NORTH DAKOTA LEGISLATIVE MANAGEMENT

Minutes of the

HEALTH AND HUMAN SERVICES COMMITTEE

Wednesday, June 16, 2010
Roughrider Room, State Capitol
Bismarck, North Dakota

Representative Robin Weisz, Chairman, called the meeting to order at 9:00 a.m.

Members present: Representatives Robin Weisz, Larry Bellew, Tom Conklin, Kari L. Conrad, Jeff Delzer, Robert Frantsvog, Curt Hofstad, Gary Kreidt, Vonnie Pietsch, Chet Pollert, Louise Potter, Alon C. Wieland; Senators Tom Fiebiger, Ralph L. Kilzer, Judy Lee, Tim Mathern, Jim Pomeroy

Members absent: Representatives Mary Ekstrom, Richard Holman; Senator Robert S. Erbele

Others present: Jim W. Smith, Legislative Council, Bismarck

Representative Lisa Wolf, member of the Legislative Management, was also in attendance.

See Appendix A for additional persons present.

It was moved by Representative Hofstad, seconded by Senator Mathern, and carried on a voice vote that the minutes of the March 23, 2010, meeting be approved as distributed.

UNMET HEALTH CARE NEEDS STUDY

Mr. Michael Fix, Life and Health Division Director and Actuary, Insurance Department, provided information regarding Comprehensive Health Association of North Dakota (CHAND) provider payment rates. He said the provider reimbursement rates for CHAND participants are the same as other insurance participants.

Ms. Brenda Weisz, Chief Financial Officer, Department of Human Services, provided information regarding the department's estimated costs to continue for the 2011-13 biennium (Appendix B). She said American Recovery and Reinvestment Act of 2009 funding included in the department's 2009-11 biennium budget that will need to be replaced with funding from the general fund for the 2011-13 biennium includes $2.76 million of child support incentive funds used to match federal funds and $66.5 million of enhanced federal medical assistance percentage (FMAP) funding. In addition, she said, the recently issued preliminary estimated FMAP for federal fiscal year 2012 is lower than previously estimated and could result in the need for approximately $82 million to $83 million in additional funding from the general fund for the 2011-13 biennium. She said the 2009 Legislative Assembly provided that funds from the health care trust fund may not be included in appropriation bills recommended by the Governor; therefore, this funding ($4.1 million in the 2009-11 biennium) will have to be replaced with funding from the general fund in the 2011-13 biennium. She said in addition to maintaining the 2009-11 biennium caseload levels, the department must also consider the cost to continue the 6 percent inflationary increase granted to providers on July 1, 2010, for a full 24-month period in the 2011-13 biennium. She said the cost to maintain the caseloads and continue the inflationary increase is estimated to require an additional $31 million to $32 million from the general fund for the 2011-13 biennium.

In response to a question from Representative Weisz, Ms. Weisz said the FMAP in 2009, prior to the American Recovery and Reinvestment Act of 2009 enhancement, was 63.15 percent, and the enhanced FMAP effective through December 2010 is 69.95 percent. She said the FMAP would fall to 60.35 percent for the remainder of federal fiscal year 2011.

In response to a question from Senator Kilzer, Ms. Weisz said the estimated additional funding required from the general fund identified for the 2011-13 biennium does not include funding relating to the federal health care reform legislation. She said the department has estimated additional costs resulting from the federal health care reform legislation will total approximately $105 million through 2019.

In response to a question from Representative Pollert, Ms. Weisz said the estimated cost to continue items identified, totaling between $185 million and $190 million, do not include additional costs related to caseload growth, salary and health insurance increases, or federal health care reform legislation.

In response to a question from Representative Conrad, Ms. Weisz said the $105 million estimated cost of the federal health care reform legislation was projected over a 10-year period and includes certain one-time expenditures for equipment.

In response to a question from Representative Bellew, Ms. Weisz said the preliminary FMAP for federal fiscal year 2012 of 56.96 percent is effective October 1, 2011, through September 30, 2012.

Senator Lee suggested the committee receive information regarding changes affecting child support collections included in the federal health care reform legislation.

Ms. Janis Cheney, State Director, AARP North Dakota, provided information regarding the availability

and affordability of health care services in the state (Appendix C). She provided information regarding the projected effect of federal health care reform legislation on the availability and affordability of health care services in the state. She said areas of concern to AARP members in North Dakota include the cost of prescription drugs, Medicare as a base for retirement health insurance, the affordability of health care, the cost of long-term care, long-term care services in the home, and the ability to remain in their own homes. She said in 1987 the cost of insurance premiums was 7 percent of median family income, and in 2006 the percentage was 17 percent. She said as a result of the federal health care reform legislation, up to 47,200 individuals aged 50 to 64 may be eligible for a tax credit that could help make premiums more affordable, and an estimated 8,800 of these individuals may qualify for Medicaid. She said the Kaiser Commission on Medicaid and the Uninsured estimates almost 29,000 North Dakota residents (up to 40,000 with an enhanced outreach effort) may enroll in the Medicaid program by 2019 under the new health care reform legislation. She said access to health care services in North Dakota is influenced by geographic, economic, and other factors. She said reimbursement, workforce supply, and area population fluctuations influence the availability of services. She said funding for geriatric education and training and grants for residency and employment of nurse practitioners are included in the health care reform legislation to address these issues.

Senator Kilzer expressed concern regarding low Medicare payment rates to North Dakota hospitals and physicians and the effect of the increasing number of retirees and their access to health care services.

Representative Kreidt requested additional information regarding the clinical trials referenced by Ms. Cheney that demonstrated a 45 percent reduction in hospital readmissions resulting from a transitional care program.

Representative Conrad requested information regarding the number of Native Americans receiving Medicaid benefits by county.

Mr. Jerry E. Jurena, President, North Dakota Hospital Association, provided information regarding the availability and affordability of health care services in the state, the role of telemedicine, and efforts to increase health care services in rural North Dakota (Appendix D). Regarding availability, he said, the state has:

- Six tertiary hospitals in the four major cities.
- Thirty-six critical access hospitals in rural communities.
- Seven specialty hospitals, including two long-term care acute hospitals, the State Hospital in Jamestown, a psychiatric care hospital in Fargo, and a Department of Veterans' Affairs hospital also in Fargo.
- Two Indian Health Service hospitals.

Mr. Jurena expressed concern regarding the viability of the state's hospitals. He said low profits and operating deficits make it difficult for North Dakota health care providers to offer competitive salaries and maintain up-to-date technology. He said the state's largest hospital has recently partnered with an out-of-state system, and he anticipates additional mergers and networks in the future. He said telepharmacy has been implemented in several hospitals across the state, and several critical access hospitals have contracted with a group of out-of-state physicians to provide oversight by tele-e-care in emergency rooms. He said this system of care has been successful in South Dakota but raises issues relating to credentialing of out-of-state physicians, liability, and reimbursement for covered services. He said telemedicine offers a solution to providing many services in rural areas and selected services to major health care providers. He said Medicare payments generate approximately 50 percent of hospital revenue, and Medicaid payments generate from 12 percent to 20 percent. He said low payment levels for services are the primary concern for hospitals followed by physician and professional workforce recruitment.

In response to a question from Representative Pollert, Mr. Jurena said the increase in Medicare reimbursement resulting from the frontier amendment to the federal health care reform legislation represents an increase in reimbursement of approximately 3.2 percent to the six largest hospitals in the state. He said this increase and the increases in Medicaid reimbursement provided by the 2009 Legislative Assembly will be used for salaries, infrastructure, and information technology.

In response to a question from Senator Fiebiger, Mr. Jurena said the North Dakota Hospital Association has hired a physician recruiter to assist hospitals that choose to participate.

Mr. Dean Haas, General Counsel, North Dakota Medical Association, said Mr. Bruce Levi, Executive Director, North Dakota Medical Association, was unable to attend the meeting. Chairman Weisz suggested Mr. Levi provide information regarding the availability and affordability of health care services in the state, the role of telemedicine in providing health care services in the state, and efforts to increase health care services in rural North Dakota at the committee's next meeting.

Chairman Weisz called on Ms. Shari Doe, Director, Burleigh County Social Services, and President, North Dakota County Social Service Directors Association, to provide information regarding the availability and affordability of health care services in the state, the role of telemedicine, and efforts to increase health care services in rural North Dakota (Appendix E). Ms. Doe said the number of Medicaid recipients has grown statewide from 54,115 individuals in April 2008 to 64,779 in April 2010. She said some of the increase may be attributed to the implementation of the continuous eligibility for children and the increased

income limits for the medically needy. She said currently income limits range from 83 percent of poverty for the medically needy program to 225 percent of poverty for the workers with disability program. She said cost is not the only barrier to the availability of health care. She said low-income, aged, or disabled individuals living in rural communities often find transportation options are limited, but telemedicine may improve access for these individuals.

In response to a question from Senator Lee, Chairman Weisz said two pilot projects are underway to address the coordination of transportation services in limited areas of the state.

Senator Lee suggested the committee receive information from the Department of Transportation regarding an update on the pilot project relating to the coordination of transportation services.

Mr. Sheldon Wolf, Health Information Technology Director, Information Technology Department, presented information regarding the role of telemedicine in providing health care services in the state and efforts to increase health care services in rural North Dakota (Appendix F). He said the Information Technology Department, on behalf of the Health Information Technology Advisory Committee applied for the state health information exchange cooperative agreement program and in March 2010 was awarded a four-year $5.3 million cooperative agreement. He said the purpose of the funding is to establish a statewide health information exchange to improve the coordination, efficiency, and quality of health care; develop governance, policies, and network services; and allow providers the ability to connect to the national health information exchange network. He said a consultant has been hired to assist in the completion of the required strategic and operation plans. He said providers have identified the items of information to be included in the first phase of the health information exchange project, as well as other information that would enhance patient quality of care. He said the Health Information Technology Advisory Committee must submit the statewide strategic and operational plans for approval to the Office of the National Coordinator for Health Information Technology by September 27, 2010, and upon approval, implementation will begin on the health information exchange.

Mr. Wolf said 2009 Senate Bill No. 2332 provided $5 million for low-interest loans to health care organizations to assist with the installation of electronic health records. He said 14 applications were received, and the Health Information Technology Advisory Committee approved 12 awards. He said the 12 applicants are in the process of completing their onsite readiness assessments and will then complete the Bank of North Dakota loan application process. He said all of the hospitals in the state have videoconferencing capabilities via their connection to the bioterrorism wide area network. He said this connection allows them to conduct and access clinical and nonclinical education and training; participate in administrative functions; and provide clinical services, such as postsurgical followups and psychiatric consultations. He said the availability of electronic health care records has become a recruitment tool for medical professionals.

In response to a question from Senator Mathern, Mr. Wolf said the Health Information Technology Advisory Committee has formed workgroups to address system architecture, financing, and sustainability. He said these issues will be part of the statewide strategic and operational plans that must be submitted for approval to the Office of the National Coordinator for Health Information Technology by September 27, 2010.

Senator Lee suggested the committee receive information from the Department of Human Services regarding the effect of federal health care reform legislation on the Medicaid program.

VOUCHER USE AND PROVIDER CHOICE FOR CLIENTS STUDY

Ms. Nancy McKenzie, Statewide Director, Regional Human Service Centers, Department of Human Services, provided information regarding a summary of the cost of substance abuse and mental health services in each region, including contract costs and numbers served by race (Appendix G). She said each of the human service centers provides identified direct services while contracting with private providers for other services. She said the availability of other services and providers varies across the state. To assure access, she said, the human service centers may directly provide services in selected parts of the state. She said the human service centers may also contract for selected services with a private provider. She provided a chart that identified by human service center the total amount budgeted for mental health and substance abuse services for fiscal year 2009, including the amount budgeted for contracted services, the amount budgeted for noncontracted services, total clients served, and the number of Native American clients served. She said of the $97.8 million budgeted at the human service centers for mental health and substance abuse services for fiscal year 2009, $26.5 million, or 27 percent, is for contracted services.

Ms. McKenzie provided the following information regarding clients served in fiscal years 2008 and 2009:

	Fiscal Year 2008	Fiscal Year 2009	Increase	Percentage Change
Total clients served	24,975	25,289	314	1.3%
Number of Native American clients served	2,639	2,803	164	6.2%

Ms. McKenzie said Native Americans accounted for 10.6 percent of the clients served in fiscal year 2008 and 11.1 percent of the clients served in fiscal year 2009.

Representative Conrad requested information regarding the number of Native Americans served in fiscal years 2008 and 2009 that were living on a reservation compared to the number served living off a reservation.

In response to a question from Representative Pollert, Ms. McKenzie said the department is working with the Information Technology Department to expand the use of telemedicine, and she expects telemedicine to be an important part of how the department reaches rural clients.

In response to a question from Senator Fiebiger, Ms. McKenzie said the department monitors access and wait time for services to identify whether needs are being met by the human service centers.

In response to a question from Representative Pollert, Ms. McKenzie said stakeholder workgroups are discussing issues such as system access and capacity. She said the expansion of telemedicine and the increasing role of higher education are among the recommendations resulting from the stakeholder meetings. She said all of the recommendations will be considered as the department begins its budget development process.

Senator Mathern suggested the committee receive additional information from the department regarding information included in the stakeholder report.

Senator Mathern suggested the committee receive information comparing the per client cost of mental health and substance abuse services in North Dakota to other states.

In response to a question from Representative Conrad, Ms. JoAnne Hoesel, Director, Division of Mental Health and Substance Abuse Services, Department of Human Services, said the department does not market the services provided at the human service centers, but contact information is made available through 2-1-1 referrals, antistigma advertisements, and compulsive gambling advertisements. Ms. Hoesel said the department gathers information on the source of the referrals for services.

Representative Conrad asked the department to provide information regarding the sources of referrals for each human service center.

Ms. Karen Tescher, Assistant Director, Long-Term Care Continuum, Medical Services Division, Department of Human Services, provided information comparing costs of Money Follows the Person demonstration grant services to the costs associated with nursing facility or intermediate care facility services (Appendix H). She said the Money Follows the Person demonstration grant budget for the 2009-11 biennium includes funding for one full-time equivalent position and related operating costs totaling $179,699 and $195,225 for supplemental service payments and transition coordination service costs. She said each transition is budgeted $3,000 for related expenses, including accessibility equipment and modifications, health and safety technology, apartment furnishings, security and utility deposits, supplies, and one-time vehicle modifications. She said transition coordination services are available to provide assistance and support prior to discharge and for one year following transition. She said there have been 17 transitions from nursing facilities and 14 transitions from intermediate care facilities since the program began in August 2008. She said of the 31 total transitions, six individuals have completed 365 days of enhanced Money Follows the Person grant funding (three individuals from nursing facilities and three individuals from intermediate care facilities). She said the cost to Medicaid for the three individuals in a nursing facility averaged $44,245 per individual per year, including institutional, medical, and medication costs. She said after transition, the average cost was $38,873 per year, including transition coordination, supplemental services, home and community-based services, medical costs, and medication costs. She said the cost to Medicaid for the three individuals in an intermediate care facility averaged $121,194 per year, while the average cost after transition was $100,950 per year.

In response to a question from Representative Delzer, Ms. Tescher said the department did not evaluate the change in total cost to the facility resulting from the transition of an individual from the facility to an individual's own home.

In response to a question from Representative Delzer, Ms. Tescher said new guidelines in federal health care reform legislation extend the Money Follows the Person grant through calendar year 2018. She said individuals may receive services through 2019. In addition, she said, the legislation reduced the time the individual was required to live at a facility from six months to three months.

In response to a question from Representative Conrad, Ms. Maggie Anderson, Director, Medical Services Division, Department of Human Services, said when the grant was awarded in 2007, the department estimated 110 individuals would be transferred, but because of the extension, the department will be recalculating those benchmarks.

In response to a question from Senator Mathern, Ms. Tescher said the grant includes three quality of life surveys that are done during the transition. Senator Mathern suggested a summary of the survey results be provided to the committee.

Mr. Bob Spencer, Chief of Operations, Center for Solutions, Cando, expressed support for a system of voucher use and provider choice for patients seeking mental health and substance abuse services (Appendix I). He expressed concern that in some instances, the Department of Human Services programs make it difficult for private providers to offer similar services. He said a voucher system or a payment follows the patient system creates competition and allows consumers more choices. He

said when accessing mental health services, factors such as confidence, trust, the patient/therapist relationship, and timely access to service influence the consumer's decision. He said increasing demand for services will likely grow the size of state government, making it more difficult for the private sector to compete for mental health workers.

In response to a question from Senator Lee, Mr. Spencer said under a voucher system, the state could set the price it will pay for a service and determine the desired outcomes.

In response to a question from Representative Weisz, Mr. Spencer said a contract, similar to contracts private providers have with insurance companies, would establish the rates. He said the services must be documented as medically necessary, and the state would identify the outcomes expected.

In response to a question from Senator Mathern, Mr. Spencer said the Center for Solutions contracts with Minnesota for providing services to clients. Mr. Spencer suggested the regional human service centers provide case management services and determine care needed for clients. He said the centers could contract with private providers for the necessary services for clients. He said competition among providers for these services would control costs.

In response to a question from Representative Conrad, Mr. Spencer said a demonstration project in one area of the state would provide an opportunity to evaluate this system.

OTHER COMMITTEE RESPONSIBILITIES

Cost-Benefit Analyses of Health Insurance Mandates

Earlier in the meeting, Mr. Fix presented information regarding cost-benefit analysis services for the 2011 legislative session. He said the Legislative Council contracted with Milliman, Inc., to provide cost-benefit analysis services during the 2009 legislative session. He said during the 2009 session, there were three mandates that required analysis at a total cost of approximately $28,000.

In response to a question from Representative Conrad, Mr. Fix said the health care reform legislation requires essential benefits, but these benefits have not yet been defined. He said to the extent that states mandate benefits that go beyond the essential benefits, the state is responsible for the cost.

In response to a question from Representative Delzer, the legislative budget analyst and auditor said to date the Employee Benefits Programs Committee has received one mandated health insurance proposal related to coverage for autism.

Later in the meeting, in response to a question from Senator Lee, Ms. Rebecca Ternes, Deputy Commissioner, Insurance Department, provided information regarding the length of time necessary to complete cost-benefit analyses for health insurance mandates proposed during each of the last four legislative sessions (Appendix J). Ms. Ternes said days required to perform the analyses ranged from 6 days to 19 days during the 2003 session and 23 days to 24 days during the 2009 session. She said the analysis period was 20 days for one bill proposed during the 2005 session, and there were no mandates proposed during the 2007 session.

Regional Public Health Network Report

Ms. Kelly Nagel, Public Health Liaison, State Department of Health, provided information regarding the development of the regional public health network pursuant to 2009 Senate Bill No. 2333 (Appendix K). She said two proposals were received--one from Southeast Central, with Central Valley Health District in Jamestown being the lead health unit, and the other from Southwest Central, with Bismarck-Burleigh Public Health being the lead health unit. She said a committee of public health unit administrators and State Department of Health staff recommended the Southeast Central proposal receive the $275,000 grant. She said the Health Council has approved the committee's recommendation. She said the units are required to share at least three administrative functions and at least three public health services. She said the shared public health services indicated in Southeast Central's proposal are the expansion of family health services to Wells and LaMoure Counties; the formation of sexual assault response teams in Barnes, LaMoure, and Wells Counties; and the provision of nursing support to staff immunization clinics. She said the shared administrative functions identified in the proposal are the centralization of financial accounting, billing, and accounts receivable; policy standardization for public health services; and implementation of community assessment data applications. She said Southeast Central will be required to submit progress reports and quarterly expenditure and narrative reports prior to the 2011 legislative session.

North Dakota Fetal Alcohol Syndrome Center Report

Dr. Larry Burd, Director, North Dakota Fetal Alcohol Syndrome Center, University of North Dakota School of Medicine and Health Sciences, Grand Forks, provided information regarding the use of funds granted to the center by the State Department of Health pursuant to 2009 Senate Bill No. 2412 (Appendix L). He said $369,900 was provided from the general fund to improve the detection of prenatal alcohol exposure and decrease the prevalence of fetal alcohol spectrum disorders in the state. He presented a copy of the distribution of 437 fetal alcohol spectrum cases in the fetal alcohol spectrum registry by human service region. He said the North Dakota Fetal Alcohol Syndrome Center is in the process of providing each of the 73 possible prenatal care providers in the state an assessment strategy. He said to date 43 sites of the 49 sites visited have agreed to change their prenatal care to include the

questions recommended by the center. He said no site has refused to adopt the assessment strategy, and the center is still working with six of the clinics. He provided information regarding the status of the implementation of the assessment strategy at each of the 73 clinics. He said he anticipates all of the clinics will have completed an initial visit by August 2010. He said the change to electronic medical records has necessitated the development of an electronic version of the assessment tool. He said several clinics have requested resource information on referral sites, and the center has developed a brief intervention strategy for use with women in which alcohol use during pregnancy has been identified.

SERVICES FOR PREGNANT MINORS STUDY

Ms. Carol Cartledge, Director, Public Assistance, Department of Human Services, provided information regarding the number of women discontinuing services from alternatives-to-abortion services programs, the number of agencies providing services, and the number of clients served by each agency; memorandums of understanding with alternatives-to-abortion program providers; and post-abortion counseling services (Appendix M). She said from July 2009 through April 2010, 500 women received services through the alternatives-to-abortion program. She said 337 of these women were seen once, and the remaining 163 women returned for additional service visits. She said 13 agencies statewide provide services in multiple locations, and she provided a copy of a brochure listing alternatives-to-abortion providers and their locations. She said 1,201 service visits were provided by the alternatives-to-abortion providers from July 2009 through April 2010, and she provided a list of the number of service visits by provider by human service region. She said there were no service visits provided in human service Regions 1, 6, and 8, and the number of service visits ranged from 752 in Region 5 to 37 in Region 7. She said billable services include pregnancy testing, prenatal education/classes, pregnancy counseling, and parenting education/classes. She said services provided by professional staff are billed at $12.50 per 15 minutes, and services provided by para-professional staff are billed at $5 per 15 minutes. In addition, she provided a copy of the memorandum of agreement the Department of Human Services enters with each alternatives-to-abortion provider. Regarding outcome information reported at a prior meeting, she said, even though a request for payment was received for post-abortion counseling services in 2007, payment was not made because only services provided prior to birth are billable.

Representative Conrad suggested the committee receive information on the number of single service visits that were for a pregnancy test, whether the pregnancy test includes counseling, and the reimbursement rate for this service.

Ms. Kim Senn, Director, Division of Family Health, Community Health Section, State Department of Health, provided information regarding the relationship of the rate of teen abortions to the rate of teen pregnancies, the number of abortions in the state by county, and public funding used for abortions in the state (Appendix N). She provided a chart identifying teen pregnancies and reported teen abortions by year from 2004 through 2008. She said unlike the agreement between states that allows for the reporting of births, no agreement exists to report abortions; therefore, the number reported for abortions does not include state residents having an abortion performed out of state. She said reported teen abortions as a percentage of teen pregnancies ranged from 15 percent in 2006 to 21 percent in 2004 and was 19 percent in 2008. She said teen abortions reported from 1999 through 2008 totaled 1,581. She said for confidentiality reasons, counties reporting less than five abortions are not included on the schedule. She said the State Department of Health does not use public funding for abortions, and the Department of Human Services provides payment for abortion services only as directed in the North Dakota Administrative Code, which provides coverage may not be extended and payment may not be made for any abortion except when necessary to save the life of the mother or when the pregnancy is the result of an act of rape or incest.

Representative Bellew suggested the committee receive information regarding the age range for which parental consent for an abortion is required and the number of abortions for this age group.

In response to a question from Senator Kilzer, Ms. Senn said her report does not include individuals with an out-of-state address receiving an abortion in the state.

Representative Conrad suggested the committee receive information regarding alternatives-to-abortion services provided by age.

Ms. Sue Grundysen, representing The Village Family Service Center and Lutheran Social Services of North Dakota, Fargo, provided information regarding services provided and information available regarding the number of women who chose abortion, whether additional education and social services would enhance the potential for a healthy child and a positive outcome for the minor, the potential benefits of support services for parents of these minors, guardianship options for minors in cases of parental abuse or neglect, benefit to the minor of subsidies for open adoptions, and supportive housing and child care for single parents enrolled in secondary and postsecondary education institutions (Appendix O). She said approximately 85 percent of individuals receiving pregnancy counseling and support services make a parenting plan for their child, while 10 percent to 13 percent make an adoption plan, and approximately 2 percent plan for an abortion. She said pregnant teens need to know they have options, where and what services are available, and that the

services are free. She said additional pregnancy options counselors would allow for more outreach, education, and decisionmaking counseling to these teens. She said incentives, such as gas coupons and gift cards, for accessing options and decisionmaking could be provided to reinforce problem-solving and decisionmaking skills in both the mother and the father. She said expanding home-based support services, such as the Healthy Families program, to cover the entire state would provide a way to reach high-risk teen parents during pregnancy and immediately after the child is born. In addition, she recommended post-adoptive placement incentives to assist birth parents accessing and achieving goals. She said housing options are important for women and their infants, and securing a priority on housing waiting lists could help provide safe, affordable housing.

Mr. Larry Bernhardt, Executive Director, Catholic Charities North Dakota, said his organization collaborated with The Village Family Service Center and Lutheran Social Services of North Dakota and supports their recommendations.

In response to a question from Senator Lee, Ms. Tara Lea Muhlhauser, Director, Children and Family Services, Department of Human Services, said information is available regarding the number of adoptions of infants and the number of adoptions that resulted from removal through the child welfare system. Senator Lee suggested the committee receive information on adoptions at a future meeting.

In response to a question from Representative Conrad, Ms. Senn said the health care reform legislation includes a provision giving each state an opportunity to apply for home visiting funding through the maternal and child health block grant. She said the state's share of the funding for this year is $583,000. She said the State Department of Health has identified evidence-based home visiting programs that are currently available in the state and is planning a stakeholder meeting. She said the grant requires the program to target communities at risk.

Ms. Muhlhauser said the Department of Human Services Healthy Families program is an evidence-based program. Ms. Carol K. Olson, Director, Department of Human Services, said the department is beginning development of its 2011-13 biennium budget request and has not yet determined the funding level that will be requested for the Healthy Families program.

Ms. Jody Bettger Huber, Program Director, Healthy Families program, Lutheran Social Services of North Dakota, provided information regarding the Healthy Families program (Appendix P). She said the Healthy Families program currently serves at-risk families in Burleigh, Morton, Grand Forks, and Nelson Counties. She said visitation programs for parents can reach out to high-risk parents during pregnancy, with a focus on pregnancy wellness, and immediately after the child is born, emphasizing child wellness and parent self-sufficiency. She said weekly home visits support parents and reduce the risk of child abuse and neglect. She said parents receiving the intensive home visitor service show positive changes, such as consistent use of preventative health services, increased high school completion rates, higher employment rates, adequate housing, lower use of welfare, and fewer repeat pregnancies.

In response to a question from Senator Mathern, Ms. Bettger Huber said the Healthy Families program bills Medicaid for certain services.

Chairman Weisz announced the Legislative Council staff distributed to each member information regarding the background, target population, qualifications, and resources of Saint Gianna's Maternity Home, a maternity home in Warsaw that provides residential services to pregnant women in crisis and their children (Appendix Q).

Chairman Weisz said information provided by Saint Gianna's Maternity Home indicated that since opening in January 2004, 40 percent of the maternity home's residents have been minors.

Senator Mathern suggested the Department of Human Services and the alternatives-to-abortion providers be asked to provide proposals to enhance services, including a program outline, cost estimates, and possible funding sources, to the committee at its next meeting.

STUDY OF THE EFFECT OF FEDERAL, STATE, AND COUNTY GOVERNMENT FUNDING AND ADMINISTRATION ON THE SOCIAL SERVICE PROGRAMS OF TRIBAL GOVERNMENTS

Mr. Scott J. Davis, Executive Director, Indian Affairs Commission, provided information regarding the efforts of the Indian Affairs Commission, Department of Human Services, North Dakota Association of Counties, and the Native American Training Institute to facilitate the development of proposals to improve the delivery of human service programs on reservations (Appendix R). He said the Indian Affairs Commission coordinated a meeting attended by representatives of the Native American Training Institute, Department of Human Services, and county social services to identify service gaps and barriers and to develop strategies to improve the delivery of social services on reservations. He provided a list of strategies identified by the stakeholder group, including:

- Holding an annual meeting to address Title IV-B issues;
- Encouraging consistent tribal representation at tribal stakeholder and Department of Human Services meetings;
- Evaluating county outreach to the tribes;
- Addressing the delay in completing tribal-related reporting and documentation;
- Addressing jurisdictional issues that impede timely child protective services investigations;

- Encouraging regular meetings of tribal and county social service directors;
- Partnering with the Supreme Court to address issues through the Court Improvement Committee;
- Reviewing Title IV-E agreements and technical assistance available to the tribes;
- Proposing a two-day Titles IV-B and IV-E training session; and
- Evaluating current tribal/state foster care agreements.

Mr. Davis said the Indian Affairs Commission will continue to work closely with stakeholders to strengthen communication, relationships, and agreements for the benefit of those served.

In response to a question from Senator Lee, Mr. Davis said the Indian Affairs Commission is encouraging tribal and state court systems to create memorandums of understanding to address the collection of child support on reservations.

Senator Mathern requested information regarding a list of barriers to the development of the strategies identified by the stakeholder group be included in future reports to the committee.

Mr. Joe Walker, Evaluation Specialist, Native American Training Institute, expressed support for the strategies outlined by the stakeholder group. He said the Native American Training Institute will assist with the efforts of the stakeholder group. He said the Native American Training Institute is working on the Strengthening State and Native American Partnerships Initiative, which could address some of the issues raised by the stakeholder group.

In response to a question from Representative Conrad, Mr. Walker said the Native American Training Institute, located in Bismarck, began in 1995 when a common need for training of foster parents, adoptive parents, child care providers, parent education programs, juvenile justice workers, tribal courts, legal services, law enforcement, and others involved with child protection services was identified.

IMMUNIZATION PROGRAM STUDY

Ms. Laura Olson, Business Manager, PROtect ND Kids, State Department of Health, provided information regarding an update on the processing of claims, a summary of the use of funding from the general fund for the immunization system for the 2007-09 and 2009-11 bienniums, and the use of any contingent general fund appropriations in 2009 Senate Bill No. 2333 (Appendix S). She said since the last committee meeting, the University of North Dakota School of Medicine and Health Sciences has temporarily provided additional hours for part-time staff to assist in claims processing and has significantly reduced the number of claims outstanding. She said the School of Medicine and Health Sciences has processed claims through mid-April 2010 and estimates claims processing will be current by the end of June 2010. She provided a chart detailing general fund expenditures for the immunization program for the 2007-09 and 2009-11 bienniums. She said $2 million from the general fund was provided for the immunization program during the 2007-09 biennium, and the majority of the funding was used for payments to local public health units and vaccine purchases. She said the 2009 Legislative Assembly provided one-time funding of $1.2 million from the American Recovery and Reinvestment Act of 2009 for immunization services and provided a contingent general fund appropriation of $1.2 million if the federal funds were not available to provide for this purpose. She said 2009-11 biennium expenditures to date total $205,682 from the general fund for reimbursement of shortfalls experienced by local public health units for the cost of immunizations in current programs. She said American Recovery and Reinvestment Act of 2009 funding could not be used for these payments.

In response to a question from Representative Wieland, Ms. L. Olson said payments to local public health units during the 2007-09 biennium were for the cost of administering the immunizations and also included immunization program startup costs for supplies and equipment, such as vaccine cooling units. She said the funding allocation for the 2007-09 biennium was based on 60,627 vaccine doses.

In response to a question from Representative Delzer, Ms. L. Olson said funding is determined through a formula that is based on number of doses and includes a base amount by county. She said the State Department of Health has not yet estimated the amount of unexpended general fund appropriation authority that may remain at the end of the biennium.

Dr. William Riley, Associate Dean, School of Public Health, University of Minnesota, Minneapolis, Minnesota, and Mr. Jerry Nye, Riley & Associates, Minneapolis, Minnesota, provided information regarding an update on the independent quality improvement evaluation of the state's immunization program, including a report from a pharmacist focus group regarding interest in providing immunizations (Appendix T). Dr. Riley said the evaluation will study the clinical and billing processes of the immunization program at the local public health units, make recommendations to improve the clinical and billing processes, and assess the feasibility of the pharmacists providing childhood immunizations.

Mr. Nye provided a status report on the local public health unit operations review. He said site visits have been completed at pilot sites, and the initial report of findings is being shared with these sites. He said the report is expected to be complete in June or July, with presentation to the pilot sites in August or September. He said a focus group of pharmacists gathered in April 2010 to identify the level of experience North Dakota pharmacists have in providing adult immunizations, provide a basic understanding of duties and requirements of providing childhood immunizations, and explore the interest of pharmacists in providing childhood immunizations.

He said pharmacists have a strong sense of service and commitment to their communities but are sensitive to the potential conflict that could occur with other health care providers if immunizations are offered. He said based on those in attendance at the meeting, there is not an apparent strong interest for pharmacists to offer childhood immunizations.

Ms. Molly Sander, Immunization Program Manager, State Department of Health, provided information regarding the use of American Recovery and Reinvestment Act of 2009 funding appropriated in 2009 Senate Bill No. 2333 (Appendix U). She said the immunization program received an allocation of vaccine and two operations grants through the American Recovery and Reinvestment Act of 2009 program. She said the vaccine allocation totaling $345,220 is being used to provide influenza vaccine to the local public health units for school vaccination clinics and meningococcal vaccine for children to be vaccinated for the middle school requirement and prior to college entry. She said a noncompetitive operations grant of $310,296 was received to increase immunization rates by implementing new or expanding current programs. She said the funding was used to add forecasting and reminder/recall to the North Dakota Immunization Information System, for a statewide media campaign, for an immunization conference, and for local public health unit funding for immunization coalitions. In addition, she said, the department received a competitive operations grant of $146,360 that could only be used to enhance the North Dakota Immunization Information System.

In response to a question from Representative Conrad, Ms. Sander said regarding immunization rates for 19-month-olds to 35-month-olds, North Dakota ranks in the middle of all of the states. She said the national average immunization rate is 78.7 percent, and the immunization rate for North Dakota is 78.6 percent. She said the top immunization rate is in Massachusetts with 85.3 percent. She said the immunization rate for kindergarten students is above 90 percent.

In response to a question from Representative Wolf, Ms. Sander said reminder/recall is a system for physicians to use to send immunization reminders to parents. She said the reminder/recall should be locally operated with the physician or the county sending out the notices. She said the volume of address changes would make the program difficult to handle at the state level.

Mr. Howard C. Anderson, Executive Director, State Board of Pharmacy, provided information regarding the ability and interest of pharmacists in immunizing children (Appendix V). He said recent conversations with pharmacy students completing the State Board of Pharmacy examination for licensure indicated a willingness to assist in improving the state's immunization rate by immunizing children. He said pharmacy students graduating from the North Dakota State University College of Pharmacy, Nursing and Allied Sciences are trained to do adult immunizations, and the college has indicated a willingness to provide the training necessary to immunize children. He said pharmacists could immunize younger patients, but it is unlikely pharmacists in small communities where a clinic is readily available will want to compete with other providers. He provided a copy of the 2010 *Recommended Immunization Schedule for Persons Aged 0 Through 6 Years*. He said there are approximately 800 licensed pharmacists in North Dakota, of which approximately one-third work in hospitals where others are providing immunizations. He said excluding hospitals, there are approximately 150 pharmacies in the state, of which approximately 50 pharmacies are providing some immunizations.

In response to a question from Senator Lee, Mr. Anderson said he can provide information to the committee regarding the age requirements for the immunization of children by pharmacists in other states. Senator Lee suggested the committee receive this information at the next meeting.

Ms. Lisa Clute, Executive Officer, First District Health Unit, Minot, said the First District Health Unit's losses have not yet been included in the $205,682 biennium to date expenditures for reimbursement of shortfalls experienced by local public health units. She said she would be submitting losses for reimbursement when the information is finalized after June 30, 2010. She said biennium to date total expenditures are likely low because many of the local public health units will not submit a request for reimbursement until after the end of the fiscal year. She said the First District Health Unit participated in the independent quality improvement evaluation and anticipates the results will be beneficial.

In response to a question from Senator Lee, Ms. Clute said the processing of claims has improved.

In response to a question from Representative Conrad, Ms. Sander said because the American Recovery and Reinvestment Act of 2009 funding was appropriated for one-time expenditures, the funding will not have to be replaced in the 2009-11 budget.

In response to a question from Representative Conrad, Ms. Sander said immunization rates are monitored in the state registry quarterly.

Representative Conrad suggested the committee receive information regarding the cost to operate the reminder/recall program at the next meeting.

Senator Mathern suggested the committee receive information from the North Dakota Medical Association regarding the immunization of children by pharmacists.

Vice Chairman Lee requested the Legislative Council staff to draft a bill draft to allow pharmacists to administer influenza shots to children above 5 years of age and other immunizations to children above 11 years of age.

COMMITTEE DISCUSSION AND STAFF DIRECTIVES

Cost-Benefit Analyses of Health Insurance Mandates

Senator Lee expressed concern regarding the lack of time committees have during the legislative session to consider health mandate bills due to the cost-benefit analysis requirement. She suggested the committee consider recommending a change in the bill introduction deadline for bills that require a cost-benefit analysis.

Representative Delzer suggested the committee receive information regarding the status of legislation proposed to previous Legislative Assemblies to change the deadline for the introduction of bills that require a cost-benefit analysis.

Voucher Use and Provider Choice for Clients Study

Senator Mathern suggested the committee receive information from stakeholder groups addressing mental health services in the state and the North Dakota Hospital Association regarding the availability of crisis beds in the state.

Vice Chairman Lee anticipates the next committee meeting will be on August 5, 2010.

It was moved by Senator Pomeroy, seconded by Representative Conrad, and carried on a voice vote that the Health and Human Services Committee meeting be adjourned subject to the call of the chair.

Vice Chairman Lee adjourned the meeting at 4:22 p.m.

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Sheila M. Sandness
Fiscal Analyst

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Allen H. Knudson
Legislative Budget Analyst and Auditor

ATTACH:22