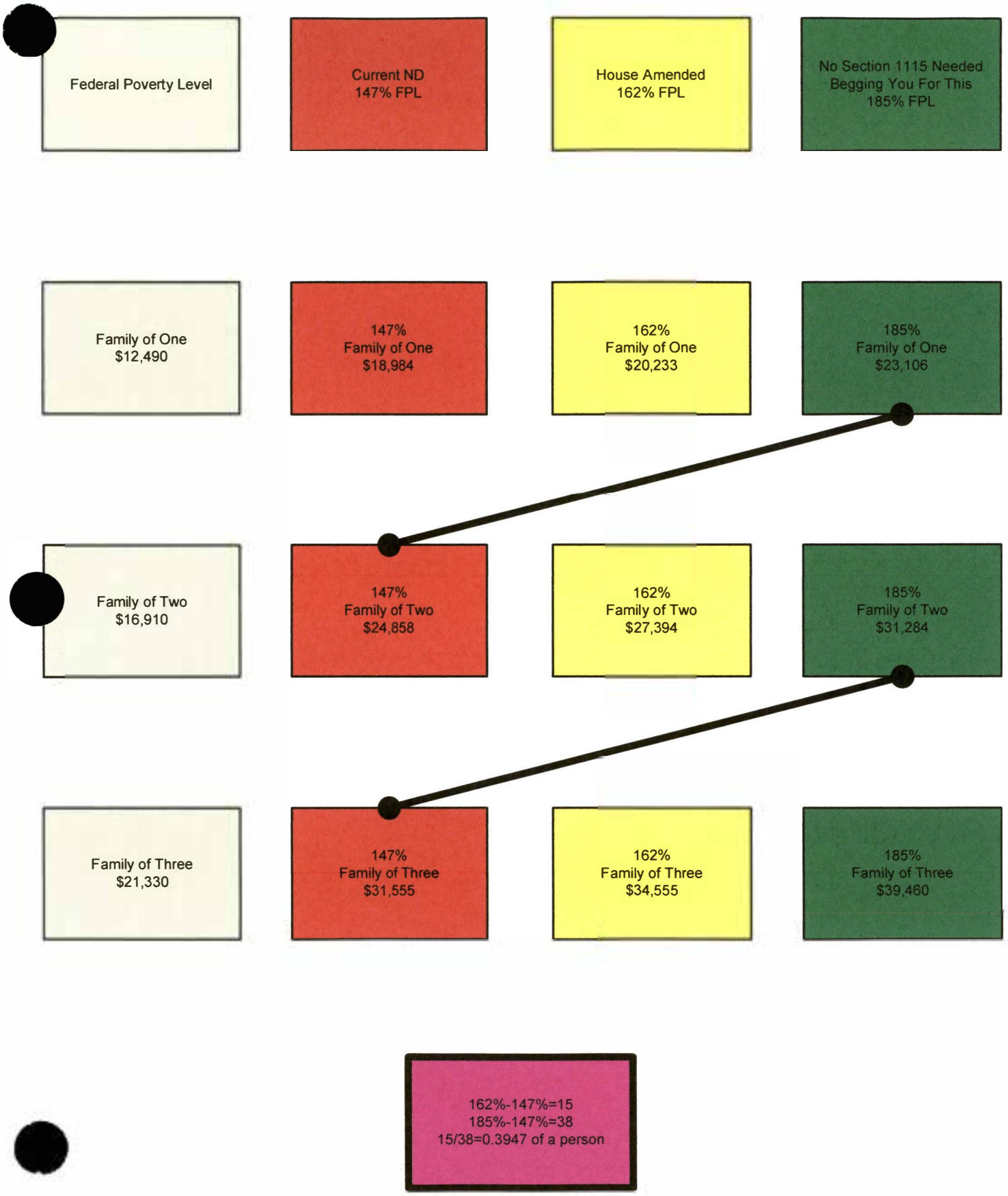

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North Dakota Women's Network

**Kristie Wolff – Executive Director, North Dakota Women's Network**
**Support HB 1515**
**North Dakota Senate Human Services Committee**

March 4, 2019

Chair Lee and members of the Senate Human Services Committee, my name is Kristie Wolff, I am the Executive Director of the North Dakota Women's Network.

North Dakota Women's Network is a statewide organization with members and advocates from every corner of the state. Based on our mission to improve the lives of women, I am writing in support of HB 1515.

Women need access to medical care in order to have healthier lives for themselves and their children, this is especially critical during pregnancy, delivery and post-delivery. HB 1515, would increase medical assistance eligibility to low-income pregnant women. A woman at 162% of Federal Poverty Level makes about $19,426 per year. The average cost of a low-risk pregnancy in North Dakota with a vaginal delivery is around $8,000 – more than a 40% of the income of a woman living at 162% of poverty. Complications and a cesarean-section can increase that cost to over $16,000.

The data is clear that adequate and affordable access to prenatal care is vital for all pregnant women. Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy. Prenatal care also helps women control existing conditions, such as high blood pressure and diabetes, which is important to prevent serious complications. According to research on the cost-benefit analysis of prenatal care, each dollar spent on prenatal care could save up to $3.33 more in neonatal care (Guttmacher).

Thank you for allowing me to speak to you this morning. The North Dakota Women's Network strongly urges a Do Pass Recommendation on HB 1515.

Thank you.

Kristie Wolff
kristie@ndwomen.org

**HB 1515**

**Human Services Committee**

**Testimony of Christine King, University of Mary Social Work Program student in support**

**March 4, 2019**

Madame Chairman and Members of the Committee,

My name is Christine King and I am a social work student at the University of Mary. I would like to thank Senator Lee, Senator Larsen and the members of this committee for your time today. I am here today to give testimony in support of HB 1515, which proposes a new section to chapter 50-24.1 of the North Dakota Century Code. This addition would expand the current medical assistance coverage for pregnant women whose income is lower than 162 % of the federal poverty level. As a pro-life social work student, I have come to recognize how important healthcare is for individuals who belong to a vulnerable population, especially women and children. In the case of a disadvantaged pregnant woman, we have both a mother and child who are in danger of the numerous risks and injustices associated with pregnancy in the work place, at home and, regrettably, in healthcare facilities. Any expansion of the care available to these women would benefit not only themselves and their unborn babies, but also society at large. As we all know, a good start in life lays a foundation for future thriving.

All too often, people find themselves in a position where they make too much money to qualify for programs such as Medicaid, but due to other expenses are unable to afford insurance. If insurance is provided through their employer, lower-cost plans have high deductibles that many have trouble reaching, especially if they are young and mostly healthy. Women who become pregnant inevitably fall into this group of individuals.

The issue of expanding medical coverage for pregnant women is ultimately a life issue. Women should not have to forgo a prenatal appointment if they cannot otherwise pay rent that month or receive substandard care for their inability to pay. No matter the circumstances under which they have become pregnant, each woman deserves treatment worthy of both her own dignity as well as the dignity of her unborn child. Thank you again for your time this morning.

North Dakota Department of Human Services

## ACA MEDICAID INCOME ELIGIBILTY LEVELS Effective April 1, 2018

| Family Size | (MAGI Equivalent of Approximately 54% of PL) Parents and Caretakers | | Adults age 19 and 20 and Medically Needy for Pregnant Women (90% of PL) | | Medically Needy Individuals up to age 21 (92% PL) | | Medically Needy Parents, Caretakers and their Spouses (93% PL) | | Adult Expansion Group (age 19 to 65) & Children (Ages 6 to 19) 138% of the PL | | Pregnant Women & Children (Ages 0 to 6) 152% of the PL | | Healthy Steps – Children up to age 19 175% of the PL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Monthly | Yearly | Monthly | Yearly | Monthly | Yearly | Monthly | Yearly | Monthly | Yearly | Monthly | Yearly | Monthly | Yearly |
| 1 | $517 | $6,204 | $ 911 | $10,926 | $ 931 | $ 11,169 | $ 941 | $ 11,290 | $ 1397 | $ 16,753 | $ 1538 | $ 18,453 | $ 1771 | $ 21,245 |
| 2 | 694 | $8,328 | 1235 | 14,814 | 1262 | 15,143 | 1276 | 15,308 | 1893 | 22,715 | 2085 | 25,019 | 2401 | 28,805 |
| 3 | 871 | $10,452 | 1559 | 18,702 | 1594 | 19,118 | 1611 | 19,325 | 2390 | 28,676 | 2633 | 31,586 | 3031 | 36,365 |
| 4 | 1048 | $12,576 | 1883 | 22,590 | 1925 | 23,092 | 1946 | 23,343 | 2887 | 34,638 | 3180 | 38,152 | 3661 | 43,925 |
| 5 | 1226 | $14,712 | 2207 | 26,478 | 2256 | 27,066 | 2281 | 27,361 | 3384 | 40,600 | 3727 | 44,718 | 4291 | 51,485 |
| 6 | 1403 | $16,836 | 2531 | 30,366 | 2587 | 31,041 | 2615 | 31,378 | 3881 | 46,561 | 4274 | 51,285 | 4921 | 59,045 |
| 7 | 1580 | $18,960 | 2855 | 34,254 | 2918 | 35,015 | 2950 | 35,396 | 4377 | 52,523 | 4821 | 57,851 | 5551 | 66,605 |
| 8 | 1757 | $21,084 | 3179 | 38,142 | 3250 | 38,990 | 3285 | 39,413 | 4874 | 58,484 | 5369 | 64,418 | 6181 | 74,165 |
| 9 | 1934 | $23,208 | 3503 | 42,030 | 3581 | 42,964 | 3620 | 43,431 | 5371 | 64,446 | 5916 | 70,984 | 6811 | 81,725 |
| 10 | 2111 | $25,332 | 3827 | 45,918 | 3912 | 46,938 | 3955 | 47,449 | 5868 | 70,408 | 6463 | 77,550 | 7441 | 89,285 |
| +1 | 178 | $2,136 | $ 324 | $ 3,888 | $ 332 | $ 3,974 | 335 | $ 4,018 | $ 497 | $ 5,962 | $ 548 | $ 6,566 | $ 630 | $ 7,560 |

## Maintenance of Effort – Medicaid

| Family Size | 111% of Federal Poverty Level | | 133% of Federal Poverty Level | |
|---|---|---|---|---|
| | Monthly | Yearly | Monthly | Yearly |
| 1 | $ 1,123 | $ 13,475 | $ 1,346 | $ 16,146 |
| 2 | 1,523 | 18,271 | 1,825 | 21,892 |
| 3 | 1,923 | 23,066 | 2,304 | 27,637 |
| 4 | 2,322 | 27,861 | 2,782 | 33,383 |
| 5 | 2,722 | 32,656 | 3,261 | 39,129 |
| 6 | 3,121 | 37,451 | 3,740 | 44,874 |
| 7 | 3,521 | 42,247 | 4,219 | 50,620 |
| 8 | 3,921 | 47,042 | 4,698 | 56,365 |
| 9 | 4,320 | 51,837 | 5,176 | 62,111 |
| 10 | 4,720 | 56,632 | 5,655 | 67,857 |
| +1 | $ 400 | $ 4,795 | $ 479 | $ 5,746 |

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# North Dakota Department of Human Services

## NON-ACA MEDICAID INCOME ELIGIBILTY LEVELS Effective April 1, 2018

| Family Size | SSI Effective 01-01-2017 | Medically Needy 83% of Poverty | QMB 100% of Poverty | SLMB 120% of Poverty | QI-1 135% of Poverty | Children with Disabilities & Women's Way 200% of Poverty | Workers with Disabilities 225% of Poverty |
|---|---|---|---|---|---|---|---|
| 1 | $ 750 | $ 840 | $ 1,012 | $ 1,214 | $ 1,366 | $ 2,024 | $ 2,277 |
| 2 | 1,125 | 1,139 | 1,372 | 1,646 | 1,852 | 2,744 | 3,087 |
| 3 | [redacted] | 1,438 | 1,732 | 2,078 | 2,338 | 3,464 | 3,897 |
| 4 | | 1,737 | 2,092 | 2510 | 2,824 | 4,184 | 4,707 |
| 5 | | 2,035 | 2,452 | 2,942 | 3,310 | 4,904 | 5,517 |
| 6 | | 2,334 | 2,812 | 3,374 | 3,796 | 5,624 | 6,327 |
| 7 | | 2,633 | 3,172 | 3,806 | 4,282 | 6,344 | 7,137 |
| 8 | | 2,932 | 3,532 | 4,238 | 4,768 | 7,064 | 7,947 |
| 9 | | 3,231 | 3,892 | 4,670 | 5,254 | 7,784 | 8,757 |
| 10 | | 3,529 | 4,252 | 5,102 | 5,740 | 8,504 | 9,567 |
| +1 | | $ 299 | $ 360 | $ 432 | $ 486 | $ 720 | $ 810 |

### Spousal Impoverishment Levels

| Community Spouse Minimum Asset Allowance (Effective 01/01/18) | Community Spouse Maximum Asset Allowance (Effective 01/01/18) | Community Spouse Income Level (Effective 01/01/16) | Income Level for each Additional Individual (Effective 07-01-17) |
|---|---|---|---|
| $24,720 | $123,600 | $2,550 | $677 |

### Average Cost of Nursing Care

| Average Monthly Cost of Care (Effective 01/01/18) | Average Daily Cost of Care (Effective 01/01/18) |
|---|---|
| $8,234.10 | $270.71 |

**Notes:**

- Nursing Home personal needs allowance increased from $50 to $65 effective with the benefit month of October 2013.
- ICF/ID and Basic Care personal needs allowance increased from $85 to $100 effective with the benefit month of October 2013.

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Good Morning Senator Holmberg and Committee Members:

For the record, my name is Alisa Mitskog. I represent District 25.

HB 1515 is a bill that would increase and expand medical assistance to pregnant women. HB1515 would raise coverage to 162%.

Currently, pregnant women are covered to 152 % of the poverty level.

If a woman's income is above the 152% poverty level and is not covered by Medicaid expansion, she is not eligible and must go to the private market for coverage. The ACA marketplace does not consider pregnancy a life event and while delivering a baby is considered a life event

The problem is there are women you cannot afford to pay for private insurance. While the State has made great strides in increasing coverage for individuals in our state, a gap continues to exist.

The Department of Human Services estimates that 455 additional pregnant women would qualify for coverage annually if it is raised to 162%. The projected cost for 18 months in the 19-21 biennium is $1,631,946, of which $815,973 is general fund.

I have provided a handout comparing what other states do for Medicaid and CHIP coverage for pregnant women. North Dakota appears to be the 44th lowest state for coverage of pregnant women.

In closing, if we **truly care** about the lives of children and women, and **saving babies**, we need to take care of pregnant women in our state. We all know the importance of prenatal care in preventing pregnancy related complications and maternal and infant mortality and very expensive neonatal costs. The risks increase when women go without coverage. I would ask for your consideration for support of this bill.

Thank you for your time.

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March 2018 | Fact Sheet

# Where Are States Today? Medicaid and CHIP Eligibility Levels for Children, Pregnant Women, and Adults

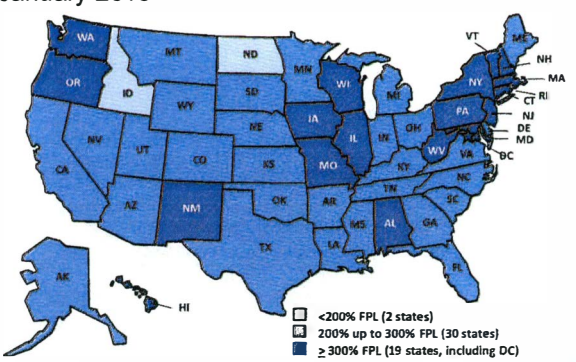
This fact sheet provides Medicaid and CHIP eligibility levels for children, pregnant women, parents, and other non-disabled adults as of January 2018, based on annual state survey data.[1] The data highlight the central role Medicaid and CHIP play in covering low-income children and pregnant women and show Medicaid's expanded role for low-income adults under the Affordable Care Act (ACA). See Tables 1-3 for state-specific data.

**As of January 2018, 49 states cover children with incomes up to at least 200% of the federal poverty level (FPL, $41,560 per year for a family of three in 2018) through Medicaid and CHIP (Figure 1, Table 1 and 1A).** This count includes 19 states that cover children with incomes at or above 300% FPL. Only two states (ID and ND) limit children's eligibility to below 200% FPL. Across states, the upper Medicaid/CHIP eligibility limit for children ranges from 175% FPL in North Dakota to 405% FPL.

**Most states extend coverage to pregnant women beyond the federal minimum of 138% FPL through Medicaid and CHIP.** As of January 2018, 34 states cover pregnant women with incomes at or above 200% FPL ($41,560 per year for a family of three in 2018), including 12 states (including DC) that cover pregnant women with family incomes above 250% FPL. Five states extend coverage for pregnant women through CHIP and 16 states use CHIP funding to provide coverage through the unborn child option, under which states cover income-eligible pregnant women regardless of immigration status (Figure 2, Table 2).

Figure 1

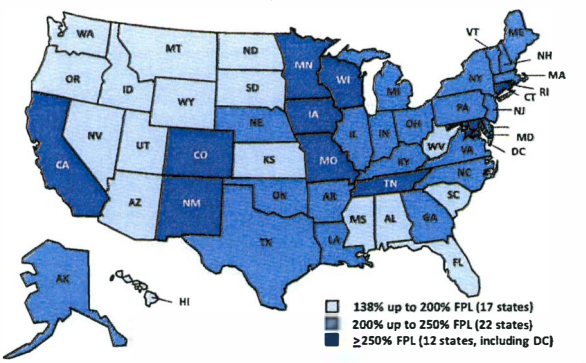
Income Eligibility Levels for Children in Medicaid/CHIP, January 2018




NOTE: Eligibility levels are based on 2018 federal poverty levels (FPLs) for a family of three. In 2018, the FPL was $20,780 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.
SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2018

Figure 2

Income Eligibility Levels for Pregnant Women in Medicaid/CHIP, January 2018




NOTE: Eligibility levels are based on 2018 federal poverty levels (FPLs) for a family of three. In 2018, the FPL was $20,780 for a family of three. Thresholds include the standard five percentage point of the FPL disregard
SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2018

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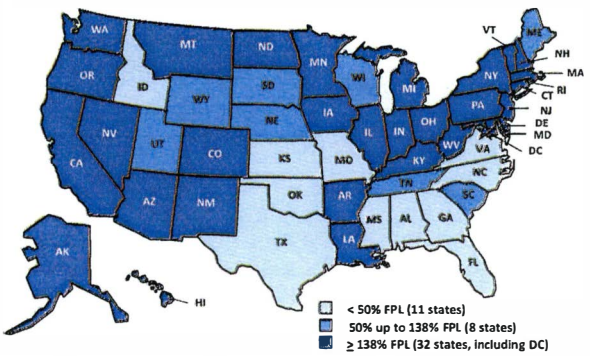
**As of January 2018, 32 states cover parents and other adults with incomes up to 138% FPL ($28,676 per year for a family of three and $16,753 per year for an individual in 2018) under the ACA Medicaid expansion to low-income adults (Figures 3 and 4, Table 3).** The District of Columbia extends eligibility beyond the expansion limit to parents with incomes up to 221% FPL and other adults with incomes up to 215%, and Alaska covers parents with incomes up to 139% FPL.

Figure 3

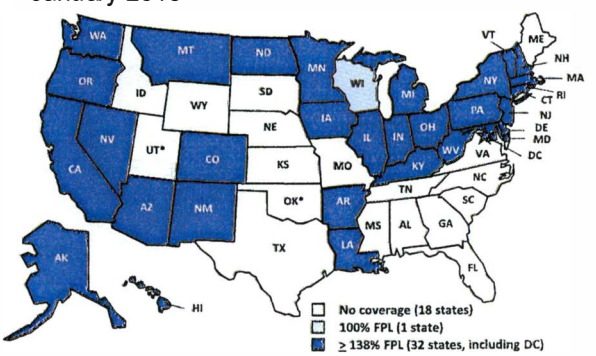
Medicaid Income Eligibility Levels for Parents, January 2018




NOTE: Eligibility levels are based on 2018 federal poverty levels (FPLs) for a family of three. In 2018, the FPL was $20,780 for a family of three. Thresholds include the standard five percentage point of the FPL disregard
SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2018.

Figure 4

Medicaid Income Eligibility Levels for Other Adults, January 2018

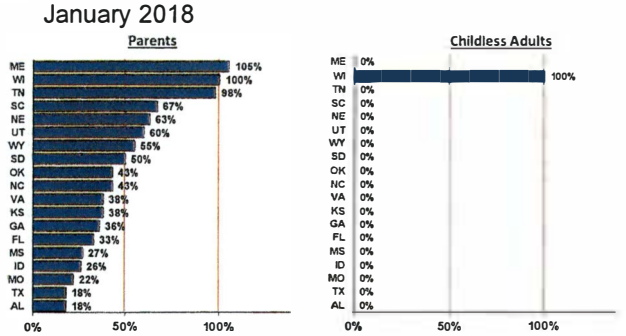



NOTES: Eligibility levels are based on 2018 federal poverty levels (FPLs) for an individual. In 2018, the FPL was $12,140 for an individual. Thresholds include the standard five percentage point of the FPL disregard. *OK and UT provide more limited coverage to some childless adults under Section 1115 waiver authority
SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2018

**In the 19 states that have not expanded Medicaid, the median eligibility limit for parents is 43% FPL ($8,935 per year for a family of three in 2018) and other adults remain ineligible, except in Wisconsin (Figure 5).** In 11 of these states, parent eligibility is at less than half of the poverty level, and only two of these states (ME and WI) cover parents at or above poverty. Wisconsin is the only non-expansion state that provides full Medicaid coverage to other adults, although eligibility at 100% FPL remains below the expansion level and the state does not receive the enhanced match available for expansion adults for this coverage.[2] In the non-expansion states, 2.4 million adults with incomes above the Medicaid eligibility limit but below poverty fall into a coverage gap; they are ineligible for Medicaid and do not qualify for subsidies for Marketplace coverage, which become available at 100% FPL.[3]

Figure 5

Medicaid Income Eligibility Limits for Adults in States that Have Not Implemented the Medicaid Expansion, January 2018




NOTES: Eligibility levels are based on 2018 federal poverty levels (FPLs) and are calculated based on a family of three for parents and an individual for childless adults. In 2018, the FPL was $20,780 for a family of three and $12,140 for an individual Thresholds include the standard five percentage point of FPL disregard. OK and UT provide more limited coverage to some childless adults under Section 1115 waiver authority
SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2018

In sum, Medicaid and CHIP continue to be central sources of coverage for the low-income population, but eligibility varies widely across groups and states. Medicaid and CHIP provide a base of coverage to low-income children and pregnant women nationwide. Eligibility for adults has grown in states that implemented the Medicaid expansion, but remains limited in states that have not expanded. There could be continued gains in eligibility for adults if additional states expand Medicaid, which would reduce the number of poor uninsured adults that fall into the coverage gap. However, states moving forward with expansion may seek waivers to add requirements or restrictions for adults as a condition of expanding.



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Table 2: Medicaid and CHIP Income Eligibility Limits for Pregnant Women, January 2018

| State | Percent of the Federal Poverty Level[1] | | | Annual Income | | |
|---|---|---|---|---|---|---|
| | Medicaid[1] | CHIP[1] | Unborn Child Option (CHIP-Funded)[1,2] | Medicaid[1] | CHIP[1] | Unborn Child Option (CHIP-Funded)[1,2] |
| **Median or Total** | **200%** | **258%** | **214%** | **$41,560** | **$53,612** | **$44,365** |
| Alabama | 146% | | | $30,338 | | |
| Alaska | 205% | | | $53,259 | | |
| Arizona | 161% | | | $33,455 | | |
| Arkansas[3] | 214% | | 214% | $44,469 | | $44,469 |
| California | 213% | | 322% | $44,261 | | $66,911 |
| Colorado | 200% | 265% | | $41,560 | $55,067 | |
| Connecticut | 263% | | | $54,651 | | |
| Delaware | 217% | | | $45,092 | | |
| District of Columbia[4] | 324% | | | $67,327 | | |
| Florida | 196% | | | $40,728 | | |
| Georgia | 225% | | | $46,755 | | |
| Hawaii | 196% | | | $46,844 | | |
| Idaho | 138% | | | $28,676 | | |
| Illinois | 213% | | 213% | $44,261 | | $44,261 |
| Indiana[5] | 218% | | | $45,300 | | |
| Iowa | 380% | | | $78,964 | | |
| Kansas | 171% | | | $35,533 | | |
| Kentucky | 200% | | | $41,560 | | |
| Louisiana | 138% | | 214% | $28,676 | | $44,469 |
| Maine | 214% | | | $44,469 | | |
| Maryland | 264% | | | $54,859 | | |
| Massachusetts | 205% | | 205% | $42,599 | | $42,599 |
| Michigan | 200% | | 200% | $41,560 | | $41,560 |
| Minnesota | 283% | | 283% | $58,807 | | $58,807 |
| Mississippi | 199% | | | $41,352 | | |
| Missouri | 201% | 305% | 305% | $41,767 | $63,379 | $63,379 |
| Montana | 162% | | | $33,663 | | |
| Nebraska | 199% | | 202% | $41,352 | | $41,975 |

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| | | | | | | |
|---|---|---|---|---|---|---|
| Nevada | 165% | | | $34,287 | | |
| New Hampshire | 201% | | | $41,767 | | |
| New Jersey[4] | 199% | 205% | | $41,352 | $42,599 | |
| New Mexico | 255% | | | $52,989 | | |
| New York[4] | 223% | | | $46,339 | | |
| North Carolina[6] | 201% | | | $41,767 | | |
| North Dakota | 152% | | | $31,585 | | |
| Ohio | 205% | | | $42,599 | | |
| Oklahoma[7] | 138% | | 210% | $28,676 | | $43,638 |
| Oregon | 190% | | 190% | $39,482 | | $39,482 |
| Pennsylvania | 220% | | | $45,716 | | |
| Rhode Island | 195% | 258% | 258% | $40,521 | $53,612 | $53,612 |
| South Carolina | 199% | | | $41,352 | | |
| South Dakota[8] | 138% | | | $28,676 | | |
| Tennessee[9] | 200% | | 255% | $41,560 | | $52,989 |
| Texas | 203% | | 207% | $42,183 | | $43,014 |
| Utah | 144% | | | $29,923 | | |
| Vermont | 213% | | | $44,261 | | |
| Virginia | 148% | 205% | | $30,754 | $42,599 | |
| Washington | 198% | | 198% | $41,144 | | $41,144 |
| West Virginia | 163% | | | $33,871 | | |
| Wisconsin | 306% | | 306% | $63,586 | | $63,586 |
| Wyoming | 159% | | | $33,040 | | |

SOURCE: Based on a national survey conducted by the Kaiser Family Foundation with the Georgetown University Center for Children and Families, 2018.
Table presents rules in effect as of January 1, 2018.

## Table 2 Notes

1. January 2018 income limits reflect Modified Adjusted Gross Income (MAGI)-converted income standards, and include a disregard equal to five percentage points of the federal poverty level (FPL). As of 2018, the FPL for a family of three was $20,780.
2. The unborn child option permits states to consider the fetus a "targeted low-income child" for purposes of CHIP coverage.

3. Arkansas provides the full Medicaid benefits to pregnant women with incomes up to levels established for the old Aid to Families with Dependent Children (AFDC) program, which is $220 per month. Above those levels, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid and the unborn child optior in CHIP with incomes up to 209% FPL.
4. The District of Columbia, New Jersey, and New York provide pregnancy-related service: not covered through emergency Medicaid for some income-eligible pregnant women who are not otherwise eligible due to immigration status using state-only funds.
5. Indiana uses a state-specific income disregard that is equal to five percent of the highest income eligibility threshold for the group.
6. North Carolina provides full Medicaid benefits to pregnant women with incomes up to roughly 43% FPL. Above that level, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid.
7. Oklahoma offers a premium assistance program to pregnant women with incomes up to 205% FPL who have access to employer sponsored insurance through its Insure Oklahoma program.
8. South Dakota provides full Medicaid benefits to pregnant women with incomes up to $591 per month (for a family of three). Above that level, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid.
9. In Tennessee, women covered under the unborn child option receive comprehensive medical services but do not receive chiropractic, dental or vision benefits that CHIP children receive.

North Dakota Department of Human Services

## ACA MEDICAID INCOME ELIGIBILTY LEVELS Effective April 1, 2018

| Family Size | (MAGI Equivalent of Approximately 54% of PL) Parents and Caretakers | | Adults age 19 and 20 and Medically Needy for Pregnant Women (90% of PL) | | Medically Needy Individuals up to age 21 (92% PL) | | Medically Needy Parents, Caretakers and their Spouses (93% PL) | | Adult Expansion Group (age 19 to 65) & Children (Ages 6 to 19) 138% of the PL | | Pregnant Women & Children (Ages 0 to 6) 152% of the PL | | Healthy Steps – Children up to age 19 175% of the PL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Monthly | Yearly | Monthly | Yearly | Monthly | Yearly | Monthly | Yearly | Monthly | Yearly | Monthly | Yearly | Monthly | Yearly |
| 1 | $517 | $6,204 | $ 911 | $10,926 | $ 931 | $ 11,169 | $ 941 | $ 11,290 | $ 1397 | $ 16,753 | $ 1538 | $ 18,453 | $ 1771 | $ 21,245 |
| 2 | 694 | $8,328 | 1235 | 14,814 | 1262 | 15,143 | 1276 | 15,308 | 1893 | 22,715 | 2085 | 25,019 | 2401 | 28,805 |
| 3 | 871 | $10,452 | 1559 | 18,702 | 1594 | 19,118 | 1611 | 19,325 | 2390 | 28,676 | 2633 | 31,586 | 3031 | 36,365 |
| 4 | 1048 | $12,576 | 1883 | 22,590 | 1925 | 23,092 | 1946 | 23,343 | 2887 | 34,638 | 3180 | 38,152 | 3661 | 43,925 |
| 5 | 1226 | $14,712 | 2207 | 26,478 | 2256 | 27,066 | 2281 | 27,361 | 3384 | 40,600 | 3727 | 44,718 | 4291 | 51,485 |
| 6 | 1403 | $16,836 | 2531 | 30,366 | 2587 | 31,041 | 2615 | 31,378 | 3881 | 46,561 | 4274 | 51,285 | 4921 | 59,045 |
| 7 | 1580 | $18,960 | 2855 | 34,254 | 2918 | 35,015 | 2950 | 35,396 | 4377 | 52,523 | 4821 | 57,851 | 5551 | 66,605 |
| 8 | 1757 | $21,084 | 3179 | 38,142 | 3250 | 38,990 | 3285 | 39,413 | 4874 | 58,484 | 5369 | 64,418 | 6181 | 74,165 |
| 9 | 1934 | $23,208 | 3503 | 42,030 | 3581 | 42,964 | 3620 | 43,431 | 5371 | 64,446 | 5916 | 70,984 | 6811 | 81,725 |
| 10 | 2111 | $25,332 | 3827 | 45,918 | 3912 | 46,938 | 3955 | 47,449 | 5868 | 70,408 | 6463 | 77,550 | 7441 | 89,285 |
| +1 | 178 | $2,136 | $ 324 | $ 3,888 | $ 332 | $ 3,974 | 335 | $ 4,018 | $ 497 | $ 5,962 | $ 548 | $ 6,566 | $ 630 | $ 7,560 |

## Maintenance of Effort – Medicaid

| Family Size | 111% of Federal Poverty Level | | 133% of Federal Poverty Level | |
|---|---|---|---|---|
| | Monthly | Yearly | Monthly | Yearly |
| 1 | $ 1,123 | $ 13,475 | $ 1,346 | $ 16,146 |
| 2 | 1,523 | 18,271 | 1,825 | 21,892 |
| 3 | 1,923 | 23,066 | 2,304 | 27,637 |
| 4 | 2,322 | 27,861 | 2,782 | 33,383 |
| 5 | 2,722 | 32,656 | 3,261 | 39,129 |
| 6 | 3,121 | 37,451 | 3,740 | 44,874 |
| 7 | 3,521 | 42,247 | 4,219 | 50,620 |
| 8 | 3,921 | 47,042 | 4,698 | 56,365 |
| 9 | 4,320 | 51,837 | 5,176 | 62,111 |
| 10 | 4,720 | 56,632 | 5,655 | 67,857 |
| +1 | $ 400 | $ 4,795 | $ 479 | $ 5,746 |

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## North Dakota Department of Human Services
## NON-ACA MEDICAID INCOME ELIGIBILTY LEVELS Effective April 1, 2018

| Family Size | SSI Effective 01-01-2017 | Medically Needy 83% of Poverty | QMB 100% of Poverty | SLMB 120% of Poverty | QI-1 135% of Poverty | Children with Disabilities & Women's Way 200% of Poverty | Workers with Disabilities 225% of Poverty |
|---|---|---|---|---|---|---|---|
| 1 | $ 750 | $ 840 | $ 1,012 | $ 1,214 | $ 1,366 | $ 2,024 | $ 2,277 |
| 2 | 1,125 | 1,139 | 1,372 | 1,646 | 1,852 | 2,744 | 3,087 |
| 3 | [redacted] | 1,438 | 1,732 | 2,078 | 2,338 | 3,464 | 3,897 |
| 4 | | 1,737 | 2,092 | 2510 | 2,824 | 4,184 | 4,707 |
| 5 | | 2,035 | 2,452 | 2,942 | 3,310 | 4,904 | 5,517 |
| 6 | | 2,334 | 2,812 | 3,374 | 3,796 | 5,624 | 6,327 |
| 7 | | 2,633 | 3,172 | 3,806 | 4,282 | 6,344 | 7,137 |
| 8 | | 2,932 | 3,532 | 4,238 | 4,768 | 7,064 | 7,947 |
| 9 | | 3,231 | 3,892 | 4,670 | 5,254 | 7,784 | 8,757 |
| 10 | | 3,529 | 4,252 | 5,102 | 5,740 | 8,504 | 9,567 |
| +1 | | $ 299 | $ 360 | $ 432 | $ 486 | $ 720 | $ 810 |

### Spousal Impoverishment Levels

| Community Spouse Minimum Asset Allowance (Effective 01/01/18) | Community Spouse Maximum Asset Allowance (Effective 01/01/18) | Community Spouse Income Level (Effective 01/01/16) | Income Level for each Additional Individual (Effective 07-01-17) |
|---|---|---|---|
| $24,720 | $123,600 | $2,550 | $677 |

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### Average Cost of Nursing Care

| Average Monthly Cost of Care (Effective 01/01/18) | Average Daily Cost of Care (Effective 01/01/18) |
|---|---|
| $8,234.10 | $270.71 |

**Notes:**

- Nursing Home personal needs allowance increased from $50 to $65 effective with the benefit month of October 2013.
- ICF/ID and Basic Care personal needs allowance increased from $85 to $100 effective with the benefit month of October 2013.

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