Legislative Council
600 East Boulevard Avenue, Bismarck, ND 58505

HEALTH CARE COMMITTEE

Thursday, May 30, 2024
Roughrider Room, State Capitol
Bismarck, North Dakota

Senator Kyle Davison, Chairman, called the meeting to order at 9:30 a.m.

Members present: Senators Kyle Davison, Tim Mathern, Kristin Roers; Representatives Gretchen Dobervich, Clayton Fegley, LaurieBeth Hager, Dawson Holle*, Carrie McLeod*, Emily O'Brien, Karen M. Rohr, Mary Schneider, Greg Stemen, Michelle Strinden*

Members absent: Senator Sean Cleary; Representatives Jon O. Nelson, Robin Weisz

Others present: Sarah Aker, Christine Greff, Brianna Monahan, Department of Health and Human Services; Matthew Farrell, Essentia Health; Megan Houn, Blue Cross Blue Shield of North Dakota; Whitney Johnson, Family HealthCare; Douglas D. Nelson, Insurance Department; Matthew Schafer, Medica; and Danielle Thurtle, Sanford Health

See Appendix A for additional persons present.

**Attended remotely*

It was moved by Senator Roers, seconded by Senator Mathern, and carried on a voice vote that the minutes of the January 30, 2024, meeting be approved as distributed.

REPORTS

State Fire Marshal

Mr. Douglas D. Nelson, State Fire Marshal, Insurance Department, presented the biennial report (Appendix B) of findings and recommendations for legislation to improve the effectiveness of the law on reduced ignition propensity standards for cigarettes pursuant to North Dakota Century Code Section 18-13-02.

In response to a question from the committee, Mr. Nelson indicated that as of April 30, 2024, the balance of the Reduced Cigarette Ignition Propensity and Firefighter Protection Act enforcement fund is $420,322.

State Comprehensive Stroke System

Ms. Christine Greff, Stroke and Cardiac Systems Coordinator, Division of Emergency Medical Systems, Department of Health and Human Services, presented the biennial report (Appendix C) on the progress made toward recommendations provided under the plan for achieving continuous quality improvements in the quality of care provided under the state comprehensive stroke system for stroke response and treatment pursuant to Section 23-43-04.

In response to questions from the committee, Ms. Greff provided additional testimony (Appendix D) regarding arrival mode reporting data and outreach to long-term care facilities.

Diabetes Prevention and Control

Ms. Brianna Monahan, Diabetes Prevention and Control Program Coordinator, Department of Health and Human Services, presented the biennial report (Appendix E) on the collaboration of the Department of Health and Human Services, Indian Affairs Commission, and Public Employees Retirement System to identify goals and benchmarks while also developing individual agency plans to reduce the incidence of diabetes in the state, improve diabetes care, and control complications associated with diabetes pursuant to Section 23-01-40. She noted:

- Obesity is a primary risk factor for type 2 diabetes, increasing the risk for disease by at least six times.
- Rates of obesity and type 2 diabetes have increased linearly in recent decades, with the rate of diabetes increasing primarily among obese individuals.

- The most vulnerable and underserved populations suffer from the highest rates of diabetes and have the poorest health outcome.
- Adults over the age of 65 remain the population with the highest rate of diabetes; however, adults between the ages of 45 and 55 have the fastest growing rate of diabetes.
- Prevention of diabetes is best achieved through a cross-sector community-based approach which includes access to nutritious food options, wellness programming for youth, and mental and behavioral health services for persons with or at risk for diabetes.

In response to a question from a committee member, Ms. Rebecca Fricke, Executive Director, Public Employees Retirement System, provided a brief overview of Senate Bill No. 2140 (2023), relating to public employee insulin drug and supplies benefits out-of-pocket limitations, discussed the Public Employees Retirement System's intention to introduce a bill draft to the 69th Legislative Assembly which would expand the application of the limitations to the private insurance market, and noted the progress of the actuarial analysis associated with the bill draft.

PROVIDER REIMBURSEMENT STUDY

Ms. Sarah Aker, Executive Director for Medical Services, Department of Health and Human Services, presented information (Appendix F), regarding provider reimbursement for Medicaid program considerations for value-based care metrics in the state. She noted:

- The Medicaid value-based care program is implementing value-based care in nursing home facilities and prospective payment system hospitals, and the Medicaid Expansion managed care contract includes value-based care requirements.
- Program successes include Centers for Medicare and Medicaid Services approval of the state plan amendment which provides authority for the program, initial and expanded measure refinements aligning to industry standards, securing supplemental data for all measures, and clarifying definitions of success with health system partners.
- Program challenges include data collection and validation and updating state policies and processes.
- Next steps for the program include evaluating lessons learned, continuing to collaborate with providers, and identifying additional providers to participate in the program.

Dr. Danielle Thurtle, Chief of Pediatrics and Medical Director of Quality, Sanford Health, provided information about her experience with quality-based programs and how the Medicaid value-based care program has impacted the way in which health care professionals provide care to patients.

Mr. Tim Kennedy, Administrator, Parkside Lutheran Home and Four Seasons Health Care Center, provided information (Appendix G) regarding Parkside Lutheran Home's experience implementing the value-based care program.

CONTRACT NURSING STUDY

Ms. Nikki Wegner, President, North Dakota Long Term Care Association, presented information (Appendix H) regarding contract nursing. She noted:

- The Long Term Care Association formed a committee to study contract nursing, which includes members from the North Dakota Hospital Association, Interim HealthCare, Dakota Travel Nurse Staffing, North Dakota Nurses Association, and the Anne Carlsen Center.
- The committee discussed challenges impacting resident safety and contract agencies acknowledged difficulty in evaluating staff.
- The committee discussed the need for minimum standards for contract agencies to ensure quality and safety, including the potential benefits of licensing requirements for contract agencies.

In response to the committee's request, Ms. Wegner provided information (Appendix I) regarding challenges in retaining registered nurses in long-term care facilities.

Committee members requested the Legislative Council staff to prepare a bill draft relating to licensing requirements for contract nursing agencies for consideration at the next meeting.

PRIOR AUTHORIZATION STUDY

Centers for Medicare and Medicaid Services' Final Rule

Mr. Andy Askew, Vice President of Public Policy, Essentia Health, introduced Mr. Matthew Farrell, Senior Director, Office of Access Management, Essentia Health, to the committee.

Mr. Farrell presented information (Appendix J) regarding the Centers for Medicare and Medicaid Services' recently published final rule on interoperability and prior authorization. He noted:

- The final rule includes three key elements: interoperability, prior authorization reform, and reporting requirements.
- The rule only impacts health insurance plans governed by the Centers for Medicare and Medicaid Services.
- The interoperability component of the rule provides for the creation of a standardized application programming interface, which includes information about prior authorization decisions, integrated into the patient's application of choice.
- The rule requires impacted payers to implement and maintain a provider access application programming interface to share patient data with in-network providers, identify whether an item or service requires prior authorization, and support the creation and exchange of prior authorization requests from providers and responses from payers.
- Prior authorization requirements include standardizing time frames, with a response deadline of within 7 calendar days for routine care requests and within 72 hours for urgent or expedited requests.
- The rule requires payers to provide specific information about why a prior authorization request was denied, regardless of how the request was submitted.
- Payers are required to report on prior authorization processes on their public website on an annual basis, including the percent of requests approved, denied, and approved after appeal, and the average amount of time between submission of the request and the decision.
- Payers also must report annually regarding metrics relating to patient use of the application programming interface.

In response to a question from a committee member, Mr. Farrell noted the application programming interface requirements bring uniformity to the prior authorization process because both payers and providers have to use the same pathways for communication and transparency.

Federally Qualified Health Centers

Ms. Whitney Johnson, Psychiatric Mental Health Nurse Practitioner, Family HealthCare, provided information (Appendix K) regarding her experience with prior authorization as a psychiatric nurse practitioner at a federally qualified health center.

In response to a request from a committee member, Ms. Johnson provided templates (Appendix L) used to request exceptions covered under Minnesota Statutes Section 62Q.527, relating to required coverage for nonformulary antipsychotic drugs.

Ms. Kayla Abrahamson, Doctor of Nursing Practice, Northland Health Centers, provided information (Appendix M) regarding her experience with prior authorization as a family nurse practitioner at a federally qualified health center. She noted health care providers spend an excessive amount of time submitting prior authorization requests, and one of the biggest challenges providers face is the lack of staff available to assist with the prior authorization process.

In response to a question from a committee member, Ms. Megan Houn, Vice President of Government Affairs and Public Policy, Blue Cross Blue Shield of North Dakota, provided information about Blue Cross Blue Shield's updates to the prior authorization process, including implementing a new tool that notifies a provider upon request if prior authorization is not required.

The committee expressed interest in learning more about recent legislation passed in Minnesota relating to prior authorization.

No further business appearing, Chairman Davison adjourned the meeting at 2:38 p.m.

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Beth Dittus
Counsel

ATTACH:13