

2021 SENATE HUMAN SERVICES

SB 2199

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Sakakawea Room, State Capitol

SB 2199
1/25/2021

A BILL for an Act to amend and reenact subsection 5 of section 25-03.1-34.2 of the North Dakota Century Code, relating to interstate contracts for the treatment of mental illness or substance use disorders.

Madam Chair Lee opened the hearing on SB 2199 at 10:03 a.m. All members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

Discussion Topics:

- Flexibility for psychiatry care
- Lack of bed availability in surrounding states
- South Dakota and Montana patient intake

[10:03] Senator Kristin Roers, District 27. Introduced SB 2199

[10:05] Marnie Walth, Sanford Health. Stands in favor of SB 2199 and introduced Dr. Jonathon Olivas.

[10:06] Dr. Jonathon Olivas, Director, Medical In-Patient, Sanford. Provided testimony #2422 in favor.

[10:13] Jonathan Alm, Attorney, DHS. Provided testimony in favor on behalf of DHS.

[10:17] Melissa Hauer, General Counsel, North Dakota Hospital Association. Provided testimony #2777 in favor.

Senator Anderson moves **DO PASS**.

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	Absent

The motion passed 5-0-1

Senator Anderson will carry SB 2199.

Additional written testimony: N/A

Madam Chair Lee closed the hearing on SB 2199 at.

Justin Velez, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2199: Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** (5 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2199 was placed on the Eleventh order on the calendar.

Senate Human Services Committee
Sen. Judy Lee, Chair
Jan. 25, 2021
SB 2199

Chairwoman Lee and members of the Committee:

Good morning. My name is Dr. Jonathon Olivas and I am a board-certified psychiatrist with Sanford Health. I have been caring for patients in the Fargo area for five years. In my role with Sanford, I am the medical officer overseeing our inpatient psychiatric unit and our neuromodulation services. I also maintain a mental health clinic practice and serve as an assistant professor of psychiatry at the University of North Dakota School of Medicine and Health Sciences.

Thank you for this opportunity to speak with you about SB 2199, a bill brought by the request of Sanford Health to help us better care for patients who need acute inpatient psychiatric services. The bill seeks to change one word—change “must” to “may”—in North Dakota’s Interstate Contract for Treatment of Mental Illness of Substance Use Disorder statute to allow us the flexibility to better manage the growing need for inpatient psychiatric care.

As you may know, both North Dakota and Minnesota have statutes authorizing their departments of human services to allow for temporary behavioral health services to be provided across state lines, with the cost of the services to remain with the state in which the patient resides. The N.D. Department of Human Services has a contract with the Minnesota Department of Human Services for interstate services, and Sanford has a contract with Clay County which implements the DHS contract on a local level. The Clay County contract can be used by any county in Minnesota.

In practice, this allows Minnesota (Moorhead and immediate area) residents on emergency holds for mental illness to receive care at Sanford in Fargo, rather than having to be held in Minnesota facilities much further from home. These are supposed to be short-term services, and patients are supposed to

receive long-term placement in Minnesota. The contract is not meant for Minnesota to place or leave patients on long-term commitment in a North Dakota hospital, consuming beds and resources that would otherwise be used by North Dakota patients needing acute inpatient psychiatric care. Unfortunately, at times this is precisely what happens.

Because North Dakota's statute states we "must" accept patients on commitment from a bordering state, we are used as a de facto arm of the Minnesota Department of Health to place patients on commitment, when Minnesota doesn't have any available beds in its state system. Contrarily, Minnesota's statute (attached) states Minnesota facilities "may" accept patients on commitment from a bordering state. Changing the word "must" to "may" in North Dakota's statute would put us on even footing with our Minnesota counterparts by allowing us to modify our contract with Clay County to more effectively control the flow of out-of-state patients which threaten our capacity, resources, and operational autonomy.

That said, I ask that you consider approving SB 2199. Thank you for your time. I will stand for questions.

Sincerely,
Jonathon Olivas, M.D.
Sanford Fargo
Jonathan.Olivas@SanfordHealth.org



2021 SB 2199
Senate Human Services Committee
Senator Judy Lee, Chairman
January 25, 2021

Chairman Lee and members of the Senate Human Services Committee, I am Melissa Hauer, General Counsel for the North Dakota Hospital Association (NDHA). I am here to testify in support of Senate Bill 2199. I ask that you give this bill a **Do Pass** recommendation.

Currently, North Dakota and Minnesota each have statutes that allow for temporary behavioral health services to be provided across state lines, with the cost of the services to remain with the state in which the patient resides. The North Dakota Department of Human Services has a contract with the Minnesota Department of Health for such interstate services. This allows Minnesota (usually Moorhead or the immediate area) residents on emergency holds for mental illness to receive care at a Fargo hospital rather than having to be held in facilities much further from home.

With the change provided by this bill, when the Department of Human Services enters into one of these agreements with a bordering state, the agreement may, rather than must, enable the placement in North Dakota of individuals who require detoxification services, are on emergency holds, or who have been involuntarily committed as mentally ill or having a substance use disorder in a bordering state and enable the temporary placement in a bordering state of patients who require detoxification services or who are on emergency holds under our state mental health commitment law.

Hospitals support this change because these are supposed to be short-term services. If a patient needs long-term care, the patient is supposed to receive that care in Minnesota. The

agreement is not meant for Minnesota to place or leave patients on long-term commitment at a North Dakota hospital, consuming beds and resources that would otherwise be used by North Dakota patients. This can happen because Minnesota's statute states that contracts for interstate behavioral health services "may" allow placement of patients on out-of-state commitment in a Minnesota facility.

North Dakota's statute currently states that these contracts "must" enable placement in North Dakota of patients on out-of-state commitment. This bill puts North Dakota facilities on equal footing with Minnesota and allows us to have control over our patient flow. The current language places us in a position where we are used as a de facto arm of the Minnesota Department of Health to place patients on commitment, when Minnesota doesn't have any available beds in its state system. North Dakota residents would directly benefit by allowing us to better control our patient flow and avoid having scarce bed capacity occupied by patients in the Minnesota system, whose admission and discharge we cannot currently control. We believe the bill would place North Dakota in a more even position to manage out-of-state mental health commitments.

In summary, we ask that you give this bill a Do Pass recommendation. I would be happy to respond to any questions you may have. Thank you.

Respectfully Submitted,

Melissa Hauer, General Counsel/VP
North Dakota Hospital Association

2021 HOUSE HUMAN SERVICES

SB 2199

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2199
3/10/2021

Relating to interstate contracts for the treatment of mental illness or substance use disorders

Chairman Weisz opened the committee hearing at 9:22 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:

- Patient relationship equalization between North Dakota and Minnesota
- Availability of beds

Sen. Kristin Roers, District 27 (9:23) introduced the bill.

Jonathan Alm, Attorney Department of Human Services (9:24) testified in favor.

Marnie Walth, Sanford Health (9:25) introduced

Jonathan Olivas, Medical Director Sanford Health Inpatient Psychiatry Unit (9:26) testified in favor and submitted testimony #8167.

Additional written testimony: #8399

Rep. Karen Rohr (9:28) moved Do Pass

Rep. Kathy Skroch (9:29) 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 14-0-0

Bill Carrier: Rep. Bill Tveit

Chairman Weisz adjourned at

Tamara Krause, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2199: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS**
(14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2199 was placed on the
Fourteenth order on the calendar.

Senate Human Services Committee
Chairman Robin Weisz
March 10, 2021
SB 2199

Chairman Weisz and members of the House Human Services Committee:

Good morning. My name is Dr. Jonathon Olivas and I am a board-certified psychiatrist with Sanford Health. In my role with Sanford, I oversee our inpatient psychiatric unit and maintain a mental health clinic practice. I also serve as an assistant professor of psychiatry at the University of North Dakota School of Medicine and Health Sciences.

Thank you for this opportunity to speak with you about SB 2199, a bill brought by the request of Sanford Health to help us better care for patients who need acute inpatient psychiatric services. The bill seeks to change one word—change “must” to “may”—in North Dakota’s Interstate Contract for Treatment of Mental Illness of Substance Use Disorder statute to allow us the flexibility to better manage the growing need for inpatient psychiatric care.

As you may know, both North Dakota and Minnesota have statutes authorizing their departments of human services to allow for temporary behavioral health services to be provided across state lines, with the cost of the services to remain with the state in which the patient resides. The N.D. Department of Human Services has a contract with the Minnesota Department of Human Services for interstate services, and Sanford has a contract with Clay County which implements the DHS contract on a local level. The Clay County contract can be used by any county in Minnesota.

In practice, this allows Minnesota (Moorhead and immediate area) residents on emergency holds for mental illness to receive care at Sanford in Fargo, rather than having to be held in Minnesota facilities much further from home. These are supposed to be short-term services, and patients are supposed to receive long-term placement in Minnesota. The contract is not meant for Minnesota to place or leave patients on long-term commitment in a North Dakota hospital, consuming beds and resources that would otherwise be used by North Dakota patients needing acute inpatient psychiatric care. Unfortunately, at times this is precisely what happens.

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control the flow of out-of-state patients which threaten our capacity, resources, and operational autonomy.

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Sincerely,
Jonathon Olivas, M.D.
Sanford Fargo
Jonathan.Olivas@SanfordHealth.org



2021 SB 2199
House Human Services Committee
Representative Robin Weisz, Chairman
March 10, 2021

Chairman Weisz and members of the House Human Services Committee, I am Melissa Hauer, General Counsel for the North Dakota Hospital Association (NDHA). I am here to testify in support of Senate Bill 2199. I ask that you give this bill a **Do Pass** recommendation.

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In summary, we ask that you give this bill a Do Pass recommendation. I would be happy to respond to any questions you may have. Thank you.

Respectfully Submitted,

Melissa Hauer, General Counsel/VP
North Dakota Hospital Association