

2009 HOUSE HUMAN SERVICES

HB 1568

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1568

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: January 28, 2009

Recorder Job Number: 8004 35 min. 18 sec.

Committee Clerk Signature

Vicky Crabtree

Minutes:

Chairman Weisz called meeting to order on HB 1568.

Rep. Boucher sponsor of the bill testified in support. See attached Testimony #1.

Chairman Weisz: In your committee make up is 32 members, you don't feel that is a bit large for getting things done?

Rep. Boucher: I'm comfortable with it.

Chairman Weisz: Is there a specific reason you designated the Health Dept. versus the Dept. Of Human Services?

Rep. Boucher: I look at the State Health Officer is a (inaudible) person. It's our Health Dept. and this is a health issue. I believe this is an appropriate place.

Rep. Frantsvog: On the \$500,000 appropriation, does it have some additional FTE's too?

Rep. Boucher: Haven't specified FTE's, I will leave that up to the determination of the State Health Office and Dept. I am assuming they may have to hire someone to actually manage this as there will be many organization meetings to arrange, etc.

Senator Mathern: Testified in support of the bill. The School of Health Sciences of UND in Grand Forks also proposed to do a study and thought it would cost \$700,000. Someone else has been thinking this was important. The ND Health Task Force we had this past decade.

There were literally positive outcomes. Children's health care has developed considerably since that task force. There were many people in that task force and they began to work closely together. Washington DC will come out with a program and states that already have it figured out will be exempted or will be permitted to participate in the financing, but the actual arrangements of the health care system and payment will be left up to those states that have moved ahead. The number on the committee can't be too large.

Senator Potter: How do you see this going along within a natural advisory committee that is under the Dept. of Human Services? Is it to replace it or augment it?

Senator Mathern: It augments that. It doesn't replace any activity we have in place. We have a potential financial collapse of at least 20 rural hospitals.

Rep. Metcalf: Testified in support. Cost of health care going wild and a serious problem. We should go to the physician and not the emergency room because we can't afford it. We need to do this as a legislative body. ND can't continually overlook this problem.

Chairman Weisz: You'll take care of the money issue in appropriation?

Rep. Metcalf: The money issue will be brought up in appropriations.

Bruce Levi, representing ND Medical Association to provide information. See Testimony #2.

Dan Ulmer from BC/BS testified in support of bill. A problem you will experience is how do we mesh together. It's important that the legislature somehow tie into what's going on in addition to what Rep. Boucher is proposing in this bill and Rep. Kasper in his bill, I think both bills need to tell you we need to find some vehicle to help you understand where we are in health care in ND and how we are going to move forward. I was on first the original task force and the first responses I read through I thought everybody and his mother is on it. Another task force I was on, everybody was busy protecting their own interest. You have to make sure

when you put people on the committee, that they have a higher level of interest rather than their particular field, etc. I think you can move forward with the 2020 group because they were of the notion to get folks with a higher level of interest. What they've done in 2020 is really valuable and should help feed whatever.

No Opposition.

Hearing closed.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1568

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: February 4, 2009

Recorder Job Number: 8713 12 min. 23 sec.

Committee Clerk Signature



Minutes:

Chairman Weisz: Let's take up HB 1568.

Rep. Porter made a motion for a DO NOT PASS on 1568.

Rep. Nathe: second.

Chairman Weisz: Discussion of how many people on the committee, 20 to 30.

Rep. Porter: All affected individuals listed in Rep. Boucher's bill are part of called the statewide vision strategy for (inaudible) health in ND 2020. They have come up with good ideas and works and functions and doesn't cost the state of ND a penny for them to do it.

Chairman Weisz: The 2020 group are still currently functioning, correct?

Rep. Porter: They started out as one thing and now their name is changed to TODAY.

Rep. Conrad: (Inaudible) is there a difference? Long term care? (Much discussion with several talking at once and makes it inaudible). This group has their own visions.

Chairman Weisz: The goal between the two groups are the same.

Rep. Conrad: Many of these organizations would gladly pay for people to be on their program (inaudible).

Rep. Porter: Doesn't have to be a function of the government when it is being done by the private sector.

Rep. Conrad: The most important thing the people talk about in my district is health insurance and health care. We are at a point in the country where we are going to have to address these concerns and we in ND don't have a group that is going to be able to respond.

Chairman Weisz: If we take the money out, how would you propose language? How do you move it forward without a fiscal?

Rep. Conrad: Ask the Governor to convene and have all the players look at it.

Chairman Weisz: I'll give a suggestion. We have at least two other studies we are sitting on. If you want to look at this further without the dollars, I won't move this bill forward and we will look at it in conjunction with other two bills.

Rep. Conrad: I would go talk to the Governor to see if he'd (inaudible).

Rep. Porter: I would take back motion.

Rep. Nathe: Second.

Rep. Porter: moved to amend 1568 to remove Section 2.

Rep. Conrad: Second.

Voice Vote: 13 yeas, 0 nays, 0 absent.

Chairman Weisz: We know have an amended bill.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1568

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: February 9, 2009

Recorder Job Number: 9031

Committee Clerk Signature

Vicky Crabtree

Minutes:

Chairman Weisz: Let's look at 1568. We already (inaudible). There was some suggested amendments. I don't know if everyone wants to add association community providers on the list. I don't believe know if everyone wants to add association community providers on the list.

I don't believe we did address that we did we?

Rep. Conrad: Could we hold this until tomorrow?

Chairman Weisz: Alright.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1568

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: February 10, 2009

Recorder Job Number: 9110

Committee Clerk Signature

Vicky Crabtree

Minutes:

Chairman Weisz: Rep. Conrad did you (inaudible) on 1568?

Rep. Conrad: Talked to Rep. Boucher and he would like to move forward without money. Chip Thomas is also gung-ho on this. Really feel a need a group to represent all of the stake holders that will look at their (inaudible) health care.

Chairman Weisz: (Inaudible) acceptable if (inaudible).

(Discussion where everyone talking at once.)

Rep. Conrad: Motion to approve amendments. Page 1 line 6 change "shall" to "may" and page 4, adds ND Association of Communities and registered dieticians.

Rep. Potter: Second.

Rep. Frantsvog: Should we be so specific on who is in this group?

Rep. Conrad: May want to have some kind of structure or subgroup in it.

Rep. Potter: When it goes over to the Senate side, they have an opportunity to add providers on.

Voice vote: 13 yeas, 0 nays, 0 absent.

MOTION CARRIED.

Rep. Conrad: Motion for a Do Pass as amended.

Rep. Kilichowski: Second.

Rep. Porter: Have to vote against motion. By changing language from shall to may, basically says that the Health Dept. can go or can't go with it. Nothing that says they have to do it. Also think the health care industry along with all of the related parties, already doing this and doing it without the government sticking their nose into it. Doing a mighty fine job. Don't see a need for it.

Roll call vote: 8 yes, 5 no, 0 absent.

MOTION CARRIED ON DO PASS AS AMENDED.

BILL CARRIER: Rep. Conrad.

Date: 2-4-09

Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1568

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☐ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By _____ Seconded By _____

| Representatives | Yes | No | Representatives | Yes | No |
|---------------------------|-----|----|------------------------|-----|----|
| CHAIRMAN ROBIN WEISZ | | | REP. TOM CONKLIN | | |
| VICE-CHAIR VONNIE PIETSCH | | | REP. KARI L CONRAD | | |
| REP. CHUCK DAMSCHEN | | | REP. RICHARD HOLMAN | | |
| REP. ROBERT FRANTSGOG | | | REP. ROBERT KILCHOWSKI | | |
| REP. CURT HOFSTAD | | | REP. LOUISE POTTER | | |
| REP. MICHAEL R. NATHE | | | | | |
| REP. TODD PORTER | | | | | |
| REP. GERRY UGLEM | | | | | |
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Total (Yes) 13 No 0

Absent _____

Bill Carrier _____

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

*add amend.
to remove Section 2
of bill*

VR
2/11/09

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1568

Page 1, line 1, after the semicolon insert "and"

Page 1, line 2, remove "; and to provide an appropriation"

Page 1, line 6, replace "shall" with "may"

Page 1, line 8, replace "The" with "If established, the"

Page 3, line 31, remove "and"

Page 4, line 1, after "workers" insert ";

(20) North Dakota dietetic association; and

(21) North Dakota association of community providers"

Page 4, remove lines 2 through 6

Renumber accordingly

Date: 2-10-09
Roll Call Vote #: 1568

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1568

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☒ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By Rep. Conrad Seconded By Rep. Potter

| Representatives | Yes | No | Representatives | Yes | No |
|---------------------------|-----|----|-------------------------|-----|----|
| CHAIRMAN ROBIN WEISZ | | | REP. TOM CONKLIN | | |
| VICE-CHAIR VONNIE PIETSCH | | | REP. KARI L CONRAD | | |
| REP. CHUCK DAMSCHEN | | | REP. RICHARD HOLMAN | | |
| REP. ROBERT FRANTSVOG | | | REP. ROBERT KILICHOWSKI | | |
| REP. CURT HOFSTAD | | | REP. LOUISE POTTER | | |
| REP. MICHAEL R. NATHE | | | | | |
| REP. TODD PORTER | | | | | |
| REP. GERRY UGLEM | | | | | |
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Total (Yes) 13 No 0

Absent 0

Bill Carrier _____

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

Motion carried Do Pass on Amend

Date: 2-10-09

Roll Call Vote #: 2

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1568

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☒ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By Rep Conrad Seconded By Rep. Kilichowski

| Representatives | Yes | No | Representatives | Yes | No |
|---------------------------|-----|----|-------------------------|-----|----|
| CHAIRMAN ROBIN WEISZ | ✓ | | REP. TOM CONKLIN | ✓ | |
| VICE-CHAIR VONNIE PIETSCH | | ✓ | REP. KARI L CONRAD | ✓ | |
| REP. CHUCK DAMSCHEN | | ✓ | REP. RICHARD HOLMAN | ✓ | |
| REP. ROBERT FRANTSVOG | ✓ | | REP. ROBERT KILICHOWSKI | ✓ | |
| REP. CURT HOFSTAD | | ✓ | REP. LOUISE POTTER | ✓ | |
| REP. MICHAEL R. NATHE | | ✓ | | | |
| REP. TODD PORTER | | ✓ | | | |
| REP. GERRY UGLEM | ✓ | | | | |
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Total (Yes) 8 No 5

Absent 0

Bill Carrier Rep. Conrad

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

Motion Carried

*on
DO PASS as
Amend.*

REPORT OF STANDING COMMITTEE

HB 1568: Human Services Committee (Rep. Welsz, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends **DO PASS** (8 YEAS, 5 NAYS, 0 ABSENT AND NOT VOTING). HB 1568 was placed on the Sixth order on the calendar.

Page 1, line 1, after the semicolon insert "and"

Page 1, line 2, remove "; and to provide an appropriation"

Page 1, line 6, replace "shall" with "may"

Page 1, line 8, replace "The" with "If established, the"

Page 3, line 31, remove "and"

Page 4, line 1, after "workers" insert ";

(20) North Dakota dietetic association; and

(21) North Dakota association of community providers"

Page 4, remove lines 2 through 6

Renumber accordingly

2009 TESTIMONY

HB 1568

#1

HOUSE HUMAN SERVICES COMMITTEE

HB1568

REPRESENTATIVE MERLE BOUCHER

CHAIRMAN WEISZ AND MEMBERS OF THE HOUSE HUMAN SERVICES COMMITTEE.

FOR THE RECORD I AM REPRESENTATIVE MERLE BOUCHER REPRESENTING DISTRICT NINE (9).

TODAY, I WILL INTRODUCE HB1568 TO YOU AND ASK FOR YOUR SUPPORT FOR THIS LEGISLATION. HB1568 PROVIDES FOR THE CREATION OF AN INTERIM SELECT COMMITTEE TO STUDY AND ASSESS THE STATUS OF HEALTH CARE SERVICES IN NORTH DAKOTA.

THE INTENT IS THAT THE SELECT COMMITTEE WILL DO A VERY COMPREHENSIVE STUDY OF ALL THE CRITICAL COMPONENTS OF HEALTH CARE RESOURCES STATEWIDE SUCH AS:

- A. THE AVAILABILITY AND GEOGRAPHIC DISTRIBUTION OF HEALTH CARE FACILITIES.
- B. THE AVAILABILITY AND GEOGRAPHIC DISTRIBUTION OF OUR PROFESSIONAL, TECHNICAL, AND ANCILLARY HEALTH CARE PERSONEL.
- C. FINANCIAL RESOUCES AVAILABLE TO PAY FOR THE COSTS RELATED TO HEALTH CARE.

THE STATE HEALTH OFFICER SHALL CHAIR THE SELECT COMMITTEE ON THE STATUS OF HEALTH CARE. THE STATE DEPARTMENT OF HEALTH SHALL ESTABLISH AND PROVIDE ADMINISTRATIVE SERVICES FOR THE COMMITTEE.

THE SELECT COMMITTEE ON THE STATUS OF HEALTH CARE SHALL HOLD MEETINGS ACROSS THE STATE AND SHALL PREPARE A FINAL REPORT OF THEIR FINDINGS AND RECOMMENDATIONS. THE REPORT MUST BE PRESENTED TO THE GOVERNOR AND MUST BE PRESENTED TO THE LEGISLATIVE COUNCIL AT THE 2010 BIENNIAL MEETING AT WHICH INTERIM COMMITTEES PRESENT THEIR FINAL REPORTS.

CONTAINED IN THE BILL IS AN APPROPRIATION OF \$ 500,000 OR SO MUCH OF THE SUM AS MAY BE NECESSARY, TO THE STATE DEPARTMENT OF HEALTH FOR THE PURPOSE OF CONDUCTING THE COMMITTEE'S DUTIES AND ACTIVITIES.

I RESPECTFULLY ASK FOR YOUR SUPPORT ON HB1568 AND YOUR RECOMMENDATION FOR A DO PASS.

THANK YOU.

#2

Testimony on HB No. 1568
House Human Services Committee
Wednesday, January 28, 2009

Good morning, Chairman Weisz and members of the Human Services Committee. My name is Bruce Levi, and I represent the North Dakota Medical Association. I'm here to provide information about ongoing efforts relating to study of health care in North Dakota, for consideration in your deliberation on HB No. 1568.

In the summer of 2006, a group of leaders from both the private and public sectors initiated a voluntary, self-funded collaborative effort to explore innovative, statewide approaches to improving the health status of North Dakotans. This initiative, convened by Healthy North Dakota and facilitated by TSI Consulting, Inc., focused on the development of a Vision and Strategy for the Healthcare System in North Dakota. Today the initiative is referred to as the Statewide Vision and Strategy to Improve Health in North Dakota 2020.

The following people served as the Planning Committee for the initiative:

- Robert Beattie, UND School of Medicine and Health Sciences
- Sparb Collins, North Dakota Public Employees Retirement System
- James Cooper, Medcenter One Health System
- Terry Dwelle, North Dakota Department of Health
- Steve Hamar, Mid Dakota Clinic
- Dick Hedahl, North Dakota Chamber
- Cheryl Hefta, Native American MCH Program and Spirit Lake Health Tracks
- Duane Houdek, Office of the Governor
- Rhonda Ketterling, Meritcare Health System
- Karen Larson, Community HealthCare Association of the Dakotas
- Bruce Levi, North Dakota Medical Association
- Jim Long, West River Regional Medical Center
- Dave MacIver, North Dakota Chamber
- Mike Melius, Upper Missouri District Health Unit
- Tim Mihalick, Investors Real Estate Trust
- Shelly Peterson, North Dakota Long Term Care Association
- Kurt Stoner, Bethel Lutheran Home
- David Straley, North Dakota Chamber
- Chip Thomas, North Dakota Healthcare Association
- Robert Thompson, Altru Health System
- Mike Unhjem, Blue Cross/Blue Shield of North Dakota
- Mark Weber, Golden Heart EMS

- Melissa Olson, Healthy North Dakota (convener)
- Tim Fallon, TSI Consulting, Inc (facilitator)

Included as an attachment to my testimony is a summary of the Planning Committee's efforts, completed in early 2007, including:

- A vision for the healthcare system in North Dakota by 2020, which is "North Dakotans will be the healthiest Americans by 2020."
- A five-year strategic map that prioritized the initiatives to be undertaken between 2007 and 2011. In summary, the key initiatives are:
 - Implement selected prevention and wellness initiatives.
 - Increase ownership and personal health responsibility.
 - Build future services infrastructure.
 - Secure the required human resources.
 - Implement appropriate medical technology.
 - Align financial resources with health outcomes.
 - Address special populations/geographic/demographic issues.
 - Strengthen innovation and collaboration.
- Other priorities that need to be addressed as part of the vision and strategy.

In January 2007, the Planning Committee further prioritized the strategies and identified key strategies to implement during the first year. Since that time, the SVS partners have:

- Launched a Healthy Kids/Healthy Weight pilot to explore an innovative clinical/community model for addressing the issue of the increasing number of children who are overweight or are at risk for becoming overweight.
- Secured funding for a statewide worksite wellness project that will increase the number of businesses with comprehensive worksite wellness programs.
- Conducted a statewide study of consumers that provided information from the consumer's perspective about North Dakota's health system.

The SVS Planning Committee's summary document provides a concise summary of the Planning Committee's work and also sets the stage for engaging other stakeholders throughout North Dakota in efforts to help North Dakotans become the healthiest Americans.

There are many other organizations and individuals involved in the Statewide Vision and Strategy to Improve Health in North Dakota 2020, who may have similar perspectives to share. As you consider HB 1568, I urge you to consider these ongoing efforts and how they might relate to the work of the Select Committee in HB No. 1568. Thank you.

PROPOSED AMENDMENT TO HB NO. 1568

Page 3, after line 30, insert:

“(18) North Dakota health care review, inc.”

Page 3, line 31, replace “(18)” with “(19)”

Page 4, line 1, replace “(19)” with “(20)”

Renumber accordingly

Summary of the Statewide Vision and Strategy for the Healthcare System in North Dakota

INTRODUCTION

In the summer of 2006, a group of leaders from both the private and public sectors initiated a voluntary, self-funded collaborative effort to explore innovative, statewide approaches to improving the health status of North Dakotans. This initiative, convened by Healthy North Dakota and facilitated by TSI Consulting, Inc., focused on the development of a Vision and Strategy for the Healthcare System in North Dakota.

The following people served as the Planning Committee for the initiative:

- Robert Beattie, UND School of Medicine and Health Sciences
- Sparb Collins, North Dakota Public Employees Retirement System
- James Cooper, Medcenter One Health System
- Terry Dwelle, North Dakota Department of Health
- Steve Hamar, Mid Dakota Clinic
- Dick Hedahl, North Dakota Chamber
- Cheryl Hefta, Native American MCH Program and Spirit Lake Health Tracks
- Duane Houdek, Office of the Governor
- Rhonda Ketterling, Meritcare Health System
- Karen Larson, Community HealthCare Association of the Dakotas
- Bruce Levi, North Dakota Medical Association
- Jim Long, West River Regional Medical Center
- Dave MacIver, North Dakota Chamber
- Mike Melius, Upper Missouri District Health Unit
- Tim Mihalick, Investors Real Estate Trust
- Shelly Peterson, North Dakota Long Term Care Association
- Kurt Stoner, Bethel Lutheran Home
- David Straley, North Dakota Chamber
- Chip Thomas, North Dakota Healthcare Association
- Robert Thompson, Altru Health System
- Mike Unhjem, Blue Cross/Blue Shield of North Dakota
- Mark Weber, Golden Heart EMS
- Melissa Olson, Healthy North Dakota (convener)
- Tim Fallon, TSI Consulting, Inc (facilitator)

The Planning Committee's efforts, completed in early 2007, are summarized in this document and include the following:

- A vision for the healthcare system in North Dakota: 2020
- A strategic map which outlines key initiatives to be undertaken between 2007 and 2011
- Other priorities that need to be addressed as part of the vision and strategy

By providing a concise summary of the Planning Committee's work, this document sets the stage for engaging other stakeholders throughout North Dakota in efforts to help North Dakotans become the healthiest Americans.

VISION FOR THE HEALTHCARE SYSTEM IN NORTH DAKOTA: 2020

North Dakotans will be the healthiest Americans.

This vision will become a reality because:

- Our citizens—as individuals, groups and communities—embrace personal responsibility for their health and practice healthy lifestyles.
- Systematic approaches to prevention and wellness are supported by North Dakota's culture, policies, and institutions.
- Our healthcare system is structured and supported to provide access for all North Dakotans to appropriate, high quality, patient-centered healthcare in response to disease and injury.

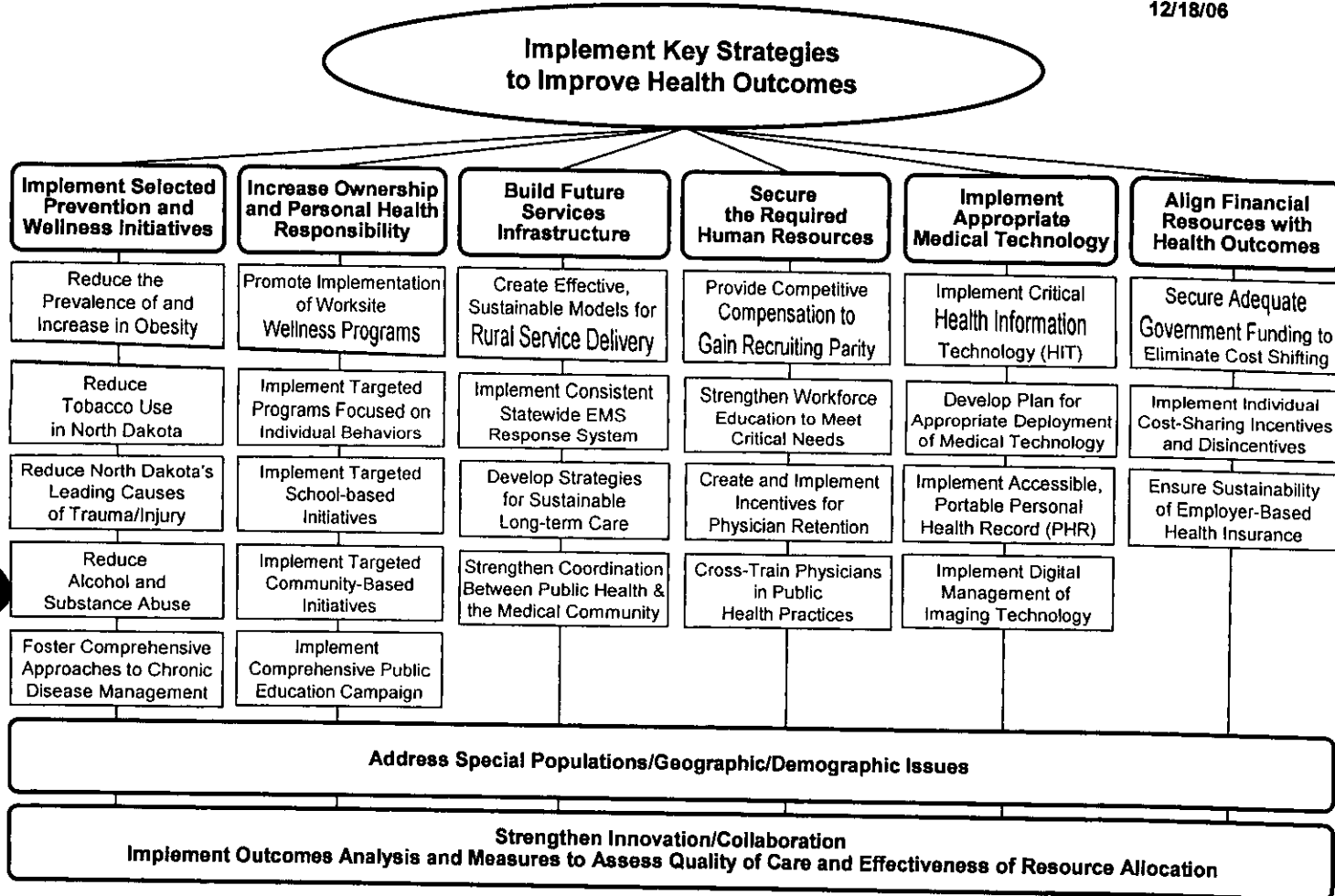
This vision will be accomplished through a series of initiatives between 2007 and 2020 designed to ensure that our comprehensive and coordinated approach to health:

- Continually improves North Dakotan's health outcomes
- Integrates prevention, acute, and long-term care
- Provides timely access to quality emergency and trauma care
- Fosters the effective use of evidence-based and/or consensus-based practices with positive incentives for improving value and supporting the delivery of safe, high quality care
- Provides incentives to encourage living healthy lifestyles
- Encourages advance healthcare planning
- Addresses both individual and population needs
- Provides affordable access to all through a public and private system of health insurance that delivers universal coverage for essential healthcare needs
- Integrates effective use of new medical technology and an electronic health infrastructure
- Is flexible and innovative
- Is supported by an adequate workforce of health professionals to meet the needs of all North Dakotans
- Is fairly and adequately funded to meet the resource needs of public health and healthcare facilities and professionals
- Continues to recognize our traditional values of medicine in ensuring the independent judgment of healthcare professionals in their relationship with patients, medical ethics and professionalism
- Is sustainable over the long term

STRATEGIC MAP: 2007 – 2011

North Dakota Healthcare Delivery System Strategic Map: 2007 – 2011

Draft
12/18/06



OTHER PRIORITIES

In addition to the strategic priorities and objectives outlined on the above Strategic Map, the following priorities also surfaced during the Committee's deliberations:

- Immunization
- Infectious disease, including STDs (sexually transmitted diseases)
- Toxic agents
- Prenatal and early childhood
- Mental health
- Legislative activities regarding seatbelt and helmet use and other high risk practices
- The aging physical plants of healthcare institutions
- Tertiary referral systems
- Pharmacy

- In-depth, statewide study of consumers
- Statewide wellness resource center
- Availability and use of in-state tertiary care
- Mental health workforce needs
- Tele-pharmacy
- Telemetry – in-home for special needs populations
- Internet sites endorsed by the state health department
- Preventive services investment plan
- Tax incentives for long-term care insurance/financing
- Review/analysis of dis-integration of healthcare services
- Mechanisms to address issues of the uninsured

The above priorities will be addressed in two ways:

- As projects initiated outside the Planning Committee process.
- As initiatives that will be carried out from 2012 – 2020.