

**Testimony**  
**Senate Bill 2085 – Department of Human Services**  
**House Human Services Committee**  
**Rep. Robin Weisz, Chairman**  
**March 3, 2021**

Chairman Weisz, members of the House Human Services Committee, I am Dr. Caprice Knapp, Director of the Medical Services Division, for the Department of Human Services (Department). I am here today in support of Senate Bill 2085, which was introduced at the request of the Department.

Section 1 of this bill alters North Dakota Century Code section 50-24.1-06 such that the current remedial eye care program becomes subject to the “limits of legislative appropriation”. The existing Century Code recommends that remedial eye care services be provided to any individual under age 65 in need of care who has applied and received authorization from the Department for such care. Remedial eye services are meant to prevent blindness or restore eyesight, but not treatment of diseases that may impact eyesight such as diabetes.

Section 2 of this bill concerns North Dakota Century Code section 50-24.1-26 which gives the Department authority to administer a Medicaid Autism Spectrum Disorder Waiver. Section 2 increases the age from a maximum of 14 years of age to a maximum of 16 years of age for children who are enrolled in the waiver. This will prevent current waiver participants from aging out of the waiver.

Section 3 of this bill would authorize the North Dakota Medicaid program to exercise the state option and allow certified nurse-midwives to be primary care case managers for North Dakota Medicaid members.

Federal Regulations (42 Code of Federal Regulations (CFR) §438.2) specify the types of providers the state must recognize as primary care providers and allow certified nurse-midwives (as well as physician assistants and nurse practitioners) to serve as primary care case managers:

(42 CFR 438.2) Definitions: Primary care case manager (PCCM) means a physician, a physician group practice, an entity that employs or arranges with physicians to furnish primary care case management services or, at State option, any of the following:

- (1) A physician assistant.
- (2) A nurse practitioner.
- (3) A certified nurse-midwife.

The types of providers North Dakota must recognize as a primary care provider include physicians, federally qualified health centers, Indian Health Services, and rural health clinics. Through North Dakota Century Code section 50-24.1-32, the Legislature has authorized the “state option” practitioner groups allowed to be primary care providers. Originally the Legislature authorized nurse practitioners and subsequently added physician assistants.

In Section 3 of this bill, the Department is requesting the authority to add certified nurse-midwives because of a request from a clinic who employs certified nurse-midwives. Since a certified nurse-midwife cannot currently serve as a primary care provider, a separate referral from a different primary care provider is needed. This extra step can delay the

member receiving needed health care services.

Nurse-midwife credentialing demonstrates a broader scope of practice than just limited to obstetrics and gynecology, allowing them to be a primary provider for members. Having more healthcare providers available to serve as primary care providers is a benefit to Medicaid members and the Medicaid program.

Section 3 also amends the reference to “advanced registered nurse practitioners” to “advanced practice registered nurses” to be consistent with how this practice is referenced in the North Dakota Nurse Practices Act (North Dakota Century Code section 43-12.1).

Finally, Section 4 of the bill adds a new section to North Dakota Century Code chapter 50-24.1 which would allow the Department to pay medical assistance providers by electronic fund transfer only. Paying providers electronically, as opposed to a paper check, allows for more expedited payment, improved cash flow for providers, less burdensome administrative processes, and more accurate transactional information that can be used to monitor payment integrity. The Department is required to pay 90% of clean claims in less than 30 days and 99% of clean claims in less than 90 days. Paying by paper check could prolong that process. Currently, about 960 of Medicaid’s more than 20,000 providers are being paid by paper checks versus electronic fund transfer. As a point of reference, the Department is proposing a comparable transition to electronic payment processing for subsidized adoption in Senate Bill No. 2088 and for foster care payments in House Bill No. 1091.

I would be happy to answer any questions that you may have.