

2021 SENATE HUMAN SERVICES

SB 2085

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Sakakawea Room, State Capitol

SB 2085
1/6/2021

Relating to the use of an automated clearing house to facilitate payment to medical assistance providers and provider applicants

Madam Chair Lee called the meeting to order at 9:37 a.m. All members present; Senator Lee, Senator K. Roers, Senator O. Larsen, Senator Hogan, Senator Clemens, Senator Anderson.

Discussion Topics:

- Nurse-midwives' certification
- Clinic and independent practitioners

Dr. Caprice Knapp, Director of the Medical Services Division for the Department of Human Services (9:38) Introduced SB 2085 and submitted testimony #99

Additional written testimony:

Paula Moch, Family Nurse Practitioner (FNP) and Legislative Liaison, North Dakota Nurse Practitioner Association (NDNPA). Provided written testimony #105 in favor.

Senator K. Roers moves to **ADOPT AMENDMENT**, repeal section 1, lines 8-23 on SB 2085.

Senator Hogan seconded the motion.

The motion passed on a voice vote.

Senator K. Roers moves **DO PASS, AS AMENDED**

Senator Hogan seconded the motion

Senators	Vote
Senator Judy Lee	Y
Senator Kristin Roers	Y
Senator Howard C. Anderson, Jr.	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Oley Larsen	Y

The motion passed 6-0-0

Senator K. Roers will carry SB 2085.

Senator O. Larsen voted on SB 2085 during the afternoon 1/6/2021 committee meeting due to technical difficulties.

Madam Chair Lee closes the hearing on SB 2085 at 9:52 a.m.

Justin Velez, Committee Clerk

PROPOSED AMENDMENTS TO SENATE BILL NO. 2085

Page 1, line 4, remove "50-24.1-06,"

Page 1, line 4, remove the second comma

Page 1, line 4, remove "remedial"

Page 1, line 5, remove "eye care,"

Page 1, line 5, remove the second comma

Page 1, remove lines 8 through 23

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2085, as engrossed: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2085 was placed on the Sixth order on the calendar.

Page 1, line 4, remove "50-24.1-06,"

Page 1, line 4, remove the second comma

Page 1, line 4, remove "remedial"

Page 1, line 5, remove "eye care,"

Page 1, line 5, remove the second comma

Page 1, remove lines 8 through 23

Renumber accordingly

Testimony
Senate Bill 2085 – Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman
January 6, 2021

Chairman Lee, members of the Senate Human Services Committee, I am Dr. Caprice Knapp, Director of the Medical Services Division, for the Department of Human Services (Department). I am here today in support of Senate Bill 2085, which was introduced at the request of the Department.

Section 1 of this bill alters North Dakota Century Code section 50-24.1-06 such that the current remedial eye care program becomes subject to the “limits of legislative appropriation”. The existing Century Code recommends that remedial eye care services be provided to any individual under age 65 in need of care who has applied and received authorization from the Department for such care. Remedial eye services are meant to prevent blindness or restore eyesight, but not treatment of diseases that may impact eyesight such as diabetes.

Section 2 of this bill concerns North Dakota Century Code section 50-24.1-26 which gives the Department authority to administer a Medicaid Autism Spectrum Disorder Waiver. Section 2 increases the age from a maximum of 14 years of age to a maximum of 16 years of age for children who are enrolled in the waiver. This will prevent current waiver participants from aging out of the waiver.

Section 3 of this bill would authorize the North Dakota Medicaid program to exercise the state option and allow certified nurse-midwives to be primary care case managers for North Dakota Medicaid members.

Federal Regulations (42 Code of Federal Regulations (CFR) §438.2) specify the types of providers the state must recognize as primary care providers and allow certified nurse-midwives (as well as physician assistants and nurse practitioners) to serve as primary care case managers:

(42 CFR 438.2) Definitions: Primary care case manager (PCCM) means a physician, a physician group practice, an entity that employs or arranges with physicians to furnish primary care case management services or, at State option, any of the following:

- (1) A physician assistant.
- (2) A nurse practitioner.
- (3) A certified nurse-midwife.

The types of providers North Dakota must recognize as a primary care provider include physicians, federally qualified health centers, Indian Health Services, and rural health clinics. Through North Dakota Century Code section 50-24.1-32, the Legislature has authorized the “state option” practitioner groups allowed to be primary care providers. Originally the Legislature authorized nurse practitioners and subsequently added physician assistants.

In Section 3 of this bill, the Department is requesting the authority to add certified nurse-midwives because of a request from a clinic who employs certified nurse-midwives. Since a certified nurse-midwife cannot currently serve as a primary care provider, a separate referral from a different primary care provider is needed. This extra step can delay the

member receiving needed health care services.

Nurse-midwife credentialing demonstrates a broader scope of practice than just limited to obstetrics and gynecology, allowing them to be a primary provider for members. Having more healthcare providers available to serve as primary care providers is a benefit to Medicaid members and the Medicaid program.

Section 3 also amends the reference to “advanced registered nurse practitioners” to “advanced practice registered nurses” to be consistent with how this practice is referenced in the North Dakota Nurse Practices Act (North Dakota Century Code section 43-12.1).

Finally, Section 4 of the bill adds a new section to North Dakota Century Code chapter 50-24.1 which would allow the Department to pay medical assistance providers by electronic fund transfer only. Paying providers electronically, as opposed to a paper check, allows for more expedited payment, improved cash flow for providers, less burdensome administrative processes, and more accurate transactional information that can be used to monitor payment integrity. The Department is required to pay 90% of clean claims in less than 30 days and 99% of clean claims in less than 90 days. Paying by paper check could prolong that process. Currently, about 960 of Medicaid’s more than 20,000 providers are being paid by paper checks versus electronic fund transfer. As a point of reference, the Department is proposing a comparable transition to electronic payment processing for subsidized adoption in Senate Bill No. 2088 and for foster care payments in House Bill No. 1091.

I would be happy to answer any questions that you may have.



TESTIMONY TO:
SENATE HUMAN SERVICES COMMITTEE
67TH NORTH DAKOTA LEGISLATIVE ASSEMBLY
Senate Bill 2085

Chairman Senator Judy Lee and Committee Members,

I am Paula Moch, Family Nurse Practitioner (FNP) and Legislative Liaison for the North Dakota Nurse Practitioner Association (NDNPA). This is my written testimony in support of Senate Bill 2058 relating to Medicaid waivers-In home services and Medical Assistance-Services provided by physician assistants and advanced practice registered nurses.

NDNPA supports that the medical assistance program must recognize advance practice registered nurses (APRNS) as primary care providers as written in lines 13-20 as written. APRN's already provide primary care for residents of North Dakota and are recognized by their patients as primary care providers. The state medical assistance program not recognizing APRNS as primary care providers when they have full practice authority, provides barriers to access to care in rural areas where barriers need not exist. An example of one of these barriers is when a primary care provider's signature is needed for a medical assistance patient. This patient, who lives in a rural area where the only care provided is by an APRN, must travel 100 miles to obtain that "in person signature". These barriers often result in delays in care, when often it is just a signature that is needed. This is just one example of the difficulties that are faced when the APRN is not recognized as a primary care provider by the state medical assistance program.

This concludes my written testimony and I am happy to answer any questions in writing or via telephone at your convenience.

Paula M Moch, RN, MSN, FNP-BC
701-321-3193
ndnpalegislative@gmail.com

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Sakakawea Room, State Capitol

SB 2085
1/11/2021

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 the use of an automated clearing house to facilitate payment to medical assistance providers and provider applicants; and to amend and reenact sections 50-24.1-06, 50-24.1-26, and 50-24.1-32 of the North Dakota Century Code, relating to remedial eye care, Medicaid waivers to provide in-home services, and medical assistance and advanced practice registered nurses.

Madam Chair Lee opened the discussion on SB 2085 at 2:31 P.M. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

Discussion Topics:

- Proposed Amendment

Senator K. Roers moves to **RECONSIDER AMENDMENT**. LC 21.8065.01002
Senator Anderson seconded.

Voice Vote – motion passed.

[2:33] Jonathan Alm, Attorney, Department of Human Services. Provides a clarification on SB 2085 amendment.

Senator Anderson moves to **ADOPT AMENDMENT** – 21.8065.01002.
Senator Hogan seconded.

Voice vote – motion passed.

Senator Anderson moves **DO PASS, AS AMENDED**.
Senator Hogan seconded.

Senators	Vote
Senator Judy Lee	Y
Senator Kristin Roers	Y
Senator Howard C. Anderson, Jr.	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Oley Larsen	Y

The motion passed 6-0-0

Senator K. Roers will carry SB 2085.

Additional written testimony: N/A

Madam Chair Lee closed the discussion on SB 2085 at 2:35 p.m.

Justin Velez, Committee Clerk

CS
1/11/2021
1 of 1

PROPOSED AMENDMENTS TO SENATE BILL NO. 2085

Page 1, line 3, remove the second "and"

Page 1, line 4, remove "50-24.1-06,"

Page 1, line 4, remove the second comma

Page 1, line 4, remove "remedial"

Page 1, line 5, remove "eye care,"

Page 1, line 5, remove the second comma

Page 1, line 6, after "nurses" insert "; and to repeal section 50-24.1-06 of the North Dakota Century Code, relating to medical assistance remedial eye care"

Page 1, remove lines 8 through 23

Page 2, after line 29, insert:

"SECTION 4. REPEAL. Section 50-24.1-06 of the North Dakota Century Code is repealed."

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2085: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2085 was placed on the Sixth order on the calendar.

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2021 HOUSE HUMAN SERVICES

SB 2085

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2085
3/3/2021

Relating to Medicaid waivers to provide in-home services and medical assistance and advanced practice registered nurses; relating to medical assistance remedial eye care

Chairman Weisz called the hearing to order at 9:34 a.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Autism waiver
- Third party clearing houses
- Electronic fund transfer
- Qualified service providers

Caprice Knapp, Medicaid Director Department of Human Services (9:34) testified in favor and submitted testimony #7118.

Additional written testimony: #7116

Vice Chair Rohr adjourned at 9:52 a.m.

Tamara Krause, Committee Clerk

Testimony
Senate Bill 2085 – Department of Human Services
House Human Services Committee
Rep. Robin Weisz, Chairman
March 3, 2021

Chairman Weisz, members of the House Human Services Committee, I am Dr. Caprice Knapp, Director of the Medical Services Division, for the Department of Human Services (Department). I am here today in support of Senate Bill 2085, which was introduced at the request of the Department.

Section 1 of this bill alters North Dakota Century Code section 50-24.1-06 such that the current remedial eye care program becomes subject to the “limits of legislative appropriation”. The existing Century Code recommends that remedial eye care services be provided to any individual under age 65 in need of care who has applied and received authorization from the Department for such care. Remedial eye services are meant to prevent blindness or restore eyesight, but not treatment of diseases that may impact eyesight such as diabetes.

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- (1) A physician assistant.
- (2) A nurse practitioner.
- (3) A certified nurse-midwife.

The types of providers North Dakota must recognize as a primary care provider include physicians, federally qualified health centers, Indian Health Services, and rural health clinics. Through North Dakota Century Code section 50-24.1-32, the Legislature has authorized the “state option” practitioner groups allowed to be primary care providers. Originally the Legislature authorized nurse practitioners and subsequently added physician assistants.

In Section 3 of this bill, the Department is requesting the authority to add certified nurse-midwives because of a request from a clinic who employs certified nurse-midwives. Since a certified nurse-midwife cannot currently serve as a primary care provider, a separate referral from a different primary care provider is needed. This extra step can delay the

member receiving needed health care services.

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Finally, Section 4 of the bill adds a new section to North Dakota Century Code chapter 50-24.1 which would allow the Department to pay medical assistance providers by electronic fund transfer only. Paying providers electronically, as opposed to a paper check, allows for more expedited payment, improved cash flow for providers, less burdensome administrative processes, and more accurate transactional information that can be used to monitor payment integrity. The Department is required to pay 90% of clean claims in less than 30 days and 99% of clean claims in less than 90 days. Paying by paper check could prolong that process. Currently, about 960 of Medicaid’s more than 20,000 providers are being paid by paper checks versus electronic fund transfer. As a point of reference, the Department is proposing a comparable transition to electronic payment processing for subsidized adoption in Senate Bill No. 2088 and for foster care payments in House Bill No. 1091.

I would be happy to answer any questions that you may have.



March 1, 2021

Dear Chairman Weisz and Members of the House Human Services Committee:

On behalf of the Community HealthCare Association of the Dakotas (CHAD), I am writing you in support of SB 2085, relating to expanding the Medicaid Primary Care Provider definition to include a Certified Nurse Midwife (CNM). CHAD is a non-profit membership organization that serves as the Primary Care Association for North Dakota and South Dakota, supporting community health centers (CHCs) in their mission to provide access to quality health care for all Dakotans.

SB 2085 would allow CNMs to serve as Primary Care Providers (PCPs) for the purposes of the Medicaid program. Under Medicaid, only PCPs are allowed to provide referrals for specialty services. If that referral isn't in place, Medicaid does not pay for the specialty services that are provided and the patient is responsible for the bill. Allowing CNMs to serve as PCPs would enable them to refer patients for specialty services related pregnancy and women's health care. For example, if a CNM is providing prenatal care and the patient needs to be referred for an ultrasound or specialty care related to the pregnancy, the CNM would be able to make that referral. The ability to make those referrals are in the normal scope of practice for a CNM.

Current rules state if a CNM needs to make a referral for specialty care, they must have another provider's name on the referral. This becomes bothersome to the other providers because the health concerns on the referral relate to issues they have not seen the patient for. It is troubling for the CNM because the results or consult reports then get routed to the other provider which can create delays in appropriate care and follow up. If the CNM forgets and signs their own name instead of the other provider, the patient can then get billed for the cash cost of the visit. These challenges could be avoided by expanding the Medicaid PCP definition to include a CNM.

In summary, CNMs are valuable clinicians on the primary health care team, and CHAD supports SB 2085 and asks that the House Human Services Committee recommend a do pass.

Please feel free to contact me if you have any questions.

Sincerely,

Shelly Ten Napel, CEO
Community HealthCare Association of the Dakotas

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2085
3/16/2021

Relating to Medicaid waivers to provide in-home services and medical assistance and advanced practice registered nurses; relating to medical assistance remedial eye care

Chairman Weisz opened the committee meeting at 11:02 a.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Electronic payments
- Certified midwife

Rep. Todd Porter (11:03) moved **Amendment 21.8065.03001**.

Rep. Bill Devlin (11:04) second

Voice Vote – Motion Carried

Rep. Karen Rohr (11:06) moved **Do Pass As Amended**

Rep. Matthew Ruby (11:06) second

Representatives	Vote
Representative Robin Weisz	Y
Representative Karen M. Rohr	Y
Representative Mike Beltz	Y
Representative Chuck Damschen	Y
Representative Bill Devlin	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Dwight Kiefert	Y
Representative Todd Porter	Y
Representative Matthew Ruby	Y
Representative Mary Schneider	Y
Representative Kathy Skroch	Y
Representative Bill Tveit	Y
Representative Greg Westlind	Y

Motion Carried Do Pass As Amended 14-0-0

Bill Carrier: Rep. Chuck Damschen

Chairman Weisz adjourned at 11:09 a.m.

Tamara Krause, Committee Clerk

March 16, 2021

DA 3/16/21
1 of 1

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2085

Page 1, line 5, remove the third "and"

Page 1, line 7, after "care" insert "; and to provide for application"

Page 2, after line 14, insert:

"SECTION 5. APPLICATION. The department of human services shall stagger implementation of section 3 of this Act so the section applies:

1. On January 1, 2022, to agreements entered between the department of human services and the individual on or after January 1, 2022; and
2. On January 1, 2023, to agreements entered between the department of human services and the individual on or before December 31, 2021."

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2085, as engrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends
DO PASS (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2085
was placed on the Sixth order on the calendar.

Page 1, line 5, remove the third "and"

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human services and the individual on or after January 1, 2022; and
2. On January 1, 2023, to agreements entered between the department of
human services and the individual on or before December 31, 2021."

Renumber accordingly