

**Testimony**  
**Health and Human Services Committee**  
**Unmet Health Care Needs Study**  
**Wednesday June 16, 2010**

Chairman Weisz and members of the Health and Human Services Committee – my name is Shari Doe, I'm the Director of Burleigh County Social Services. Today I am representing the North Dakota County Social Service Directors Association. I will discuss the availability and affordability of health care services in the state.

Every day county Social Service offices encounter people who can't afford health care. Every day, hundreds of individuals come into county social service offices to apply for Medicaid. In my county, we have realized double-digit percentage increases in the Medicaid caseload. State-wide, the number of Medicaid recipients has grown from 54,115 individuals at the end of April 2008 to 64,779 individuals at the end of April 2010. Some of this growth can be attributed to Continuous Eligibility for children that went into effect October 1, 2009 and the increased income limits for the Medically Needy category that went into effect July 1, 2009. But the overall demand and need for Medicaid coverage continues to increase.

If a person *does not* have health insurance coverage through work or an income low enough to qualify for Medicaid, they struggle to take care of their health care needs. Simply paying for an office visit is often beyond what most people can afford. And even for those families with health insurance coverage; out-of-pocket expenses, co-pays and deductibles can be staggering. We've all heard the stories about uninsured or underinsured people and the catastrophic situations they find themselves in. Every day in county social service offices, we hear these stories. They lost their job and consequently their health insurance; their employer doesn't provide benefits or they work a couple part-time jobs, neither with benefits; they have a pre-existing medical condition and health insurance companies won't cover them. And if they are between

Pettibone. For many of us, a trip to Bismarck, Minot, Grand Forks, Fargo, and Rochester, Minnesota is not a problem, but for a low-income family living pay-check-to-paycheck, a trip or multiple trips, can be out of reach. This is one way telemedicine can improve the availability of health care.

I certainly can't speak to the application of telemedicine. I can report that we in County Social Services are beginning to use electronic video conferencing and technology to help us keep in touch with children under our custody and their parents. From this research comes the knowledge that telemedicine and the use of technology can greatly enhance the availability of health care. With the right technology in place, a consultation with a specialist could take place in the comfort of someone's home. The Human Service Centers have relied on the use of telemedicine for psychiatric care. Western North Dakota has a sophisticated pharmacy arrangement in which a pharmacist in Killdeer manages two other rural pharmacies through the use of technology.

In conclusion, health care is available and affordable in North Dakota if you have health insurance or Medicaid and live near a health system or have good transportation. For those who don't, not so much so.

Chairman Weisz, thank you for the opportunity to discuss this important topic. I am happy to answer any questions you may have.