2023 SENATE HUMAN SERVICES

SB 2071

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2071
1/4/2023

Relating to medical assistance for pregnant women.

9:45 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston** are present. **Senator Hogan** was absent.

Discussion Topics:

- Payment mechanism
- Poverty level
- Improving life of pregnant woman
- Abortion
- Percentages of eligibility level
- Financial assitace to the unborn child

9: 44 AM **Senator Tim Mathern, Appropriations Committee and social worker**, introduced SB 2071 testimony in favor #12341

9:56 AM **Senator Lee** provided an Income Eligibility handout #12349

9:58 AM **Kayla Schmidt, Interim Executive Director ND Women's Network**, testified in favor #12348

10:00 AM **Chris Dodson, Executive Director ND Catholic Charities**, testimony in favor verbal

10:05 AM **Erik Elkins, Assistant Director Medical Services Division**, provided additional information testimony in favor verbal

Additional written testimony
Kristin Rubbelke #12319

10:12 AM **Madam Chair Lee** closed the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2071
1/17/2023

Relating to medical assistance for pregnant women.

2:33 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present.

Discussion Topics:

- Federal poverty level
- Medial assistance for pregnant women

2:34 PM **Erik Elkins - Assistant Director of Medical Services, North Dakota Department of Health and Human Services** provided information #13960.

2:40 PM **Madam Chair Lee** closed the meeting

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2071
1/24/2023

Relating to medical assistance for pregnant women.

3:30 **Madam Chair Lee** called the committee to order.
Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan were present.

Senator K. Roers moved Amendment (LC 23.0420.01001)
Senator Cleary seconded.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	N
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion Passed. 5-1-0

Senator K. Roers makes motion **DO PASS as AMENDED** and **REREFER** to **APPROPRIATIONS**
Senator Weston seconded.

Roll call taken.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion Passed. 6-0-0

Senator K. Roers will carry SB 2071

3:33 PM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

Adopted by the Senate Human Services Committee

January 24, 2023

AG 1-24-23 (1-1)

PROPOSED AMENDMENTS TO SENATE BILL NO. 2071

Page 1, line 9, replace "two hundred" with "one hundred eighty-five"

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2071: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2071 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 1, line 9, replace "two hundred" with "one hundred eighty-five"

Renumber accordingly

2023 SENATE APPROPRIATIONS

SB 2071

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2071
2/8/2023

A bill relating to medical assistance for pregnant women.

8:06 AM Chairman Dever called the meeting to order.
Senators Burckhard, Davison, Dever, Mathern, and Kreun are present.

Discussion Topics:

- Roe
- Funds
- Federal match
- Committee action

8:08 AM Senator Mathern introduced SB 2071.

8:15 AM Senator Davison moved Do Pass.
Senator Burkhard seconded the motion.

Senators	Vote
Senator Dever	Y
Senator Burkhard	Y
Senator Davison	Y
Senator Mathern	Y
Senator Kreun.	Y

Motion passed 5-0-0

Senator Mathern will carry the bill to the full Appropriation Committee.

Additional written testimony:
Tim Blasl, President of ND Hospital Association, affirmative. #19396
Kayla Schmidt, Interim Executive Director, ND Women's Network, affirmative. #19732

8:15 AM Chairman Dever closed the meeting.

Carol Thompson for Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2071
2/10/2023

Relating to medical assistance for pregnant women.

11:28 AM Chairman Bekkedahl opened the meeting.

Members present: **Senators Bekkedahl, Krebsbach, Burckhard, Davison, Dever, Dwyer, Kreun, Meyer, Roers, Schaible, Sorvaag, Vedaa, Wanzek, Rust, and Mathern.**

Members Absent: **Senator Erbele**

Discussion Topics:

- Committee Action

11:28 AM Senator Mathern introduced the bill verbally.

11:29 AM Senator Mathern moved DO PASS.
11:29 AM Senator Dever seconded.

11:30 AM Roll call vote

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	A
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y
Senator Rust	Y

Passed 15-0-1

Senator Roers will carry the bill.

11:30 AM Chairman Bekkedahl closed the meeting.

Peter Gualandri on behalf of Kathleen Hall, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2071, as engrossed: Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **DO PASS** (15 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2071 was placed on the Eleventh order on the calendar. This bill does not affect workforce development.

2023 HOUSE HUMAN SERVICES

SB 2071

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

SB 2071
3/14/2023

Relating to medical assistance for pregnant women.

Chairman Weisz called the meeting to order at 9:04 AM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

Discussion Topics:

- Prenatal health care costs
- Unplanned pregnancies
- Eligibility for Medicaid

Sen. Mathern introduced SB 2071 with supportive testimony #24793.

Christopher Dodson, Executive Director, ND Catholic Conference, supportive testimony #24581.

Additional written testimony:

Sierra Heitkamp, Legislative Director, ND Right to Life, # 24613
Tim Blasl, President, ND Hospital Association, # 24470

Chairman Weisz adjourned the meeting at 9:18 AM.

Phillip Jacobs, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

SB 2071
3/27/2023

Relating to medical assistance for pregnant women.

Chairman Weisz called the meeting to order at 11:25 AM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

Discussion Topics:

- Committee work

Chairman Weisz called for a discussion on SB 2071.

Rep. McLeod moved a do pass and rerefer to Appropriations Committee on SB 2071.

Seconded by Rep. Holle.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	AB
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion carries 13-0-1.
Carried Rep. Anderson.

Chairman Weisz adjourned the meeting at 11:30 AM.

Phillip Jacobs, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2071, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2071 was rereferred to the **Appropriations Committee**.

2023 HOUSE APPROPRIATIONS

SB 2071

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Brynhild Haugland Room, State Capitol

SB 2071
4/3/2023

Relating to medical assistance for pregnant women.

9:17 AM Chairman Vigesaa Called the meeting to order and roll call was taken-

All Members Present; Chairman Vigesaa, Representative Kempenich, Representative B. Anderson, Representative Bellew, Representative Brandenburg, Representative Hanson, Representative Kreidt, Representative Martinson, Representative Mitskog, Representative Meier, Representative Mock, Representative Monson, Representative Nathe, Representative J. Nelson, Representative O'Brien, Representative Pyle, Representative Richter, Representative Sanford, Representative Schatz, Representative Schobinger, Representative Strinden, Representative G. Stemen and Representative Swiontek.

Discussion Topics:

- Pregnant Woman Funding Percentage Increase
- Additional Clients

Representative Weisz- Introduces the bill and its purpose.

Committee Discussion

9:29 AM Chairman Vigesaa Closed the meeting for SB 2071

Risa Berube, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2071
4/10/2023

Relating to medical assistance for pregnant women.

10:23 AM Chairman J Nelson opened the meeting.
Roll call taken**.**
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Committee Work
- Medical coverage for pregnant women

Representative Robin Weisz, District 14**,** introduced bill and discussed incorporating medical coverage for pregnant women from SB 2071 into SB 2012.
Brady Larson, Fiscal Analyst, Legislative Council, spoke on SB 2071**.**
Lyndon Jahner, Accountant, Department of Health and Human Services, spoke in favor of SB 2012.

10:45 AM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2071
4/10/2023

Relating to medical assistance for pregnant women.

2:49 PM Chairman J. Nelson opened the meeting.
Roll call taken**.**
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Federal poverty limit for pregnant women

Krista Fremming, Interim Director of Medical Services, Department of Health and Human Services (# 28017).

2:51 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Brynhild Haugland Room, State Capitol

SB 2071
4/13/2023

Relating to medical assistance for pregnant women.

4:07 PM Chairman Vigesaa Called the meeting to order and roll call was taken-

Members present; Chairman Vigesaa, Representative Kempenich, Representative B. Anderson, Representative Brandenburg, Representative Hanson, Representative Kreidt, Representative Mitskog, Representative Meier, Representative Mock, Representative Monson, Representative Nathe, Representative J. Nelson, Representative O'Brien, Representative Richter, Representative Schatz, Representative Schobinger, Representative Strinden, Representative G. Stemen and Representative Swiontek.

Members not Present- Representative Bellew, Representative Martinson, Representative Pyle, and Representative Sanford

Discussion Topics:

- Committee Action

Representative J. Nelson- Explains the bill and how it was incorporated into the budget.

Representative J. Nelson Moves for a Do Not Pass

Representative G. Stemen- Seconds the Motion

Committee Discussion- Roll call vote

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	Y
Representative Bert Anderson	Y
Representative Larry Bellew	A
Representative Mike Brandenburg	Y
Representative Karla Rose Hanson	Y
Representative Gary Kreidt	Y
Representative Bob Martinson	A
Representative Lisa Meier	Y
Representative Alisa Mitskog	Y
Representative Corey Mock	Y
Representative David Monson	Y
Representative Mike Nathe	Y
Representative Jon O. Nelson	Y

Representative Emily O'Brien	Y
Representative Brandy Pyle	A
Representative David Richter	Y
Representative Mark Sanford	A
Representative Mike Schatz	Y
Representative Randy A. Schobinger	Y
Representative Greg Stemen	Y
Representative Michelle Strinden	Y
Representative Steve Swiontek	Y

Motion Carries 19-0-4 Representative J. Nelson will carry the

4:09 PM Chairman Vigesaa Closed the meeting for SB 2071

Risa Berube, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2071, as engrossed: Appropriations Committee (Rep. Vigesaa, Chairman) recommends **DO NOT PASS** (19 YEAS, 0 NAYS, 4 ABSENT AND NOT VOTING). Engrossed SB 2071 was placed on the Fourteenth order on the calendar.

TESTIMONY

SB 2071

701.557.1500 » info.naswnd@socialworkers.org » naswnd.socialworkers.org

NASW
National Association of Social Workers
NORTH DAKOTA CHAPTER

Chairperson Lee and Members of the Senate Human Services Committee,

My name is Kristin Rubbelke. I am the Executive Director of the National Association of Social Workers, North Dakota Chapter (NASW-ND). On behalf of NASW-ND, we ask that you support SB 2071 to expand medical assistance coverage to pregnant individuals with income below 200 percent of the federal poverty level.

As a licensed social worker who previously worked in a North Dakota hospital, I am acutely aware of the exorbitant debt that can incur to people in need of medical assistance without insurance. This debt can be crippling, leaving individuals with outstanding payments that they will spend the rest of their lives attempting to pay back.

During pregnancy, it is essential for an individual to visit their doctor and discuss plans of care. Doctor visits are costly. Lab work is costly. Hospital stays and procedures are costly. Pregnancy is undoubtedly an expense that many people do not have the means to pay for out of pocket, especially those under 200 percent of the federal poverty level.

At 200 percent of the federal poverty level, a family of one earns $27,180 per year. An analysis done by the Kaiser Family Foundation found that the cost of pregnancy, delivery, and postpartum care from 2018 to 2020 averaged $18,865. This out-of-pocket expense is unfeasible for someone earning income at 200 percent of the federal poverty level.

Over 50 percent of states in the US have already expanded coverage to pregnant individuals with income at or below 200 percent of the federal poverty level.

On behalf of NASW-ND, I urge you to support SB 2071 to increase medical assistance coverage to pregnant individuals.

Sincerely,

Kristin Rubbelke, LSW, MSW, MASJ
Executive Director
NASW-ND

January 4, 2023

North Dakota Senate Human Services Committee

Madame Chairman Lee and Committee Members,

My name is Tim Mathern. I serve on the Senate Appropriations Committee. I am also a social worker.

I began my career in 1972 as a social worker working with young women experiencing unplanned pregnancies. I recall the tears shed when the pregnancy was confirmed and the following challenges of telling the parents of the expectant mother and the new expectant father. The questions to be addressed included Often agonizing decisions about adoption, abortion, or being a single parent. At that time most young women were also expelled from high school.

Often our discussions would revolve around the fact that pregnancy took some time, allowing us to address the many issues involved. A major issue was that of health care costs. A challenge often was not only the amount but also the responsible person for these expenses. The passage of this bill gives women resources reducing pressure from other people on how to proceed.

This bill directs the Department of Health and Human Services to seek the necessary approval from the Centers for Medicare and Medicaid Services to expand medical assistance coverage for pregnant women with income below two hundred percent of the federal poverty level. This would cover more persons than we presently cover.

Though I believe it is in society's best interest that we provide health care coverage for all women for pregnancy we have not yet arrived at that public policy. This is an important step to address this policy. I also believe particularly since the recent US Supreme Court decision directing abortion policy to the states, passage of this bill would help women and families make a decision supporting an ongoing pregnancy.

I also understand that in addition to the appropriation, NDDHHS needs resources of staff to implement the increased funding. No doubt the department will share these costs with you.

I ask you for a Do Pass recommendation on this bill and referral to the Appropriations Committee.

Thank you.

Tim Mathern, MSW

North Dakota Women's Network

Kayla Schmidt – Interim Executive Director, North Dakota Women's Network
Support - SB 2071
North Dakota Senate Human Services Committee

January 4, 2023

Chairman Lee and members of the Senate Human Services Committee,

My name is Kayla Schmidt, and I am the Interim Executive Director of the North Dakota Women's Network.

We are a statewide organization working towards improving the lives of women across North Dakota with the support of our members and advocates. I am testifying in support of SB 2071.

SB 2071 would increase medical assistance eligibility to low-income pregnant women living below 200% of the Federal Poverty Level: this means an income of less than $27,180 per year[1]. Receiving reliable medical care is critical during pregnancy, delivery, and post-delivery for every woman, regardless of her economic status.

Research conducted for a North Dakota Legislative Management Interim Healthcare Study asked seven hospitals across the state to report the cost of a low-risk pregnancy with a vaginal delivery. Hospitals reported costs ranging between $4,300 to over $15,000, averaging about $10,600. The cost of a Caesarian Section had a range of $5,000 to $31,000, averaging nearly $19,000[2]. These prices do not account for additional costs that could arise due to complications. The expectation of medical bills should not be a deterrent for an expectant mother in need of health care.

Adequate and affordable access to prenatal care is vital for all pregnant women. States that have increased medical assistance eligibility have noted an increase in early initiation of prenatal care and increased receipt of recommended health screens and prenatal vitamins. These states have also noted lower rates of maternal mortality and a reduction in infant mortality.[3] 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.

Thank you for allowing me to speak to you this morning. The North Dakota Women's Network strongly urges a Do Pass Recommendation on SB 2071.

Thank you.

Kayla Schmidt
director@ndwomen.org

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[1] healthcare.gov; 2022 Federal Poverty Level for individuals is measured at $13,590
[2] ND Legislative Management Interim Healthcare Study; January 8, 2021; Table 60
[3] Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies; May 2019; Georgetown University Center for Children and Families

#12349

North Dakota Department of Human Services
NON-ACA MEDICAID INCOME ELIGIBILTY LEVELS Effective April 1, 2022

Family Size	SSI Effective 01-01-2022	Medically Needy 83% of Poverty	QMB 100% of Poverty	SLMB 120% of Poverty	QI-1 135% of Poverty	Women's Way 200% of Poverty	Workers with Disabilities 225% of Poverty	Children With Disabilities 250% of Poverty
1	$ 841	$ 940	$ 1,133	$ 1,359	$ 1,529	$ 2,265	$ 2,549	$ 2,832
2	1,261	1,267	1,526	1,831	2,060	3,052	3,434	3,815
3	[redacted]	1,593	1,920	2,303	2,591	3,839	4,319	4,798
4		1,920	2,313	2,775	3,122	4,625	5,204	5,782
5		2,246	2,706	3,247	3,653	5,412	6,089	6,765
6		2,573	3,100	3,719	4,184	6,199	6,974	7,748
7		2,899	3,493	4,191	4,715	6,985	7,859	8,732
8		3,226	3,886	4,663	5,246	7,772	8,744	9,715
9		3,552	4,280	5,135	5,777	8,559	9,629	10,698
10		3,879	4,673	5,607	6,308	9,345	10,514	11,682
+1		$ 327	$ 394	$ 472	$ 531	$ 787	$ 885	$ 984

Spousal Impoverishment Levels

Community Spouse Minimum Asset Allowance (Effective 01/01/2022)	Community Spouse Maximum Asset Allowance (Effective 01/01/2022)	Community Spouse Income Level (Effective 01/01/16)	Income Level for each Additional Individual
$27,480	$137,400	$2,550	$726 Eff 7/21 $718 Eff. 7/20

Average Cost of Nursing Care

Average Monthly Cost of Care (Effective 01/01/2022)	Average Daily Cost of Care (Effective 01/01/2022)	Nursing Care Income Level (Effective 10/01/2013)	Medicare Premium (Effective 01/2022)	Medicare Savings Program Asset Limit (Effective 01/01/2022)
$10,719	$352.42	LTC $65 ICF/IID $100	$170.10 premium for newly Medicare eligible in 2022	1 Person - $8,400 Couple - $12,600

North Dakota Department of Human Services

ACA MEDICAID INCOME ELIGIBILTY LEVELS Effective April 1, 2022

Family Size	(MAGI Equivalent of Approximately 46% 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 (Ages 19 to 65) & Children (Ages 6 to 19) 138% of the PL		Children (Ages 0 to 6) 152% of the PL		Pregnant Women 162% of the PL	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	$517	$6,204	$1,020	$12,231	$1,042	$ 12,503	$1,054	$ 12,639	$ 1,563	$ 18,755	$ 1,722	$ 20,657	$ 1,835	$ 22,016
2	694	8,328	1,374	16,479	1,404	16,846	1,420	17,029	2,106	25,268	2,320	27,832	2,472	29,663
3	871	10,452	1,728	20,727	1,766	21,188	1,785	21,418	2,649	31,782	2,918	35,006	3,110	37,309
4	1,048	12,576	2,082	24,975	2,128	25,530	2,151	25,808	3,192	38,295	3,515	42,180	3,747	44,955
5	1,226	14,712	2,436	29,223	2,490	29,873	2,517	30,198	3,735	44,809	4,113	49,355	4,384	52,602
6	1,403	16,836	2,790	33,471	2,852	34,215	2,883	34,587	4,277	51,323	4,711	56,529	5,021	60,248
7	1,580	18,960	3,144	37,719	3,214	38,558	3,249	38,977	4,820	57,836	5,309	63,704	5,658	67,895
8	1,757	21,084	3,498	41,967	3,575	42,900	3,614	43,366	5,363	64,350	5,907	70,878	6,296	75,541
9	1,934	23,208	3,852	46,215	3,937	47,242	3,980	47,756	5,906	70,863	6,505	78,052	6,933	83,187
10	2,111	25,332	4,206	50,463	4,299	51,585	4,346	52,146	6,449	77,377	7,103	85,227	7,570	90,834
+1	$178	$2,136	$ 354	$ 4,248	$ 362	$ 4,343	$ 366	$ 4,390	$ 543	$ 6,514	$ 598	$ 7,175	$ 638	$ 7,647

Family Size	Optional Targeted Low-Income Children (CHIP) 175% of PL	
	Monthly	Yearly
1	$1,982	$23,783
2	2,671	32,043
3	3,359	40,303
4	4,047	48,563
5	4,736	56,823
6	5,424	65,083
7	6,112	73,343
8	6,801	81,603
9	7,489	89,863
10	8,177	98,123
+1	$ 689	$ 8,260

Maintenance of Effort – Medicaid

Family Size	111% of Federal Poverty Level		133% of Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly
1	$1,258	$15,085	$1,507	$18,075
2	1,694	20,325	2,030	24,353
3	2,131	25,564	2,553	30,630
4	2,567	30,803	3,076	36,908
5	3,004	36,042	3,599	43,186
6	3,441	41,281	4,122	49,463
7	3,877	46,521	4,646	55,741
8	4,314	51,760	5,169	62,018
9	4,750	56,999	5,692	68,296
10	5,187	62,238	6,215	74,574
+1	$ 437	$ 5,240	$ 524	$ 6,278

Estimated Fiscal Impact

Expanding Medical Assistance Coverage for Pregnant Women with Income Between 162% and 185% of the Federal Poverty Level.

2023-2025 Biennium		2025-2027 Biennium	
General Fund	Other Funds	General Fund	Other Funds
$957,290	$1,083,617	$1,831,793	$2,065,639
$957,290	$1,083,617	$1,831,793	$2,065,639

The projected cost for the 2023-2025 biennium is $2,040,907, of which $957,290 is general fund, and $1,083,617 is federal funds.

The Department estimates expanding the medical assistance coverage for pregnant women with income between 162% and 185% of the federal poverty level would expand coverage to 407 clients with an estimated Per Member Per Month (PMPM) of about $399.

The Department is estimating a 12-month ramp up starting January 1, 2024.

The projected cost for the expanded coverage for 18 months in the 2023-2025 biennium is $2,032,107, of which $955,090 is general fund and $1,077,017 is federal funds. Expanding coverage will also require IT system changes to the eligibility system (SPACES), at a cost of $8,800, of which $2,200 is general fund and $6,600 is federal funds.

2023 Senate Bill 2071
Senate Appropriations Committee – Human Resources Division
Senator Dick Dever, Chairman
February 8, 2023

Chairman Dever and members of the Senate Appropriations Committee – Human Resources, I am Tim Blasl, President of the North Dakota Hospital Association (NDHA). We support Senate Bill 2071 and ask that you give it a **Do Pass** recommendation.

Hospitals support this bill because it would increase the number of pregnant women who would be covered by Medicaid. The bill, as amended, would increase the eligibility threshold from 162 to 185 percent of the federal poverty level (FPL). The 2023 poverty guideline for a household of one (i.e., a single woman with no dependents) is $14,580. If the eligibility threshold is set at 185%, it would allow a woman with income below $26,973 to qualify.

Pregnancy is a critical event that requires quick access to care to ensure positive infant and maternal health outcomes. Acknowledging this, Federal Medicaid law requires that all states extend eligibility for pregnant women with incomes up to 138% of the FPL. Most states (48 and DC) go beyond this minimum threshold, ranging from 138% to 380% FPL. Maternal health, particularly large and persistent racial and ethnic inequities, continues to be a major health challenge. Coverage changes alone cannot fully address these issues, but expansion of eligibility criteria could provide stable coverage and care to more low-income women.

The positive effects of early, effective, and comprehensive prenatal care are well known, they contribute directly to reduced incidence of infant mortality and babies born at low birth weight. The good news is that such preventive services are relatively inexpensive and some research also suggests that an investment in prenatal care is cost-effective—an estimated savings of more than $3 is possible for every dollar spent on prenatal care for pregnant women at high risk of delivering a low-birth-weight baby. If prenatal care is not received, however, the consequences can be grave from both human and cost

perspectives. Women who do not obtain sufficient prenatal care are about twice as likely to have a low-birth-weight baby and more than 1 ½ times more likely to have their babies prematurely than are women who receive adequate prenatal care. Low birth weight is the single factor most commonly associated with death and disability of newborns. Low birthweight and premature infants have some of the highest health care expenditures of any patient population, exerting significant medical, social, and economic costs not only on affected families but the whole health care system. We support increasing Medicaid coverage to extend this important prenatal care to as many low-income women as possible which, in turn, will increase the number of health babies as much as possible.

For these reasons, we support this bill. Please give the bill a **Do Pass** recommendation.

Respectfully Submitted,

Tim Blasl, President
North Dakota Hospital Association

North Dakota Women's Network

Kayla Schmidt – Interim Executive Director, North Dakota Women's Network
Support - SB 2071
North Dakota Senate Appropriations Committee

February 8, 2023

Chair Bekkedahl and members of the Senate Appropriations Committee,

My name is Kayla Schmidt and I am the Interim Executive Director of the North Dakota Women's Network (NDWN).

We are a statewide organization working towards improving the lives of women across North Dakota with the support of our members and advocates. I previously testified before the Senate Human Services Committee in support of SB 2071 and have included that testimony below as you consider this bill's funding.

As amended, SB 2071 would increase medical assistance eligibility to low-income pregnant women living below 185% of the Federal Poverty Level: this means an income of less than $25,141.50 per year[1]. Receiving reliable medical care is critical during pregnancy, delivery, and post-delivery for every woman, regardless of her economic status.

Research conducted for a North Dakota Legislative Management Interim Healthcare Study asked seven hospitals across the state to report the cost of a low-risk pregnancy with a vaginal delivery. Hospitals reported costs ranging between $4,300 to over $15,000, averaging about $10,600. The cost of a Caesarian Section had a range of $5,000 to $31,000, averaging nearly $19,000[2]. These prices do not account for additional costs that could arise due to complications. The expectation of medical bills should not be a deterrent for an expectant mother in need of health care.

Adequate and affordable access to prenatal care is vital for all pregnant women. States that have increased medical assistance eligibility have noted an increase in early initiation of prenatal care and increased receipt of recommended health screens and prenatal vitamins. These states have also noted lower rates of maternal mortality and a reduction in infant mortality.[3] 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.

NDWN strongly urges a full funding and a Do Pass Recommendation on SB 2017.

Thank you,
Kayla Schmidt
director@ndwomen.org

[1] healthcare.gov; 2022 Federal Poverty Level for individuals is measured at $13,590
[2] ND Legislative Management Interim Healthcare Study; January 8, 2021; Table 60
[3] Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies; May 2019; Georgetown University Center for Children and Families

2023 Senate Bill 2071

House Human Services Committee

Representative Robin Weisz, Chairman

March 14, 2023

Chairman Weisz and members of the House Human Services Committee, I am Tim Blasl, President of the North Dakota Hospital Association (NDHA). NDHA represents hospitals and health care systems across the state. We support Senate Bill 2071 and ask that you give it a **Do Pass** recommendation.

Hospitals support this bill because it would increase the number of pregnant women who would be covered by Medicaid. The engrossed bill will increase the eligibility threshold from 162 to 185 percent of the federal poverty level (FPL). The 2023 poverty guideline for a household of one (e.g., a single woman with no dependents) is $14,580. If the eligibility threshold is set at 185%, it would allow a woman with income below $26,973 to qualify.

Pregnancy is a critical event that requires quick access to care to ensure positive infant and maternal health outcomes. Acknowledging this, Federal Medicaid law requires that all states extend eligibility for pregnant women with incomes up to 138% of the FPL. Most states (48 and DC) go beyond this minimum threshold, ranging from 138% to 380% FPL. Maternal health, particularly large and persistent racial and ethnic inequities, continues to be a major health challenge. Coverage changes alone cannot fully address these issues, but expansion of eligibility criteria could provide stable coverage and care to more low-income women.

The positive effects of early, effective, and comprehensive prenatal care are well known, they contribute directly to reduced incidence of infant mortality and babies born at low birth weight. The good news is that such preventive services are relatively inexpensive and some research also suggests that an investment in prenatal care is cost-effective—an estimated savings of more than $3 is possible for every dollar spent on prenatal care for pregnant women at high risk of delivering a low-birth-weight baby. If prenatal care is not received, however, the consequences can be grave from both human and cost

perspectives. Women who do not obtain sufficient prenatal care are about twice as likely to have a low-birth-weight baby and more than one and a half times more likely to have their babies prematurely than are women who receive adequate prenatal care. Low birth weight is the single factor most commonly associated with death and disability of newborns and these infants have some of the highest health care expenditures of any patient population, exerting significant medical, social, and economic costs not only on affected families but the whole health care system.

We support increasing Medicaid coverage to extend this important prenatal care to as many low-income women as possible which, in turn, will increase the number of health babies as much as possible. For these reasons, we support this bill.

Please give the bill a **Do Pass** recommendation.

Respectfully Submitted,

Tim Blasl, President
North Dakota Hospital Association

North Dakota Catholic Conference

Representing the Diocese of Fargo and the Diocese of Bismarck

103 South Third Street
Suite 10
Bismarck ND 58501
701-223-2519
ndcatholic.org
ndcatholic@ndcatholic.org

To: House Human Services Committee
From: Christopher Dodson, Executive Director
Subject: Senate Bill 2071 - Medical Assistance for Pregnant Women
Date: March 14, 2023

The North Dakota Catholic Conference supports Senate Bill 2071 to help low-income pregnant women and unborn children receive medical assistance.

When the *Dobbs* decision was released, the Catholic bishops of North Dakota stated, "We cannot . . . rest with overturning Roe and legally protecting unborn life. Building a culture of life means making abortion unthinkable. This will require all parts of society to reexamine and address what they can do so that no woman ever feels that the death of her child is the answer to any situation. Businesses, families, churches, charities, and governments must support and implement policies and practices that are pro-family, pro-woman, and pro-child."

In December of last year, the bishops put forth a set of legislative proposals called *Responding with Love* that identify what the state can do to help pregnant women, their children, new mothers, and families. Senate Bill 2071 falls within those proposals.

Responding with love means ensuring that pregnant women receive medical care so that new mothers and children have a healthy start, no matter what their financial situation.

Senate Bill 2071 is a very modest expansion of Medicaid for pregnant women. North Dakota's eligibility level for pregnant women ranks 41st in the nation. Even with SB 2071, North Dakota would rank 39th. Nevertheless, it is an important improvement.

We ask for a **Do Pass** recommendation on Senate Bill 2071,

North Dakota Right to LIFE

Chairman Robin Weisz and Members of the House Human Services Committee –

My name is Sierra Heitkamp and I am the Legislative Director for North Dakota Right to Life. I am testifying today to represent the interests of our 3700 members across the state of North Dakota.

Since the overturn of Roe V. Wade on June 24, 2022, there have been many questions regarding what this means for women and families who find themselves in unplanned pregnancies in North Dakota. At North Dakota Right to Life, we questioned ourselves as to how our vision and goals may have to evolve moving forward to adequately protect those most vulnerable from conception to natural death.

After many conversations, the answer became clear – not only will we continue our work in protecting life at all stages, but we also want to back legislation that educates our citizens, encourages life, and provides aid to those who qualify. A woman or family who finds themselves with an unexpected pregnancy should never feel that abortion is their only option to achieve a successful, happy life.

After discussing SB 2071 with our members and other partners in the pro-life committee, we believe that this is a wonderful step in the right direction for mothers in our state who qualify for assistance. Our goal this year is to work on promoting legislation that provides resources and assistance for those most vulnerable. This legislation, if passed, would extend benefits for "...*pregnant women with income below two hundred percent of the federal poverty level*..." to ensure they receive the care they need.

I ask this committee today for a **Do Pass recommendation on SB 2071** in order to uplift and support pregnant women in North Dakota as we continue to promote and encourage life at all stages.

Thank you for your time today and I am available by phone or email to answer any questions you may have.

Sincerely,

Sierra M Heitkamp

Sierra M Heitkamp
NDRL Legislative Director

(701) 955-8239 office@ndrl.org P.O. Box 1325, Williston, ND 58801

March 14, 2023

North Dakota House Human Services Committee

My name is Tim Mathern. I serve on the Senate Appropriations Committee and am also a social worker. I am here to ask you to give a favorable recommendation to SB 2071. It requires the Department of Health and Human Services to seek approval from Centers for Medicare and Medicaid Services to expand medical assistance coverage for pregnant women with income between 162% and 185% of the federal poverty level. The Department estimates that SB 2071 would expand coverage to 407 clients.

I began my career in 1972 working with young unmarried women experiencing unplanned pregnancies. I recall the tears shed when the pregnancy was confirmed and the challenges of telling the parents and the new expectant father. The questions to be addressed included agonizing decisions about adoption, abortion, or being a single parent.

A major issue then and still today is that of related health care costs. A challenge often was not only the amount but also the responsible person for these expenses. The passage of this bill gives women resources reducing pressure from other people.

This bill is an important step to address our public policies regarding maternity health care. Particularly since the recent US Supreme Court decision directing abortion policy to the states, the passage of this bill would help women and families make a decision supporting an ongoing pregnancy.

I ask you for a Do Pass recommendation on this bill.

Thank you.

Senator Tim Mathern

NORTH Dakota | Health & Human Services
Be Legendary.

Federal Poverty Limit (FPL) Scenarios Related to SB 2071

Information Brief

Each scenario assumes 18 months of impact.
Total persons expected to be eligible is gradually added through the 18 month period at a cost of $399 per member per month.

Calculation to increase FPL up to 170%	
162% FLP to 170% FPL	139
Total Cost related to Pregnant Women	$704,235
System Costs	$8,800
Total General	$333,190
Total Federal	$379,845
Total	$713,035

2025-2027 Estimated Cost	
Total Cost related to Pregnant Women	$1,331,064
General	$625,600
Federal	$705,464

Increase From 2023 -2025 Biennium to 2025-2027 Biennium	
General	$294,610
Federal	$332,219
Total	$626,829

Calculation to increase FPL up to 175%	
162% FLP to 175% FPL	228
Total Cost related to Pregnant Women	$1,137,150
System Costs	$8,800
Total General	$536,661
Total Federal	$609,289
Total	$1,145,950

2025-2027 Estimated Cost	
Total Cost related to Pregnant Women	$2,183,328
General	$1,026,164
Federal	$1,157,164

Increase From 2023 -2025 Biennium to 2025-2027 Biennium	
General	$491,703
Federal	$554,475
Total	$1,046,178

Calculation to increase FPL up to 180%	
162% FLP to 180% FPL	317
Total Cost related to Pregnant Women	$1,596,399
System Costs	$8,800
Total General	$752,508
Total Federal	$852,691
Total	$1,605,199

2025-2027 Estimated Cost	
Total Cost related to Pregnant Women	$3,035,592
General	$1,426,728
Federal	$1,608,864

Increase From 2023 -2025 Biennium to 2025-2027 Biennium	
General	$676,420
Federal	$762,773
Total	$1,439,193