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2003 SENATE HUMAN SERVICES

SCR 4028

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SCR 4028

Senate Human Services Committee

☐ Conference Committee

Hearing Date 02/11/03

Tape Number	Side A	Side B	Meter #
1	X		81 - 1252
Committee Clerk Signature <i>Donna Kramer</i>			

Minutes: Senator Judy Lee, Chairman, called the meeting to order. Roll call was taken and all committee members present. Sen. Lee clerk read first three sentences of bill and requested meeting starts with testimony on the bill:

Testimony Support of SB 4028

Sen. Robinson - District 24, Introduced bill and discussed the history of bill. ND is at the bottom of the scale when it comes to Medicare reimbursement rates, yet we rank at the top of the scale when it comes to quality of service provided by our facilities. Discussed other States background. This is an ongoing problem that is getting worse. Discussed statistics. The difference between what Medicare pays and what it cost for provider care results in the loss of millions of dollars a year. (meter 302)

Arnold Thomas - President of ND Health Care Association (meter 398) Hand-out Brochure Attachment #1. Discussed this item. Benefit coverage varies where the Seniors live, we are attempting to change this.

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Page 2

Senate Human Services Committee

Bill/Resolution Number SCR 4028

Hearing Date 02/11/03

Senator Polovittz asked why it looks like the worse care costs the most money? This has been a thirty year process. Went over the history of this. It wasn't until the 60's when Medicare was in place and the introduction of the computer helped defined costs into formulas. Discussed formula.

Bruce Levi - ND Medical Association (meter 820) Discussed his supports and the disparity in medical payments. Discussed the workings of Geographic Equity and Medicare Association. Sited charge discrepancies GCI. We are working on the physicians side.

Dan Ulmer - Blue Cross and Blue Shield. (meter 1040) Discussed how in the 1990's .26 cents out of ever dollar went to cover the Medicare costs. Discussed what was happening in the House in Washington, DC. Sited a MN Supreme court case.

Testimony in opposition of SB 4028

None

Testimony Neutral to SB 4028

None

Motion Made to DO PASS SB 4028 by Sen. Polovitz and seconded by Sen. Fairfield.

Roll Call Vote: 6 Yes. 0 No. 0 Absent

Motion Passed

Floor Assignment: Sen. Tom Fischer

Senator Judy Lee, Chairman closed the hearing.

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Date: 02-11-03
Roll Call Vote #: 1

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 4028

Senate Human Services

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken

Do Pass

Motion Made By

Sen. Polovitz

Seconded By

Sen. Fairfield

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee - Chairman	✓				
Senator Richard Brown - V. Chair.	✓				
Senator Robert S. Erbele					
Senator Tom Fischer	✓				
Senator April Fairfield	✓				
Senator Michael Polovitz	✓				

Total (Yes) 5 No _____

Absent 1

Floor Assignment

Sen. Fischer

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10/23/03
Date

REPORT OF STANDING COMMITTEE (410)
February 11, 2003 1:28 p.m.

Module No: SR-26-2293
Carrier: Fischer
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE
SCR 4028: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS
(5 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SCR 4028 was placed on the
Eleventh order on the calendar.

(2) DESK, (3) COMM

Page No. 1

SR-26-2293

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10/23/03
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2003 HOUSE HUMAN SERVICES

SCR 4028

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SCR 4028

House Human Services Committee

☐ Conference Committee

Hearing Date March 25, 2003

Tape Number	Side A	Side B	Meter #
1		x	1.0 - 6.9
Committee Clerk Signature <i>Sharon Penzance</i>			

Minutes:

Rep. Boucher for Sen. Robinson appeared in support stating this is a simple straight forward resolution and basically talks about addressing the issue of equalizing or providing equity in the Medicare rates between other states and larger hospitals as they are compared to those that are paid out in rural hospitals.

Bruce Levi, ND Medical Association appeared in support of this bill and also supports 3028.

There is some a substantial geographical disparity in patient services and physician reimbursement levels of the Medicare part B program. We believe that disparity if unjustified and unfair.

Rep. Porter: In reading this, it talks about the differences between rural and urban, would you view that all health care facilities and providers in ND are rural or being able to split from the Bismarck - Minots down to the Garrison?

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10/23/03
Date

Page 2
House Human Services Committee
Bill/Resolution Number SCR 4028
Hearing Date March 25, 2003

Answer: I think as we look at Medicare disparity generally, we are considered a rural state and we look at the differences between the payment areas we look at ND as being inherently disadvantage because we are a rural state.

No opposition. Closed hearing.

Rep. Ugem: We are talking about equalized Medicare rates within ND and the nation, I don't think we should be fighting within ND, we should be equalizing rates within the nation, not encourage them to take money from the East half of the State and move it to the West half of the State more equalized.

Rep. Porter: The problem when they established the Medicare rates, they just drew lines all across the country and for the same procedure in Minneapolis, they get paid a different rate. When they were drawing their lines, they drew a line right down the middle of ND too. So the Federal Govt. may reimburse us for the same procedure in Fargo differently then they do in Bismarck or Minot, I think that the equalization issue would be to lower the rate in Fargo, I think it should be to raise the rate in the Western half of the State to make it more comparable for the state wide reimbursement rather than different zones of reimbursement.

Rep. Wieland: Didn't think this kind of thing could happen with 2 different bills, the intent on both of them are identical, how does something like this happen?

Rep. Devlin: In some cases, if one dies, then they have the other one, in this case, they both are still alive.

Rep. Porter moved a motion for DO NOT PASS, second by Rep. Pietsch.

VOTE: 8 - 3 - 2 Rep. Porter will carry the bill.

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Date: March ²⁵, 2003
Roll Call Vote #:

2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SCR 4028

House _____ HUMAN SERVICES _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Not Pass

Motion Made By Rep Porter Seconded By Rep. Pietsch

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price - Chair A			Rep. Sally Sandvig		✓
Rep. Bill Devlin, Vice-Chair	✓		Rep. Bill Amerman		✓
Rep. Robin Weisz A			Rep. Carol Niemeier		✓
Rep. Vonnie Pietsch	✓		Rep. Louise Potter	✓	
Rep. Gerald Uglem	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Gary Kreidt	✓				
Rep. Alon Wieland	✓				

Total (Yes) 8 No 3

Absent 2

Floor Assignment Rep. Porter

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

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10/23/03
Date

REPORT OF STANDING COMMITTEE (410)
March 28, 2003 8:41 a.m.

Module No: HR-54-5774
Carrier: Porter
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SCR 4028: Human Services Committee (Rep. Price, Chairman) recommends **DO NOT PASS** (8 YEAS, 3 NAYS, 2 ABSENT AND NOT VOTING). SCR 4028 was placed on the Fourteenth order on the calendar.

(2) DESK, (3) COMM

Page No. 1

HR-54-5774

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2003 TESTIMONY

SCR 4028

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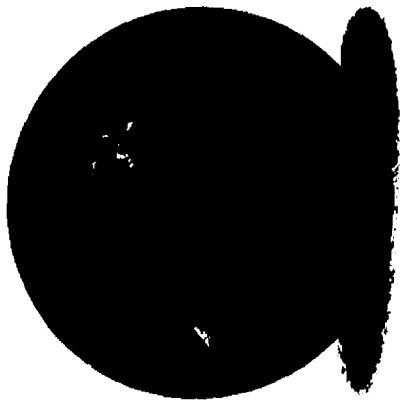
North Dakota Deserves a fair Medicare System.

Senators representing North Dakota
Phone 224-2326
Bismarck, ND 58507-7340
To: Mr. Tom Harkin, Washington, D.C.
Senators representing North Dakota
Phone 224-2326
Bismarck, ND 58507-7340
To: Mr. Tom Harkin, Washington, D.C.
Representative Earl Pomeroy, U.S. House of Representatives
Phone 224-2326

NDHA
North Dakota Healthcare Association
PO Box 7340
Bismarck, ND 58507-7340
701.224.9732

Medicare Isn't Fair

North Dakotans Suffer From Inequitable Treatment

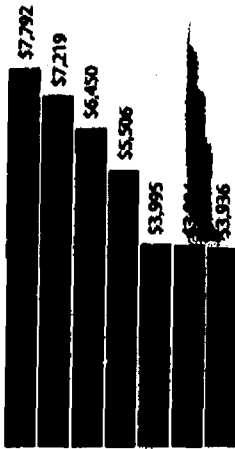


NDHA
North Dakota Healthcare Association

Medicare Isn't Fair, Especially in North Dakota.

Americans pay the same percentage of Medicare taxes, regardless of whether they live in the Washington, D.C. or Washburn, N.D. Unfortunately, however, not all Americans are treated the same when it comes to Medicare.

The Medicare system works against North Dakota. It cheats North Dakota seniors, employees, businesses, and hospitals. For over 20 years, the federal government has funded health care in North Dakota at considerably lower rates than most every other state in the nation. As a matter of fact, North Dakota ranks 48th in Medicare spending per enrollee.



Source: Kaiser Family Foundation, State Facts Online - 1998

The problem with the Medicare system is that it assumes it costs less to provide health care in North Dakota than it does to provide health care in more urban states. But the cost of prescriptions, modern equipment and medical supplies are the same regardless of geographic location. The cost of recruiting and retaining physicians and staff is also becoming similar throughout the nation. As a matter of fact, health care costs are sometimes even higher in North Dakota due to the rural and remote nature of our state.

Medicare Cares less About North Dakota Seniors

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The Medicare Problem Hurts All North Dakotans.

The inequality in Medicare reimbursement negatively impacts each and every resident of our state. It causes:

- Reduced access to quality health care for seniors
- Lower wages for health care professionals
- Higher insurance premiums for businesses and workers
- Difficulty recruiting and retaining health care professionals in the state
- Trouble replacing equipment and upgrading hospital facilities

Considering that health care is the single largest business sector in North Dakota when it comes to generating new wealth and employment, there is no greater economic problem facing our state than low Medicare payments.

- Each year, community hospitals contribute over a billion dollars in direct impacts to North Dakota's economy.
- The annual average employment for all business sectors in North Dakota during 2001 was 329,220 workers. Health services represent one of the state's largest employment sectors. Roughly 10.5% of all workers in North Dakota are employed by a health care organization. About 5.5% are employed by community hospitals. Furthermore, eight of the top 12 largest employers in the state are health care providers.

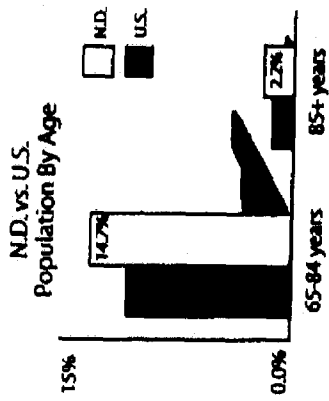
North Dakotans Receive Quality Health Care.

Quality of Health Care By State

North Dakota Hospitals are Models of Efficiency.

North Dakota Seniors Depend on Medicare.

Over 100,000 North Dakotans rely on Medicare for their health care. As a percentage of the population, North Dakota has the largest percentage of people over 85 and has the sixth largest percentage of people over the age of 65.



North Dakota has the highest percentage of people 85 years and older.

With the "baby boom" generation growing closer to 65, the need for quality health care in North Dakota is increasing rapidly.

North Dakota Hospitals Depend on Medicare.

Due to the high percentage of seniors residing in North Dakota, our state's hospitals have come to rely on Medicare for over half of their revenue. Unfortunately, Medicare does not cover the costs for delivering care to seniors in North Dakota. The difference between what Medicare pays and what it costs to provide care

Hospitals are North Dakota's Heart & Soul.

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