NORTH DAKOTA LEGISLATIVE MANAGEMENT

Minutes of the

HEALTH SERVICES COMMITTEE

Wednesday, November 4, 2015
Roughrider Room, State Capitol
Bismarck, North Dakota

Senator Judy Lee, Chairman, called the meeting to order at 9:00 a.m.

Members present: Senators Judy Lee, Howard C. Anderson, Jr., Tyler Axness, Joan Heckaman, Dave Oehlke, John M. Warner; Representatives Alan Fehr, Dwight Kiefert, Gail Mooney, Gary Paur, Karen M. Rohr, Jay Seibel, Marie Strinden

Members absent: Representatives Rich S. Becker and Todd Porter

Others present: Ralph Kilzer, State Senator, Bismarck
See Appendix A for additional persons present.

It was moved by Representative Rohr, seconded by Representative Seibel, and carried on a voice vote that the minutes of the August 18, 2015, meeting be approved as distributed.

DENTAL SERVICES STUDY

Ms. Kathy Keiser, Executive Director, Ronald McDonald House Charities, provided information (Appendix B) regarding the mobile dental service delivery model, the effect of missed appointments on services provided by the mobile dental clinic, and measures to reduce the effect of missed appointments. She said the Ronald McDonald Care Mobile is a mobile dental clinic that brings oral health care directly to underserved children in their neighborhoods in western North Dakota. She said the mobile clinic serves low-income, underserved children from from birth through 21 years of age who do not have a regular dentist or haven't seen a dentist in the past two years. She said schools with greater than 40 percent of their children enrolled in the free or reduced school lunch program, Head Start programs, reservation areas, and community health centers without dental clinics are a priority. She said the mobile clinic provides basic dental services, including diagnostic, preventive, restorative, and surgical services. Children needing extensive treatment or specialty care are referred as needed to local dentists and specialists. She said the annual budget for the mobile clinic is approximately $654,000. She said the 2015 Legislative Assembly provided a $100,000 grant to the mobile dental clinic, which will be used to purchase dental supplies. She said because the clinic is brought directly to the children, missed appointments are rarely an issue. In addition, she said issues related to transportation, parent's ability to bring the child to the dentist, and availability of services in rural areas are eliminated. Through August of calendar year 2015, she said, the clinic delivered services at 29 sites, treated 731 children, and provided 1,423 appointments and 6,102 dental services for a total value of $325,529. She said of the clinic patients, 76 were percent Native American, 18 percent were Caucasian, 2 percent were African American, 3 percent were Hispanic, and less than 1 percent were other races. She said in 2014, 74 percent of the children served were uninsured, 23 percent were covered by Medicaid, and 3 percent had private insurance. She said 2015 is the fourth year of operation for the mobile dental clinic and a comparison of annual data indicates the number of appointments and the cost of care per child has decreased slightly since the clinic began serving patients. She said this trend indicates continuity of care for children can reduce their dental needs and costs.

Ms. Keiser said the Ronald McDonald House Charities has partnered with the State Department of Health in a program funded by a three-year federal Health Resources Services Administration (HRSA) grant. She said the program will be administered by the Bridging the Dental Gap Dental Director and the Care Mobile Program Manager. She said the program has contracted a part-time dental hygienist to visit 24 sites to provide preventive services, including sealants and fluoride varnishes, to the students. She said the hygienist will visit these sites prior to the Care Mobile and will provide a list of priority patients to the mobile clinic. She said, with the addition of this new program, the Care Mobile anticipated serving approximately 1,400 children in 2016, 400 more than in previous years.

In response to a question from Senator Warner, Ms. Keiser said the dental hygienist will travel with portable equipment purchased with the HRSA grant funds to perform basic examinations prior to applying sealants or varnishes.

In response to a question from Representative Fehr, Ms. Keiser said additional Medicaid reimbursements would provide significant financial support for the mobile clinic. She said staff informs parents and encourages them to enroll in Medicaid if eligible. She said the program can not afford to hire an eligibility counselor to accompany the mobile clinic.

Representative Rohr suggested the committee receive additional information regarding the decrease in average cost of care per child served by the mobile clinic, including information regarding the decrease in the number of children served and the percentage decrease in cost.

Ms. Cheryl Underhill, Executive Director, North Dakota Oral Health Coalition, provided information (Appendix C) regarding an update on collaborative agreements. She said the North Dakota Oral Health Coalition, established in 2005, is a 501(c)(3) organization with over 110 individual and organizational members representing various aspects of oral health care, including education, public health, professional associations, and community health centers. She said the coalition was asked to facilitate a collaborative practice discussion between North Dakota dentists, dental hygienists, and other key stakeholders. She said a written collaborative agreement designates authorization for the scope of services provided by a registered dental hygienist working under the general supervision of a dentist. She said a planning meeting was convened with key stakeholders, including Bridging the Dental Gap, the North Dakota Dental Association, North Dakota Dental Hygienists Association, State Department of Health, and the North Dakota Oral Health Coalition. She said the group agreed to function using a consensus-based process as the core planning group. She said an additional group of stakeholders, the advisory group, were identified as potential partners and advisers to provide technical assistance and other input as the process evolves. She said the core group has convened three times by teleconference and once in a half-day meeting in Fargo to review, discuss, and agree upon key elements of a collaborative practice definition for the state. She said key elements of collaborative practice definitions were reviewed and selected from other states' existing collaborative practice agreements, particularly Minnesota and South Dakota. She said the final document will be reviewed by the coalition advisory committee and she anticipates the document will be submitted to the Board of Dental Examiners for opinion and recommendations prior to December 31, 2015.

In response to a question from Chairman Lee, Ms. Underhill said the working document identifies critical elements of a collaborative practice. She said the most extensive discussion has involved linking patients to a dental home.

Mr. Ken Kompelien, Dean, Arts, Science and Business Division, North Dakota State College of Science (NDSCS), said surveys and studies conducted by the college indicate there is a shortage of qualified dental assistants, especially in the western part of the state. He said, as a result, NDSCS will seek approval to begin offering the dental assisting program online and through a hybrid delivery system to target students in the western part of the state. He said NDSCS has begun to develop individual courses and anticipates the new delivery system could be available by the fall of 2016. He said NDSCS is seeking grants and other funding sources for estimated development costs totaling between $50,000 and $60,000, including curriculum development, instruction, and access to clinical facilities. He said the program will cost an estimated $20,000 to $30,000 per year to administer and deliver.

In response to a question from Senator Warner, Mr. Kompelien said turnover of dental assistants is high in rural areas of the state. As a result, NDSCS is encouraging student sponsorships to support individuals already working in underserved communities. He said sponsorships could come from dental clinics and include advance tuition or tuition reimbursements.

Ms. Kathryn Dockter, Assistant Professor/Chair, Allied Dental Education, NDSCS, provided information (Appendix D) regarding dental practitioner education programs; how North Dakota University System programs will prepare students for the expanded functions of dental assistants and dental hygienists; recently approved Commission on Dental Accreditation standards for dental therapy education programs; and the NDSCS's role in educating dental professionals in the future, including any additional resources required to educate expanded function dental assistants and dental hygienists. She said the dental clinic at NDSCS was renovated in 2012 and the programs are accredited by the Commission on Dental Accreditation of the American Dental Association. She said the clinic serves the elderly, low income, Head Start children, Native American youth, and Medicaid recipients. She said few of the clinic's patients have insurance. She said the dental assisting program can result in either a certificate (41 credits) or an Associate of Applied Science (66 credits). She said a workforce survey indicated that, although there is a need for dental hygienists, the greatest need is for dental assistants. She said there are

currently 50 applicants for 20 available dental assisting slots, but when implemented, the hybrid class delivery system will allow the school to increase class size. She said the dental hygienist program graduates approximately 25 students per year with an Associate in Applied Science degree. She said with an additional 30 to 35 credits, a student may earn a Bachelor's Degree in Dental Hygiene. She said in 2013, NDSCS placed 100 percent of the dental assisting graduates and 95 percent of the dental hygiene graduates. She said the school is currently developing continuing education modules for expanded function dental assistants and dental hygienists based on other states' expanded function programs. She said NDSCS has an Bachelor Degree articulation agreement with Minnesota State University in Mankato and is developing an articulation agreement with Metropolitan State University, which has a dental therapist program in conjunction with Normandale Community College. She said NDSCS is a two-year college and does not anticipate developing a dental therapy program.

In response to a question from Representative Rohr, Ms. Dockter said the continuing education requirement for dental assistants and dental hygienists is 16 credit hours every two years.

In response to a question from Chairman Lee, Mr. Kompelien said the selection criteria for the dental hygiene program is objective and point driven. He said in the past NDSCS gave points to graduates of a dental assistant program applying for the dental hygiene program. He said this practice was discontinued to avoid the dental assistant program becoming a feeder program for the dental hygiene program.

In response to a question from Representative Mooney, Ms. Dockter said depending on the area of the state a dental hygienist could earn up to $5,000 per month, while dental assistants earn from $2,000 to $3,000 per month.

Mr. Andy Snyder, Project Director, National Academy for State Health Policy, provided information (Appendix E) regarding a National Academy for State Health Policy (NASHP) report entitled *Enhancing Oral Health Access through Safety Net Partnerships*. He said the academy is a nonprofit, nonpartisan organization that works with officials across branches and agencies of state government to accelerate and implement health policy solutions. He said in the report, NASHP identified three opportunities to improve access to oral health care for vulnerable populations, including: augmenting oral health workforce, building physical and virtual infrastructure to deliver oral health services, and integrating oral health and primary care. He said the predominant provider of oral health care services in the state are federally qualified health centers (FQHCs).

Mr. Snyder said states partner with FQHCs to address oral health workforce issues by funding loan repayment programs, expanding the scope of practice for dental hygienists, and aligning supervisory requirements to evidence. He said some states allow for an expansive public health dental hygienist practice or in some cases an independent dental hygienist practice. He said states are also seeking ways for dental hygienists to provide services in schools and community settings. He said some strategies may require changes to Medicaid rules. He said states are also implementing a community dental health coordinator, which is an American Dental Association model. He said coordinators provide education and limited preventative care. He said dental therapists provide preventative and restorative care and are practicing among Alaska's native tribes and in Minnesota. He said legislation enabling dental therapists also has been recently approved in Maine.

Mr. Snyder said FQHCs may provide the infrastructure for dental service providers, including dental therapists and dentists practicing in collaborative or remote supervisory roles. He said 17 of the 32 dental therapists practicing in Minnesota are in community-based clinics and FQHCs. He said HRSA has increased funding for physical infrastructure in communities. He said California and Colorado are piloting a virtual dental home model. He said a network of dental hygienists, supervised by dentists based at FQHCs through telemedicine, are allowed to perform preventative services, screenings, and interim restorations in WIC clinics, Head Starts, schools, and nursing homes. He said the pilot project indicated dental hygienists placed in the communities were able to manage the needs of approximately two-thirds of the target population. He said patients with more extensive dental needs are referred to the supervising dentist at the FQHC.

Mr. Snyder said emerging evidence of links between oral health and overall health and the role of FQHCs in providing medical and dental care make FQHCs promising locations to provide integrated and coordinated medical and dental care. He said a combined medical and dental electronic health record project is being piloted in a FQHC network in Wisconsin. He said in Minnesota an emergency room is using hospitals and FQHCs in their network to connect patients to regular and ongoing dental care.

Chairman Lee suggested the committee receive additional information on Iowa's plan for enhanced dental benefits for the Medicaid Expansion population.

In response to a question from Representative Rohr, Mr. Snyder said data from the dental therapy model in Minnesota indicates dental therapists are practicing within their scope and providing quality care valued by their patients. He said dental therapists are subject to the same regulations by licensure boards as the traditional dental workforce.

Chairman Lee said the Commission on Dental Accreditation has adopted accreditation standards for dental therapy education programs.

In response to a question from Representative Mooney, Ms. Dana Schaar Jahner, representing the Community Healthcare Association of the Dakotas, said the four FQHCs in the state are: Coal Country Community Health Center in Beulah; Northland Community Health Center in Turtle Lake, which has a dental clinic in Minot; Fargo Family HealthCare Center which includes a dental clinic; and Valley Community Health Center in Grand Forks, which also includes a dental clinic.

In response to a question from Chairman Lee, Mr. Snyder said Oregon's accountable care effort, the Coordinated Care Organization, is in the process of combining medical, oral, and behavioral health records into one system.

Senator Heckaman said cyber attacks on health records at both Bismarck hospitals have been reported and are a concern.

Mr. Brad Hawk, Indian Health Systems Administrator, Indian Affairs Commission, provided information (Appendix F) regarding dental needs on the reservation and a credentialing project for health care professions providing services on the reservation. He said there is a lack of consistency among dental service providers on the reservation. He said high turnover among providers is a barrier to consistent preventative care resulting in increased extractions. He said Indian Health Service (IHS) facilities are underfunded and often funding available is needed to treat emergencies rather than preventative care. He said, in addition to state licensing requirements, dentists serving the reservations must also meet federal requirements. He said the federal credentialing process is often a barrier to dentists seeking to work on the reservation. He said stakeholders are reviewing the federal credentialing process to find efficiencies, including multi-year renewals. He said tribes are also exploring the possibility of using Public Law 93-638 contracts to manage dental care on the reservations. He said revenue generated through third-party billing would increase funding available for oral health services on the reservation.

In response to a question from Senator Heckaman, Mr. Hawk said he would provide information regarding the credentialing process for dental assistants and dental hygienists on the reservation.

In response to a question from Representative Fehr, Mr. Hawk said the mobile clinic provides some consistency, however, it is the dentist's interaction with the community that is important. He said the Mandan, Hidatsa, and Arikara Nation is planning to fund a mobile dental clinic.

In response to a question from Representative Fehr, Mr. Hawk said the Indian Affairs Commission is working to increase Medicaid enrollment, including Medicaid Expansion, and to enroll tribal members for insurance under the federal Affordable Care Act. He said county eligibility specialists do the outreach, but often there isn't a relationship between the tribe and the county. He said community health representatives on the reservation can provide information on Medicaid and insurance options, but they may not complete enrollment.

Senator Anderson said a Public Law 93-638 contract would encourage tribes to enroll members in Medicaid and allow them to hire dentists licensed by the North Dakota Board of Dental Examiners. He said a dentist serving in the IHS system need only be licensed in a state, not necessarily the state where the reservation is located.

In response to a question from Representative Mooney, Mr. Hawk said there is not a program similar to the Indians into Medicine (INMED) program for physicians, to recruit dentists from tribal members. He said revenue generated by a Public Law 93-638 contract could allow for dental professional scholarships.

Dr. Brent Holman, Executive Director, North Dakota Dental Association (NDDA), provided information (Appendix G) regarding an update on the association's suggested solutions to dental service barriers in the state. He said the NDDA is marketing dental loan repayment enhancements to new dentists and the association's volunteer and contracted services program will include safety net clinics. He said the NDDA is encouraging dentists to see additional Medicaid patients through its "Take Five More" program and has formed a Medicaid advisory committee to work with the Department of Human Services to address administrative barriers. He said the NDDA is participating in a Collaborative Practice Task Force to discuss how rules related to outreach hygiene practice in public health can be redefined. He said the American Dental Association is communicating with IHS to

simplify the credentialing process for professionals. He said a DentaQuest grant received by the State Department of Health is funding a needs assessment and determining best practices of North Dakota dentists currently providing care in long-term care facilities.

Ms. Schaar Jahner said community health centers in Fargo, Grand Forks, and Minot provide dental services. She said maintaining an adequate workforce continues to be an issue for these centers, but the dental loan repayment programs have helped recruit dentists who are paid less at the clinics than they could earn in private practice. She said the community health centers provide outreach and act as a medical home, combining primary and dental care for their patients. Ms. Schaar Jahner said she could provide information regarding the services provided at these community health centers at a future meeting.

Chairman Lee suggested the Community Healthcare Association of the Dakotas provide information regarding dental services offered at community health centers in the state at a future meeting.

DEATH INVESTIGATION AND FORENSIC PATHOLOGY CENTER STUDY

Mr. Kirby Kruger, Medical Services Section Chief, State Department of Health, provided information (Appendix H) regarding trends in the number of autopsies performed in the state and the regions in which autopsies are originating; the effect of the 2013-15 biennium contract with the University of North Dakota (UND) School of Medicine and Health Sciences on autopsy costs, gaps in autopsy services, and autopsy services in the eastern part of the state; provisions of the 2015-17 biennium School of Medicine and Health Sciences contract for autopsy services, including information regarding any changes from the 2013-15 contract and changes, if any, in the services to be provided by the School of Medicine and Health Sciences during the 2015-17 biennium; and an update on the stakeholder group established by the State Department of Health, including information regarding the development of a system approach to death investigation, a regional death investigation system framework, and statewide standards for death investigation. He said the number of autopsies performed in the state continues to increase, but the regional system has reduced the workload at the Office of the State Forensic Examiner. He said the number of autopsies performed in western counties impacted by oil development has increased significantly since 2007. Except for increases in Cass County, he said the number of autopsies performed in the eastern part of the state, now served by the School of Medicine, have been relatively steady. Mr. Kruger said the 2013 Legislative Assembly appropriated $480,000 from the general fund to the department to help alleviate the work load of the State Forensic Examiner and on September 1, 2013, the department contracted with the School of Medicine to provide forensic services to 13 eastern counties. He said starting July 1, 2014, eight more counties were added to the contract with the School of Medicine. He said the annual number of forensic examinations performed by the department has decreased from 367 in 2012, before the contract with the School of Medicine was enacted, to 261 in 2014. He said the department anticipates between 265 to 275 autopsies will be performed by the State Forensic Examiner in 2015. He said the Legislative Assembly appropriated $640,000 from the general fund to the department and to the School of Medicine directly to cover the cost of performing autopsies in the eastern part of the state during the 2015-17 biennium.

Mr. Kruger said the stakeholder group, established by the State Department of Health in 2014, met in October 2015 to review past activities and recommendations. He said the group identified the following priorities:

1. Continue to develop a statewide system of forensic services;
2. Assess the feasibility of the State Forensic Examiner obtaining National Association of Medical Examiner accreditation (the School of Medicine has just attained accreditation);
3. Continue to offer training for local officials regarding forensic investigations and death scene guidance, and encourage local officials to consult with the forensic pathologist in their area;
4. Address the difficulty of keeping medical personnel in coroners' positions statewide, given the shortage of medical personnel in many areas of the state;
5. Monitor caseloads of both the State Forensics Examiner and the School of Medicine;
6. Review the services provided by the State Forensics Examiner and the School of Medicine beyond performing autopsies, including law enforcement support, public health, and forensic data systems;
7. Explore granting the forensic pathologist access to North Dakota's Health Information Network to aid with the investigative process;
8. Address concerns regarding the capacity to store bodies at the State Forensic Examiner's office; and
9. Continue to pursue modifications to the North Dakota Vital Events Electronic Registry to allow the forensic pathologist access to death records and the ability to change the cause and manner of death as needed.

In response to a question from Representative Rohr, Mr. Kruger said forensic autopsies were done at hospitals before the state had a system. He said hospitals may do medical autopsies, however few currently do them. Dr. Mary Ann Sens, Chair, Department of Pathology, UND School of Medicine and Health Sciences, said the School of Medicine contracts with hospitals in the state for medical autopsies. She said the school performs 20 to 30 medical autopsies per year.

In response to a question from Representative Paur, Mr. Kruger said National Association of Medical Examiner (NAME) accreditation is the only nationally accepted accreditation program and NAME standards recommend no more than 250 autopsies per pathologist per year. He said the department has not pursued accreditation, because the State Forensic Examiner's caseload was exceeding the NAME standard. He said the goal of accreditation is to improve the department's processes and to increase the level of service.

Dr. Sens suggested the study address health workforce issues, educational needs, the importance of certification and accreditation, and expanded services.

Chairman Lee suggested the committee request the assistance of the School of Medicine and Health Sciences Advisory Council in its death investigation study, especially with regard to how autopsy services relate to population health. If the advisory council agrees to assist the committee, she said they will need guidance from the committee with regard to expectations and deliverables.

Dr. Sens said the School of Medicine and Health Sciences Advisory Council could offer valuable assistance, especially with the health workforce issues, and offered her assistance to the advisory council. She said autopsies provide a wealth of health-related data and the advisory council could assist in finding ways to extract and use the data. She said the advisory council may also provide guidance in improving autopsy services in the rural areas of the state.

In response to a question from Senator Anderson, Dr. Sens said medical autopsies are not included in the statistics provided by the State Department of Health. She said the difference between a forensic autopsy and a medical autopsy is whether or not the permission of the family is required. She said forensic autopsies are done at the request of the appropriate state or county official when there is an unexplained death and family permission is not required. She said a medical autopsy is done when the family or health care provider has questions and family permission is required.

In response to a question from Representative Seibel, Dr. Sens said a forensic autopsy is done at no cost to the family, because the state and county pay for investigation and transportation. She said the family is responsible for the cost of a medical autopsy, however, in some cases the health care provider may pay for the autopsy or provide transportation.

In response to a question from Representative Strinden, Dr. Sens said the School of Medicine is available seven days a week. She said identification, especially DNA testing, can take days, weeks, or even months, and extend the period of time the body must be held.

In response to a question from Representative Mooney, Dr. Sens said the cost of an autopsy depends on the complexity of the case and the number of autopsies performed at the facility. She said the School of Medicine's average cost is approximately $2,000 per autopsy.

In response to a question from Senator Warner, Dr. Sens said if there is disagreement between the county coroner and the sheriff with regard to whether or not an autopsy should be performed, the State Forensic Examiner has the authority to order an autopsy.

In response to a question from Senator Warner, Dr. Sens said various officials may serve as county coroners, physicians, funeral directors, and sheriffs.

Chairman Lee suggested the committee receive information regarding those serving as county coroners in the state.

It was moved by Senator Heckaman, seconded by Representative Strinden, and carried on a voice vote that the committee request the assistance of the School of Medicine and Health Sciences Advisory Council in the death investigation study.

STUDY OF EMPLOYMENT RESTRICTIONS IN PUBLIC ASSISTANCE PROGRAMS

Ms. Carol Cartledge, Economic Assistance Policy Division Director, Department of Human Services, provided information (Appendix I) regarding annually updated program limits and an update on the job opportunities and basic skills (JOBS) program, including number of participants, number of hours logged for various types of work activities, cost, and average number of months individuals participate in the program. She said low-income home energy assistance program income limits and child care assistance program income limits and copayments are adjusted based on state median income. She said supplemental nutrition assistance program (SNAP), Medicaid, and Healthy Steps income limits are adjusted based on the federal poverty level. She said the temporary assistance for needy families (TANF) program is adjusted based on appropriations and will increase 2 percent each year of the 2015-17 biennium. Ms. Cartledge reviewed charts outlining current economic assistance program income limitations.

Ms. Cartledge said the JOBS program is a companion program to the TANF program and includes education, training, and employment. She said North Dakota's TANF work participation rate for federal fiscal year 2014 was 71 percent. She said during the March through September 2015 quarters, the average number of participants totaled 1,806. She said the average amount paid to employment contractors for client services is $324 per month. She said for those participating in the program from March through August 2015, the average number of months a household was enrolled in TANF was 10 months.

Ms. Cartledge said the Department of Human Services is compiling a comprehensive report on public assistance programs, including income levels, unemployment rates in each county, and the effect public assistance programs have on one another. She said the department will provide the report to the committee prior to the next meeting date, so committee members will have the opportunity to review the information and ask questions at the next meeting.

In response to a question from Representative Fehr, Ms. Cartledge said the department will provide information regarding a comparison of the state median income versus the federal poverty level.

In response to a question from Senator Axness, Ms. Cartledge said the department will provide a list of asset limits for each program, including information regarding the department's flexibility in setting limits.

Ms. Arlene Dura, Supplemental Nutrition Assistance Program Director, Department of Human Services, provided information (Appendix J) regarding electronic benefit transfer (EBT) retailers in the state, including information regarding retailer audits, and the training and education component of the SNAP program, including information regarding services, funding, and participation. She said in August 2014, EBT retailers were required to pay for their EBT equipment and supplies. She said there were 475 participating EBT retailers in the state in November 2014 and the average number of participating retailers from July 31, 2014, through July 31, 2015, was 459. She said Food and Nutrition Service Retailer Operations Division staff are responsible for authorization, monitoring, and investigation of retailers. She said the basic employment skills training (BEST) program is the employment and training component of SNAP. She said because federal funding is limited, the program only operates in Burleigh and Cass Counties. She said the federal grant is based on the number of mandatory work registrants and able-bodied adults without dependents participating in the program. She said the department partners with Job Service North Dakota to provide services, including orientation, needs assessments, employment plan development, job search, referrals for other services, and job skills training. She said clients are required to participate 20 to 25 hours per week until they find employment, move, or become exempt. She said the monthly average number of BEST program referrals in Burleigh County increased from 25 in federal fiscal year 2014 to 53 in federal fiscal year 2015. She said referrals in Cass County increased from 29 in 2014 to 57 in 2015. She said the monthly average number of new referrals participating in the program in Burleigh County increased from 9 in 2014 to 20 in 2015 and from 14 to 27 in Cass County. She said the monthly average number of individuals who began employment in Burleigh County increased from 7 in 2014 to 8 in 2015 and from 4 to 8 in Cass County. She said the average monthly SNAP caseload in Burleigh County decreased from 2,477 in federal fiscal year 2014 to 2,435 in federal fiscal year 2015. She said in Cass County the average monthly SNAP caseload decreased from 5,632 in federal fiscal year 2014 to 5,485 in federal fiscal year 2015.

In response to a question from Representative Fehr, Ms. Dura said many of the referrals are able-bodied adults without dependents. She said those individuals can only participate in the SNAP program for 3 out of 36 months unless they are working an average of 20 hours per week. She said although referred to the BEST program, the individual may decide not to participate and are disqualified.

Mr. Michael Ziesch, Labor Market Information Center Manager, Job Service North Dakota, provided information (Appendix K) regarding jobs available in the state by county, including monthly wage and whether the jobs require specific skills, education, or training. He said Job Service North Dakota has data identifying open and available

positions in the state and the *Job Openings Report* is a real-time publication available online. He said the report includes aggregate job openings, on a monthly basis, for all 53 counties from June 2008. He said it is not possible to display the individual job openings by occupation in the report by county. He said statewide, Job Service North Dakota provides information by major occupational group by month, by planning region. He said in October 2015 there were 16,684 job openings in the state, including jobs related to healthcare (1,749), sales (1,748), administrative support (1,683), and food service (1,367). He said earnings data is available by industry, but not by occupation, for individual counties in the Quarterly Census of Employment and Wages program. He said the *Employment and Wages by Occupation* publication provides wage estimates by occupation and certain geographies within the state. He said data related to skills, education, and training required for various occupations is from federal tables and the data can be viewed in the *Careers in North Dakota* publication on the Job Service North Dakota website.

In response to a question from Chairman Lee, Ms. Cartledge said the state's work participation rate of 71 percent exceeds the 50 percent requirement under TANF. She said due to high unemployment rates, three reservations in the state are exempt from the lifetime TANF limit; however, they are not exempt from the work requirement.

Ms. Karen Ehrens, NDESPA, provided information (Appendix L) regarding the sudden loss of benefits as the result of a minor increase in gross wages also known as the "cliff effect." She said because of the complexity within and among public assistance programs, there is not one single solution to the "cliff effect." She said the North Dakota Economic Security and Prosperity Alliance (NDESPA) suggests continuing to coordinate poverty relief programs, saving and asset building, education and training, and childcare. She said NDESPA is gathering information regarding ways other states are mitigating the "cliff effect" and would be willing to provide an overview of their findings at a future meeting.

Chairman Lee suggested the NDESPA provide information at a future meeting regarding ways other states are mitigating the "cliff effect."

OTHER COMMITTEE RESPONSIBILITIES

Ms. Brenda Weisz, Accounting Division Director, State Department of Health, provided information (Appendix M) regarding an update on the status of the department's health professional assistance program study. She said the 2015 Legislative Assembly in House Bill 1036 required the State Department of Health to evaluate state programs to assist health professionals, including behavioral health professionals, with a focus on state loan repayment programs. She said the department is developing study measures and methods, which will include:

- Identifying the state programs that assist health professionals;
- Considering whether elements of the state programs could be standardized;
- Evaluating funding and usage of the state programs;
- Evaluating the effectiveness of the programs; and
- Considering whether gaps or duplication exist in the programs.

Ms. Weisz said the study will be completed by an employee of the department who is independent of the Primary Care Office, which administers the loan repayment program. She said additional information will be available after the Health Council meets in spring 2016.

Chairman Lee suggested the State Department of Health consider proposing a new program for dental students, similar to the INMED program for physicians, to the Health Council for its consideration.

Mr. Oliver Mogga, refugee from Sudan, provided information (Appendix N) regarding his experience resettling in the United States. He said he fled Sudan and lived in Kenya for 5 years, but could not be granted asylum in Kenya. He said he applied for asylum status in the United States in August 1998 and his application was approved in 2001. He said approval was also extended to his children born in Kenya and his wife, who is originally from Kenya. He said he became a consultant for Catholic Charities Refugee Resettlement Services and began resettling some of the Sudanese refugees in Syracuse, New York. He said he began working for Lutheran Social Services of North Dakota in August 2014 and now serves as an employment specialist and a case manager. He said his work includes TANF cases and secondary migrant cases. Mr. Mogga introduced his wife, Ms. Jael Ojwaya, who is an immigrant from Kenya.

Ms. Ojwaya provided information (Appendix O) regarding her experience resettling in the United States and her work with refugee and immigrant students. She said she taught high school in Kenya and served as a school psychologist and director of psychological services for Dayton Public Schools in Ohio. She said immigrants must prove they are able to support themselves and their family once in the United States. She said she currently works as a multi-tiered support coach at West Fargo Public Schools where she works with English Language Learner students after they exit newcomer services and refugees and secondary immigrants who have demonstrated a certain level of English language proficiency. She said she performs assessments and places students on an academic pathway. She said assessment tools and assessments must be culturally sensitive to the students. She said she collaborates with school teams to support the needs of a culturally diverse population at Cheney Middle School in Fargo.

In response to a question from Senator Anderson, Mr. Mogga said refugees are motivated to attend school because an education is one of the things they were generally denied in their country of origin. He said refugees are assessed to determine their level of education and then, based on their level of education, provided assistance in learning English or earning a GED. He said those with bachelor's degrees in other countries are counseled on how to earn the same degree in the United States.

In response to a question from Senator Heckaman, Ms. Ojwaya said translation is done at the welcome center and to attend school students must achieve a certain level of English proficiency. Mr. Mogga said the cooperative agreement between Lutheran Social Services and the federal Department of State requires students to be registered in school within 30 days; however, students remain at the welcome center until their English skills meet a minimum level of proficiency.

In response to a question from Representative Rohr, Mr. Mogga said there were 75 new arrivals in September 2015. He provided information (Appendix P) regarding arrivals in North Dakota during fiscal year 2015. He said from October 2014 through September 2015 there were 651 arrivals, of which 506 were new arrivals and 133 were secondary migrants, 8 were asylees, and 4 were parolees. He said most were from the countries of Bhutan, Iraq, and Somalia. He said of the new arrivals, 328 settled in Fargo, 107 in Grand Forks, 40 in Bismarck, 2 in Jamestown, 1 in West Fargo, and 28 in Moorhead, Minnesota.

Ms. Denise Andress, Director, Western Area Health Education Center, provided information (Appendix Q) regarding a plan for Area Health Educational Centers to administer behavioral health and other internships and information (Appendix R) regarding proposed funding for health care internships in the state. She said Area Health Educational Centers (AHEC) support health care students in travel and per diem expenses related to rural clinical rotations, she said the administrative process is operational to reimburse behavioral health and other internship students and the providers that support students. She said internships available in South Dakota and Minnesota are usually in the summer and are paid, part-time positions within a facility, with the possibility of a full-time position. She said licensed addiction counseling students in North Dakota are not paid during the required nine-month internship and there are no comparable paid internship programs in North Dakota. She said the 2015 Legislative Assembly in House Bill No. 1049 provided for loans through the Bank of North Dakota of up to $7,500 to licensed addiction counseling students for internships. She said the Department of Human Services provides preceptor compensation reimbursement of 5 percent for nine months, resulting in approximately $1,989 to $2,421 per licensed addiction counselor. She said because mentoring licensed addiction counselor students takes time and decreases the number of patients seen at a clinical level, resulting in decreased reimbursement, private providers accept few licensed addiction counselor interns. Ms. Andress provided a comparison of the requirements for licensed addiction counselors in South Dakota to the requirements for licensed addiction counselors in North Dakota. She said mental health counselors in the state increased at a rate of 6 per year from 321 in 2014 to 333 in 2016. She said there are currently 25 job openings and the average salary is $47,900 per year. She said AHEC's proposed budget for a licensed addiction counselor internship program totals $367,200 per biennium, including preceptor compensation and sites for development ($100,000), intern travel and expense reimbursement for 20 interns per year ($40,000), and administrative costs ($227,200) to provide for 1 full-time equivalent position and related travel, marketing, and indirect costs.

Ms. Thomasine Heitkamp, Professor/Associate Provost, UND, provided information (Appendix S) regarding collaboration between the School of Medicine and the School of Law to provide behavioral health experiences for health sciences and law school students. She said faculty and students at the School of Medicine and School of Law have the expertise to assist in developing a more integrated system of behavioral health care. She said both the School of Medicine and the School of Law may assist in the state's response to the increasing drug use among the state's population; the inadequacy or inaccessibility of mental health services in the state, especially in rural areas; the need for law and policy reforms; and the need for more accessible health care to people experiencing behavioral health disorders. She said the School of Medicine and the School of Law have been developing a proposal that is designed to improve access to behavioral health services, expand the behavioral health workforce,

train professionals and paraprofessionals to address behavioral health issues, enhance access to conflict-free case management, and provide access to data and analysis to conduct program evaluations and improve outcomes-based systems. She said a model has been developed that could be implemented at the Center for Family Medicine in Bismarck with the collaboration of the School of Law and the Department of Social Work at the University of North Dakota.

Dr. Gwen Halaas, Acting Chair, Family and Community Medicine, and Senior Associate Dean, UND School of Medicine and Health Sciences, said the model is an interprofessional, collaborative, and team-based approach to providing behavioral health services. She said the draft proposal for a Behavioral Health and Addiction in North Dakota (BAND) program includes an interprofessional team located in a central office in Bismarck. The interprofessional team will work collaboratively to develop recommendations for best practices and policy reform as well as to provide training for a team-based approach to address behavioral health issues more effectively and efficiently, including addressing gaps in current services. She said this team-based approach may be implemented in communities throughout North Dakota, incorporating student learning experiences in medicine, nursing, social work, law, counseling psychology, addiction counseling, public health, and other relevant disciplines. She said the Bismarck BAND office will expand the behavioral health and addiction counselor workforce through training and educational programs; provide training relevant to the legal dimensions of behavioral health and in a collaborative team-based approach; address the needs of individuals with behavioral and addiction problems; and assist providers and policymakers through the development and dissemination of research, data, and best practices to inform evidence-based services as well as sound law and policy. She said the BAND team in Bismarck would include a medical director, mental health law and policy specialist, and a social worker. She said the objectives of the BAND program are both academic and clinical. She said professionals and faculty in communities would receive training through the Bismarck office and supervise students who would be placed for internships and practicums in these settings. She said the BAND program will include additional professionals who may be located in Grand Forks or in other communities throughout the state, including a behavioral health trainer, licensed addiction counselor, research specialist, part-time licensed counseling psychologist or psychologist, part-time advanced nurse practitioner, part-time masters social worker, and a program director. She said financial support will be needed for internships and practicums, including travel reimbursement, housing, or stipends.

Ms. Kathryn Rand, Dean, UND School of Law, said the legal dimensions of behavioral health are important because individuals involved in the criminal justice system and in the prison population often struggle with behavioral health issues. She said the mental health law and policy specialist would be an attorney with expertise in mental health law that could work with state courts and the Department of Corrections and Rehabilitation. She said the mental health law and policy specialist would also supervise law students working with individuals struggling with behavioral health issues.

Ms. Heitkamp said the program consists of faculty supervising students at rural sites in the western part of the state and in places where students have a difficult time finding supervision. She said licensed addiction counselors at UND could provide support for licensed addiction counseling students in the west or wherever there is a shortage.

In response to a question from Chairman Lee, Dr. Jeff Hostetter, Program Director, Center for Family Medicine, said the needs and resources differ in each community. He said the challenge for most communities is communication between resource agencies. He said the program would identify stakeholders in the community and empower them to do a needs assessment of the community. He said the program could include an on-call crisis manager, a safe house, and access to medication. He said the crisis manager could expedite assessment and treatment at a human service center to provide a treatment plan.

Chairman Lee said the Behavioral Health Services Division of the Department of Human Services could provide expertise regarding behavioral health programs at the Department of Human Services and suggested the BAND program team include the Department of Human Services in their discussion.

In response to a question from Representative Rohr, Ms. Heitkamp said the group, with the support of the Center for Family Medicine, would like to begin the pilot program in Bismarck as soon as possible. Dr. Hostetter said timing will depend on the availability of appropriate health care professionals.

In response to a question from Chairman Lee, Dr. Halass said the pilot program could be implemented quickly. She said, based on the pilot outcomes, a plan could be developed in time for presentation to the 2017 Legislative Assembly.

In response to a question from Representative Fehr, Dr. Hostetter said the program would include psychology and social work students; local physicians; resident physicians, including those in internal medicine and psychiatry placements around the state; and law enforcement.

Ms. Pam Sagness, Behavioral Health Services Division Director, Department of Human Services, said it is important to provide the appropriate level of services to an individual. She said the department is currently conducting a needs assessment and she suggested collaborating with the department to make the most efficient use of resources available.

Senator Heckaman expressed concern regarding youth with behavioral health issues that become involved with the legal system.

Ms. Rand said the School of Law could provide trained law students for field placements with courts, state's attorney's offices, public defenders, family law firms, and other agencies. She said the School of Law could also collaborate with state courts, the Department of Corrections and Rehabilitation, law enforcement, probation services, juvenile services, and the Department of Human Services on issues of law and policy. She said the School of Law does not currently have the necessary expertise in mental health law and policy. She said this program would require the addition of a mental health law and policy specialist.

In response to a question from Representative Rohr, Ms. Heitkamp said faculty could be placed in rural areas to provide training and supervision. Dr. Halaas said the School of Medicine has a network of physicians, serving as community faculty, that could be trained and telemedicine could provide an important link to expertise.

Mr. Kurt Snyder, Executive Director, Heartview Foundation, said some private providers are training licensed addiction counselors. He said some providers pay interns to secure an employee and in some cases an existing employee may be working toward a degree. He said the Heartview Foundation and the Burleigh County Detention Center have received a grant to screen each individual entering the detention center to identify those with mental health issues.

Chairman Lee suggested the Heartview Foundation provide information regarding the findings of the screenings at a future meeting.

Chairman Lee requested Legislative Council staff prepare a bill draft to allow the UND School of Medicine and Health Sciences Department of Pathology to access the health information network and death records, similar to the bill draft considered by the Legislative Assembly in 2015.

Chairman Lee said the Health Services Committee and the Human Services Committee will once again coordinate meeting dates. She said the Human Services committee anticipates meeting on January 6, 2016. She said the next Health Services Committee meeting will be January 7, 2016.

No further business appearing, Chairman Lee adjourned the meeting at 4:31 p.m.

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Sheila M. Sandness
Senior Fiscal Analyst

ATTACH:19