

**2025 HOUSE INDUSTRY, BUSINESS AND LABOR**

**HB 1248**

# 2025 HOUSE STANDING COMMITTEE MINUTES

## Industry, Business and Labor Committee Room JW327C, State Capitol

HB 1248  
1/22/2025

A BILL for an Act to amend and reenact sections 26.1-36-09.12 and 54-35-02.4 of the North Dakota Century Code, relating to medical services related to suicide and the powers and duties of the employee benefits programs committee; and to repeal section 54-03-28 of the North Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance mandated coverage of services.

9:29 a.m. Chairman Warrey opened the meeting.

Members Present: Chairman Warrey, Vice Chairman Ostlie, Vice Chairman Johnson, Representatives Bahl, Brown, Finley-DeVile, Grindberg, Kasper, Koppelman, D. Ruby, Schatz, Schauer, Vollmer

Member Absent: Representative Christy

### Discussion Topics:

- Analysis of the bill
- Cost data
- Longer data time
- Straight to market
- Timely accurate data
- NDPERS Actuary costs \$115,000
- Pilot period

9:29 a.m. Representative Robin Weisz, District 14, Hurdsfield, ND introduced and testified.

9:51 a.m. Rebecca Fricke, Executive Director, North Dakota Public Employees System (NDPERS), testified in opposition and submitted testimony #30487 and #30765.

10:08 a.m. Dylan Wheeler, Head of Government Affairs, Sanford Health Plan, testified in opposition and submitted testimony #30615.

10:14 a.m. John Arnold, Deputy, ND Insurance Department, testified as neutral.

10:16 a.m. Chairman Warrey closed the hearing.

*Diane Lillis, Committee Clerk*

## **TESTIMONY OF REBECCA FRICKE**

### **House Bill 1248 – Employee Benefits Programs Committee Jurisdiction of Health and Retiree Health Bill Proposals and Insurance Mandate Process**

Good Morning, Mr. Chair and members of the Committee. My name is Rebecca Fricke and I am the Executive Director of the North Dakota Public Employees Retirement System, or NDPERS. I appear before you today in opposition of House Bill 1248, specifically the changes being made in Section 2 of the bill. However, if Section 2 were removed from this bill so that the current law remain, then the NDPERS Board's position would be neutral.

Section 2 of House Bill 1248 removes the requirement that proposed bills that have a fiscal impact on the health and retiree health plans for state employees and employees of political subdivisions fall under the jurisdiction of the Employee Benefits Programs Committee. In addition, also removed is the authority for NDPERS to request of an independent actuary and consultant the cost and technical analysis of any proposed bills of this nature once the Committee has taken jurisdiction.

These changes will be problematic for NDPERS to be able to provide independent, timely and thorough analysis of the impact of a bill if the bill no longer goes through the process that is currently in law for the Employee Benefits Programs Committee to take jurisdiction. A significant concern is whether accurate cost analysis will be able to given within the narrow window of when a bill is first introduced, the fiscal note is required and the committee hears the bill. In order for the committee and legislative body to fully understand the cost impact of the proposed bill on the state's health plan, there needs to be adequate time for the analysis to be done by the independent actuary.

As an example, we can look to the current session. As of January 20, there have been ten bills introduced that have an impact on the NDPERS health or retiree health plans that the Employee Benefits Programs Committee took jurisdiction of. Of these ten, eight went through the Interim Employee Benefits Programs Committee and were analyzed throughout the previous summer and fall. Had these bills not gone through the current process found in NDCC 54-35-02.4, NDPERS would not be able to have cost impacts to be able to submit fiscal notes within required timeframes. Nor would NDPERS be able to provide technical comments on each of the bill's impact to know if the proposal is compliant with federal law and to provide other considerations of the bill's impact to the state's health plan that may help the legislative body in their decision on the bill. Without the current process, it is likely we would need to rely on the insurance carrier to provide us with cost and technical analysis. This could result in an inflated fiscal note as there are often times when the NDPERS actuary or consultant projects a cost that is less than the carrier projects.

For this reason, NDPERS offers an amendment to this bill. The amendment is attached to my testimony and labeled as Amendment 1, which removes Section 2 from the bill. I did visit with Speaker Weisz regarding the concerns and he is aware that I am bringing forward this amendment.

The amendment would keep the current process in law as it relates to proposed bills that impact the health and retiree health plans of state employees and employees of political subdivisions. This would mean that the Employee Benefits Programs Committee would still take jurisdiction of these types of proposed bills and provides the authority for the analysis of the bill proposal to be prepared by the actuary and consultant.

As far as the remainder of the bill, Section 1 is not within my purview. Section 3 repeals NDCC 54-03-28 related to insurance mandates and the NDPERS pilot program. It is my understanding that this section was put into law in the early 2000s to allow the mandate to be applied to the state's health plan for a biennium for purposes of determining potential cost and impact should the legislative body wish to approve the coverage for the larger commercial market regulated by the Insurance Department.

NDPERS does not have a concern with how this process works, other than, when it comes to proposing a bill to move the coverage to the larger commercial market, it may make more sense to have the bill proposal come from a sponsor other than NDPERS, given the bill moves the coverage requirement out of the NDPERS section of code under 54-52.1 and places the mandated coverage in the Insurance Department's section of code. Amendment 2 offered in my testimony is to remove the NDPERS Board as the entity required to submit the bill following the pilot program. In my discussion with Speaker Weisz, he asked that I bring forward this amendment for consideration. We would be more than happy to discuss other possible changes in this process if the Committee wishes.

This concludes my testimony. I ask that you consider adopting the first amendment (labeled Amendment 1) to Section 2 to continue the current law related to bill proposals that have a fiscal impact on the health and retiree health plans of state employees and political subdivision employees to allow independent, reasonable cost and technical analysis of the impact to the NDPERS health insurance plans. This will then allow the legislative body to consider any of these bill proposals with a more thorough understanding of the cost and potential impact of the proposal on the state's health plan.

This concludes my testimony and I'd be happy to answer any questions you may have.



Sixty-ninth  
Legislative Assembly  
of North Dakota

**PROPOSED AMENDMENTS TO**

**HOUSE BILL NO. 1248**

Introduced by

Representatives Weisz, Frelich, McLeod, M. Ruby

Senators Lee, Dever

1 A BILL for an Act to amend and reenact sections 26.1-36-09.12 ~~and 54-35-02.4~~ of the North  
2 Dakota Century Code, relating to medical services related to suicide ~~and the powers and duties~~  
3 ~~of the employee benefits programs committee~~; and to repeal section 54-03-28 of the North  
4 Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance  
5 mandated coverage of services.

6 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

7 **SECTION 1. AMENDMENT.** Section 26.1-36-09.12 of the North Dakota Century Code is  
8 amended and reenacted as follows:

9 **26.1-36-09.12. Medical services related to suicide.**

10 An insurance company, nonprofit health service corporation, or health maintenance  
11 organization may not deliver, issue, execute, or renew ~~any~~ a hospital, surgical, medical, or major  
12 medical benefit policy on an individual, group, blanket, franchise, or association basis unless  
13 the policy, contract, or evidence of coverage provides benefits, of the same type offered under  
14 the policy or contract for illnesses, for health services to any individual covered under the policy  
15 or contract for injury or illness resulting from suicide, attempted suicide, or self-inflicted injury.  
16 ~~The medical benefits provided for in this section are exempt from section 54-03-28.~~

17 **~~SECTION 2. AMENDMENT.~~** ~~Section 54-35-02.4 of the North Dakota Century Code is~~  
18 ~~amended and reenacted as follows:~~

19 **~~54-35-02.4. Employee benefits programs committee—Powers and duties.~~**

20 ~~1.—During each interim, the employee benefits programs committee shall consider and~~  
21 ~~report on the legislative proposals over which the committee takes jurisdiction and~~  
22 ~~which fiscally impact the retirement programs of state employees or employees of any~~  
23 ~~political subdivision, and health and retiree health plans of state employees or~~  
24 ~~employees of any political subdivision. A majority of the members of the committee~~

~~has sole authority to determine whether a legislative proposal affects a program. The committee shall make a thorough review of each proposal the committee takes under its jurisdiction, including an actuarial report. The committee shall take jurisdiction over a proposal that authorizes an automatic increase or other change in benefits beyond the ensuing biennium which would not require legislative approval. The committee shall include in the report of the committee a statement that the proposal would allow future changes without legislative involvement. The committee shall report the findings and recommendations of the committee, along with any necessary legislation, to the legislative management and to the legislative assembly.~~

~~2.—To carry out the responsibilities of the committee, the committee, or the designee of the committee, may:~~

~~a.—Enter contracts, including retainer agreements, with an actuary or actuarial firm for expert assistance and consultation. Each retirement, insurance, or retiree insurance program shall pay, from the program's retirement, insurance, or retiree health benefits fund, as appropriate, and without the need for a prior appropriation, the cost of an actuarial report required under this section which relates to that program.~~

~~b.—Call on personnel from state agencies or political subdivisions to furnish such information and render such assistance as the committee from time to time may request.~~

~~c.—Establish rules for the operation of the committee, including the submission and review of proposals and the establishing of standards for actuarial reports.~~

~~3.—The committee may solicit draft measures and proposals from interested persons during the interim between legislative sessions, and also may study measures and proposals referred to the committee by the legislative assembly or the legislative management.~~

~~4.—A copy of the committee's report concerning a legislative measure, if that measure is introduced for consideration by a legislative assembly, must be appended to the copy of that measure.~~

~~5.—If a legislative measure affecting a public employees retirement program, public employees health insurance program, or public employee retiree health insurance~~

1           ~~program is introduced in either house without a report from the committee, the~~  
2           ~~chairman and vice chairman of the employee benefits programs committee shall~~  
3           ~~request an actuarial report from the program affected and shall provide the report to~~  
4           ~~the standing committee to which the measure is referred. During the legislative~~  
5           ~~session, the employee benefits programs committee chairman and vice chairman,~~  
6           ~~working together, have sole authority to determine whether a legislative measure or~~  
7           ~~amendment affects a program under this subsection and subsection 6.~~

8           ~~6.—During a legislative session, if an amendment is made to a legislative measure which~~  
9           ~~fiscally impacts a public employees retirement program, public employees health~~  
10           ~~insurance program, or public employee retiree health insurance program, the~~  
11           ~~employee benefits programs committee chairman and vice chairman shall request~~  
12           ~~from the affected program an actuarial report on the amendment and shall provide the~~  
13           ~~report to the standing committee to which the bill is referred.~~

14           ~~7.—Legislation enacted in contravention of this section is invalid, and any benefits~~  
15           ~~provided under the legislation must be reduced to the level current before enactment~~  
16           ~~of the legislation.~~

17           **SECTION 2. REPEAL.** Section 54-03-28 of the North Dakota Century Code is repealed.

Sixty-ninth  
Legislative Assembly

## PROPOSED AMENDMENTS TO

Sixty-ninth  
Legislative Assembly  
of North Dakota

## HOUSE BILL NO. 1248

Introduced by

Representatives Weisz, Frelich, McLeod, M. Ruby

Senators Lee, Dever

1 A BILL for an Act to amend and reenact ~~sections~~section 26.1-36-09.12, ~~and 54-35-02.4 of the~~  
2 ~~North Dakota Century Code, relating to medical services related to suicide and the powers and~~  
3 ~~duties of the employee benefits programs committee; and to repeal section~~and subsection 3 of  
4 section 54-03-28 of the North Dakota Century Code, relating to medical services related to  
5 suicide and the ~~cost-benefit analysis requirement for health insurance mandated coverage of~~  
6 ~~services~~powers and duties of the employee benefits committee.

### 7 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

8 **SECTION 1. AMENDMENT.** Section 26.1-36-09.12 of the North Dakota Century Code is  
9 amended and reenacted as follows:

#### 10 **26.1-36-09.12. Medical services related to suicide.**

11 An insurance company, nonprofit health service corporation, or health maintenance  
12 organization may not deliver, issue, execute, or renew ~~any~~a hospital, surgical, medical, or major  
13 medical benefit policy on an individual, group, blanket, franchise, or association basis unless  
14 the policy, contract, or evidence of coverage provides benefits, of the same type offered under  
15 the policy or contract for illnesses, for health services to any individual covered under the policy  
16 or contract for injury or illness resulting from suicide, attempted suicide, or self-inflicted injury.  
17 ~~The medical benefits provided for in this section are exempt from section 54-03-28.~~

18 **SECTION 2. AMENDMENT.** Subsection 3 of section 54-03-28 of the North Dakota Century  
19 Code is amended and reenacted as follows:

20 3. A committee of the legislative assembly may not act on a legislative measure that the  
21 legislative management or committee determines mandates health insurance coverage  
22 of services or payment for specified providers of services unless the measure as  
23 recommended by the committee provides:

24 a. The measure is effective through June thirtieth of the next odd-numbered year

1 following the year in which the legislative assembly enacted the measure, and  
2 after that date the measure is ineffective.

3 b. The application of the mandate is limited to the public employees health insurance  
4 program and the public employee retiree health insurance program. The  
5 application of such mandate begins with every contract for health insurance which  
6 becomes effective after June thirtieth of the year in which the measure becomes  
7 effective.

8 c. That for the next legislative assembly, the public employees retirement system  
9 shall prepare ~~and request introduction of a bill to repeal the expiration date and to~~  
10 ~~extend the mandated coverage or payment to apply to accident and health~~  
11 ~~insurance policies. The public employees retirement system shall append to the~~  
12 ~~bill~~ a report regarding the effect of the mandated coverage or payment on the  
13 system's health insurance programs. The report must include information on the  
14 utilization and costs relating to the mandated coverage or payment and a  
15 recommendation on whether the coverage or payment should continue. ~~For~~  
16 ~~purposes of this section, the bill is not a legislative measure mandating health~~  
17 ~~insurance coverage of services or payment for specified providers of services,~~  
18 ~~unless the bill is amended following introduction so as to change the bill's~~  
19 ~~mandate.~~

20 **SECTION 3. AMENDMENT.** ~~Section 54-35-02.4 of the North Dakota Century Code is~~  
21 ~~amended and reenacted as follows:~~

22 **~~54-35-02.4. Employee benefits programs committee—Powers and duties.~~**

23 ~~1.—During each interim, the employee benefits programs committee shall consider and~~  
24 ~~report on the legislative proposals over which the committee takes jurisdiction and~~  
25 ~~which fiscally impact the retirement programs of state employees or employees of any~~  
26 ~~political subdivision, and health and retiree health plans of state employees or~~  
27 ~~employees of any political subdivision. A majority of the members of the committee~~  
28 ~~has sole authority to determine whether a legislative proposal affects a program. The~~  
29 ~~committee shall make a thorough review of each proposal the committee takes under~~  
30 ~~its jurisdiction, including an actuarial report. The committee shall take jurisdiction over~~  
31 ~~a proposal that authorizes an automatic increase or other change in benefits beyond~~  
32 ~~the ensuing biennium which would not require legislative approval. The committee~~  
33 ~~shall include in the report of the committee a statement that the proposal would allow~~

~~future changes without legislative involvement. The committee shall report the findings and recommendations of the committee, along with any necessary legislation, to the legislative management and to the legislative assembly.~~

~~2.—To carry out the responsibilities of the committee, the committee, or the designee of the committee, may:~~

~~a.—Enter contracts, including retainer agreements, with an actuary or actuarial firm for expert assistance and consultation. Each retirement, insurance, or retiree insurance program shall pay, from the program's retirement, insurance, or retiree health benefits fund, as appropriate, and without the need for a prior appropriation, the cost of an actuarial report required under this section which relates to that program.~~

~~b.—Call on personnel from state agencies or political subdivisions to furnish such information and render such assistance as the committee from time to time may request.~~

~~c.—Establish rules for the operation of the committee, including the submission and review of proposals and the establishing of standards for actuarial reports.~~

~~3.—The committee may solicit draft measures and proposals from interested persons during the interim between legislative sessions, and also may study measures and proposals referred to the committee by the legislative assembly or the legislative management.~~

~~4.—A copy of the committee's report concerning a legislative measure, if that measure is introduced for consideration by a legislative assembly, must be appended to the copy of that measure.~~

~~5.—If a legislative measure affecting a public employees retirement program, public employees health insurance program, or public employee retiree health insurance program is introduced in either house without a report from the committee, the chairman and vice chairman of the employee benefits programs committee shall request an actuarial report from the program affected and shall provide the report to the standing committee to which the measure is referred. During the legislative session, the employee benefits programs committee chairman and vice chairman, working together, have sole authority to determine whether a legislative measure or amendment affects a program under this subsection and subsection 6.~~

~~6.—During a legislative session, if an amendment is made to a legislative measure which~~

1           ~~fiscally impacts a public employees retirement program, public employees health~~  
2           ~~insurance program, or public employee retiree health insurance program, the~~  
3           ~~employee benefits programs committee chairman and vice chairman shall request~~  
4           ~~from the affected program an actuarial report on the amendment and shall provide the~~  
5           ~~report to the standing committee to which the bill is referred.~~  
6       ~~7. — Legislation enacted in contravention of this section is invalid, and any benefits~~  
7           ~~provided under the legislation must be reduced to the level current before enactment~~  
8           ~~of the legislation.~~  
9       **~~SECTION 3. REPEAL.~~** ~~Section 54-03-28 of the North Dakota Century Code is repealed.~~



Chairman Warrey and Members of the House IBL Services Committee –

Good Morning, my name is Dylan Wheeler – Head of Government Affairs for Sanford Health Plan; testifying today in opposition to HB1248; however, open to working on compromise through amendments. The 2 year pilot period for health insurance mandates is a cornerstone of health policy in North Dakota, and serves as a model to other states who are considering covering additional services. The pilot period serves as a trial run to obtain data, track utilization, and estimate costs prior to rolling out a coverage mandate to the private market – including small business, families, and individuals. We would request that the 2 year trial period remain for health insurance mandates to ensure that we can estimate costs for the commercial market and better understand the effects – indirect and direct – of new coverage requirements in the North Dakota market.

One aspect of the NDPERS pilot period and the related statute is the value that the actuarial and technical analysis has on the policy making process. However, currently there are two entities that conduct cost-benefit analysis on new proposed coverage requirements. One area of opportunity to make the process more efficient is to make that only one entity – the entity that works directly with NDPERS on assessing the impact of coverage mandates. Our experience in that process has been positive and has helped inform the policy making process.

A recent example of how the pilot period has worked is with the copay cap on insulin and related supplies. Last session, the legislature approved coverage in NDPERS for a period of two years. During the two year period, we were able to better understand utilization trends, but also trends in the market. During the pilot period time, the market adjusted when insulin manufacturers substantially lowered the cost of insulin. Hence, during the period, cost reduction was showed for the NDPERS plan in certain areas; however, continuation of coverage still has a cost to the State health plan. This recent example demonstrates the value and information gleaned from the pilot period.

Finally, as we continue to move on an upward trend with prescription drug prices and new treatments within the marketplace. These coverage requirements should be, if approved by the legislature, continue to run through NDPERS for the 2 year period. This informative and educational process will bring insightful and financial information so that the body can better understand, if rolled out to the other state-regulated markets, what the effect could be on individuals, small businesses and families.

I appreciate the time and consideration and we look forward to maintaining the existing pilot period while recognizing the potential need to make the process more efficient.

Dylan C. Wheeler

Head of Government Affairs

Sanford Health Plan





**NORTH DAKOTA  
PUBLIC EMPLOYEES  
RETIREMENT SYSTEM**



## WHO WE ARE

**42**

Full-time Team Members

**1**

Temporary Team Member

**44**

Business Partners

## WHAT WE'RE ABOUT

### Our Mission

Champion the health and financial security of our members by providing comprehensive, innovative retirement and insurance benefit solutions through collaboration and personalized support.

### Proud to serve our members

NDPERS is one of only a handful of state agencies in the entire country that administers both retirement plans and insurance plans for the benefit of state and political subdivision employees and their families.

Dedicated to providing exceptional service, the agency offers nine retirement plans and a broad selection of insurance options for employers, participating members, and their families.

## WHO WE SERVE

### Retirement Plans

Almost 60,000 employees and retirees participate in the retirement plans we administer

### Employer Participation

100 state agencies, 51 counties, 100 cities, 133 school districts, and 95 other political subdivisions in our retirement plans

### Retirement Benefits

We make nearly \$240 million in retirement benefit payments every year to retirees living in every county in the state



### Health Plans

Our health plans cover nearly 60,000 North Dakotans, including actives, retirees, and covered dependents

### Employer Participation

101 state agencies, 26 counties, 28 cities, 14 school districts, and 51 other political subdivisions in our health plans

### Health Plan Benefits

We provide our covered members with over \$370 million in health benefits every year



## HOW WE DO IT

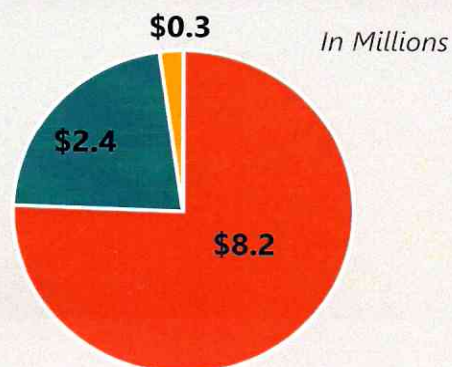
**Total Legislative  
Base Budget:  
\$10,898,654**

- All special funds

■ Salary

■ Operating

■ Contingency





# NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM (NDPERS)

## WHAT WE'RE PROUD OF

### Remote Workforce

NDPERS was one of the first state agencies to recognize the long-term benefit of remote workers, and moved into new offices on state property in 2021, cutting our footprint and rent by 50%

### Member Education

Our website and YouTube channel offer a wealth of information and educational resources, making it easier for employers and members to access valuable content

### Improved Technology

Technological upgrades, including laptops for all employees and new benefit software, improves disaster recovery and our ability to serve our members

Retirement  
Plan Funding  
Stabilization

Expansive  
Employee  
Benefit  
Program  
Menu

Successfully  
Implemented  
House Bill  
(HB) 1040

Implemented  
Jr.  
Management  
Program for  
Succession  
Planning

## WHAT WE DO



### Retirement – Defined Benefit

The Defined Benefit/Hybrid retirement plan provides a modest yet secure retirement benefit to public employees.



### Uniform Group Insurance

Including Health, Dental, Vision, Life, and EAP insurance options for our public employees.



### Retirement – Defined

**Contribution** A 401(K)-like retirement option open to new employees starting January 1, 2025.



### Retiree Health Insurance Credit

A monthly lifetime benefit eligible retirees can use as reimbursement for after-tax insurance premiums.



### Retirement – Deferred

**Compensation** An optional, supplementary tax-deferred savings option for public employees.



### Flexible Compensation

A pre-tax savings program that active employees can use to pay for medical and dependent care expenses.

## HOW WE MEASURE SUCCESS

### 4-Point Customer Service Report Cards

- Courtesy – 3.76
- Promptness – 3.59
- Staff Explanation – 3.66
- Ease of Understanding – 3.61

### Team ND Gallup Surveys

The HRMS Gallup Survey revealed that the Fully Paid Health Insurance Plan and the Retirement Plan ranked among the top three reasons employees value their roles with Team ND

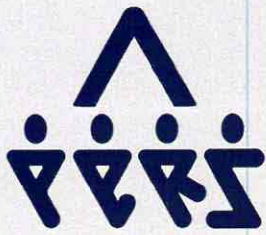
### Awards and Recognition

- GFOA Certificate of Achievement for Excellence in Financial Reporting
- Public Pension Coordinating Council Award for Administration

### Clean Audit Opinion

Twenty-seven consecutive years of unmodified opinions from an independent audit firm





**NORTH DAKOTA  
PUBLIC EMPLOYEES  
RETIREMENT SYSTEM**

**WHO WE SERVE**

**26,037**

Active Members

**14,274**

Retired Members

**18,698**

Deferred Members

**479**

Participating Employers



**KEY RETIREMENT FACTS**

Opening its doors in July 1966, the Public Employees Retirement System has since grown to administer **nine retirement plans** for the State of North Dakota along with numerous insurance plans.

The breadth and complexity of the benefits that NDPERS administers make it one of the most unique state government agencies in the entire nation.

*Historical Financial Breakdown as of July 2024*

**\$3.2 B**

Contributions  
received

**\$3.5 B**

Paid  
benefits

**\$4.3 B**

Value of  
Assets

**NINE RETIREMENT PLANS ADMINISTERED BY NDPERS**

*EE represents Employee, ER represents Employer*

**Main Defined Benefit**

*Hybrid Plan – Three Benefit Tiers*

Total Participants:	57,073
Current Funded Ratio:	66.3%
EE Contribution Rate:	7.00%
ER Contribution Rate:	8.52%

**Public Safety**

*With Prior Service*

Total Participants:	2,407
Current Funded Ratio:	68.6%
Pol Sub EE Contribution Rate:	5.5%
Pol Sub ER Contribution Rate:	11.4%
BCI EE Contribution Rate:	8.00%
BCI Employer Contribution:	22.26%

**Public Safety**

*Without Prior Service*

Total Participants:	490
Current Funded Ratio:	93%
EE Contribution Rate:	5.50%
ER Contribution Rate:	9.16%

**Highway Patrol**

Total Participants:	373
Current Funded Ratio:	68.6%
EE Contribution Rate:	15.3%
ER Contribution Rate:	21.7%

**Judges**

Total Participants:	128
Current Funded Ratio:	112.5%
EE Contribution Rate:	8.00%
ER Contribution Rate:	17.52%

**Job Service**

Total Participants:	164
Current Funded Ratio:	117.8%
EE Contribution Rate:	7%
ER Contribution Rate:	0%

**457 Deferred Compensation**

*Optional supplemental  
retirement plan*

Current participants:	9,182
Market Value of Assets:	\$220.1M

**Defined Contribution**

*Three Benefit Tiers*

*Tier 3 is the primary retirement plan  
for members first enrolled after 2024*

Current participants:	88
Market Value of Assets:	\$23.2M

**RHIC – Retiree Health  
Insurance Credit**

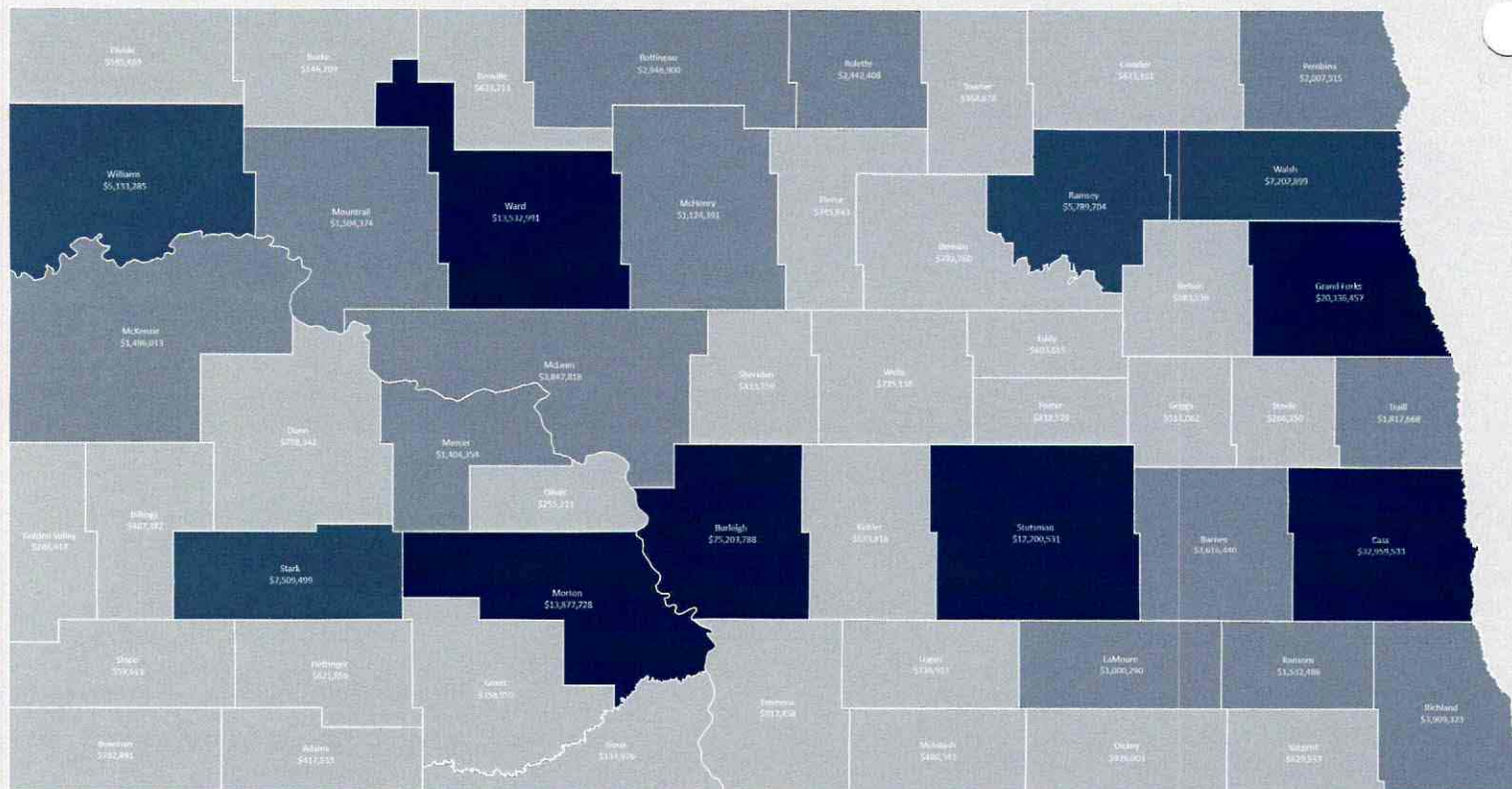
*Eligible retirees receive \$5 in  
monthly credit for each year they  
earned service*

Total participants:	16,283
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## 24

**Job Service**  
117.8% Funded



### Average Monthly Benefit

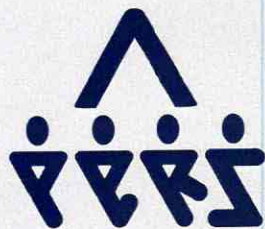
The average monthly per retiree is \$1,496



### Total Payments in 2024

In-state paid benefits:	\$239,002,577
Out-of-state paid benefits:	\$279,238,745





**NORTH DAKOTA  
PUBLIC EMPLOYEES  
RETIREMENT SYSTEM**

## WHO WE SERVE

**18,293**

Active Contracts

**7,086**

Retiree Contracts

**58,763**

Total Covered Lives

**225**

Participating Employers



## KEY HEALTH INSURANCE FACTS

NDPERS administers six health insurance plans for eligible active employees, retirees, and their family members as part of the Dakota Plan.

The Dakota Plan, underwritten by Sanford Health Plan (SHP), was created to promote wellness, reduce personnel turnover, and offer an incentive to individuals to enter and remain in the service of state employment.

**3**

Active Member  
Plans

**1**

Non-Medicare  
Retiree Plan

**2**

Retiree Plans Bundled  
With Medicare

## SIX HEALTH INSURANCE PLANS

### Grandfathered Plan

*PPO/Basic*

Total Contracts: 17,191

Total Participating Employers: 223

### Non-Grandfathered Plan

*PPO/Basic*

Total Contracts: 334

Total Participating Employers: 2

### High Deductible Health Plan

*Health Savings Account Option*

Total Contracts: 768

Total Participating Employers: 101

### Dakota Retiree Plan

*Bundled With Medicare Part D*

Total Contracts: 7,039

### Medicare Part D Prescription Drug Plan

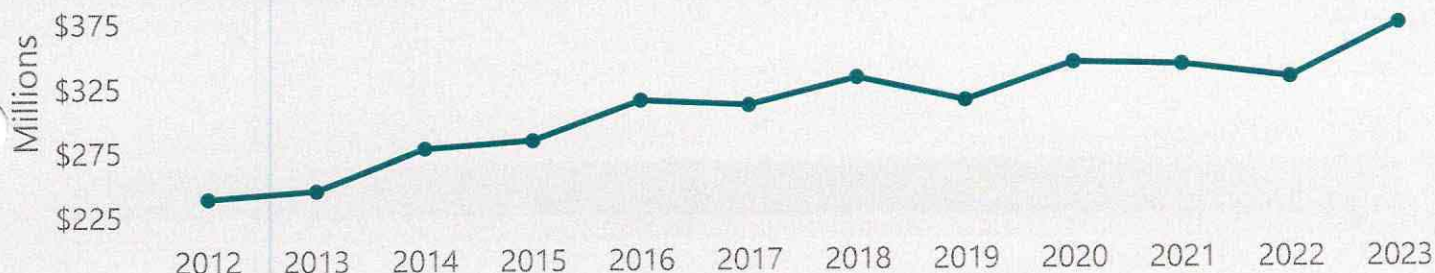
*Underwritten by Humana*

Total Contracts: 9,115

### Non-Medicare Retiree

Total Contracts: 47

## HEALTH INSURANCE BENEFITS PAID

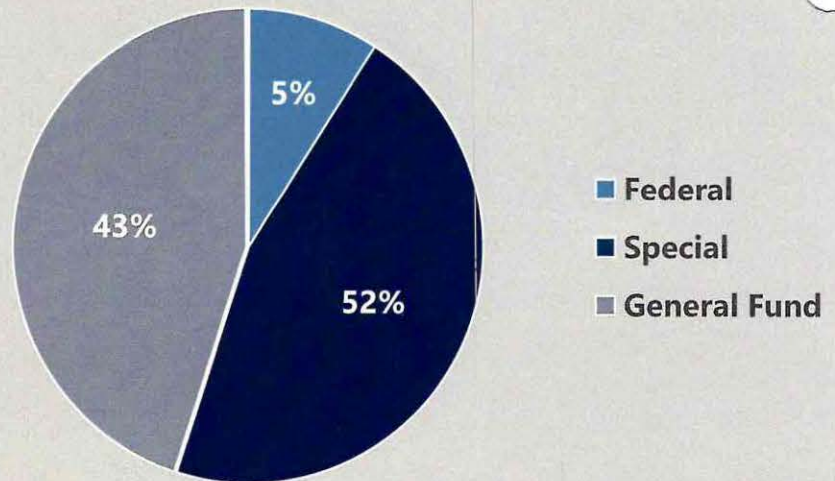




## HEALTH INSURANCE PLAN FUNDING

### HYBRID Fully Insured/Self Insured Plan

- NDPERS receives the gains but has no risk for losses
- Reserves cover the administration fee shortage (roughly .01% of premium) and benefit enhancements, and buy down premiums when General Fund monies are not available



## OTHER WELLNESS BENEFITS

### Diabetes Prevention and Management

NDPERS provides diabetes prevention and management programs, including Teladoc Health, through SHP, and About the Patient through the ND Pharmacy Association.

### Healthy Pregnancy

SHP offers the Healthy Pregnancy Program as a free offering with tools and support for expecting parents to give their baby the healthiest start possible with up to \$850 in out-of-pocket savings.

### Wellness Benefit

The NDPERS Dakota Wellness Program \$250 Benefit is available to all eligible members and their covered spouses participating in the NDPERS group health insurance plan.

### ND Quits

NDPERS partners with the ND Department of Health & Human Services to promote the ND Quits program, which offers free counseling, Nicotine Replacement Therapy, and other resources.

## OTHER INSURANCE PLANS ADMINISTERED BY NDPERS



### Dental Insurance

Underwritten by Delta Dental of Minnesota with 14,375 current contracts.



### Life Insurance

Underwritten by Voya Life Insurance with 22,714 current contracts.



### Vision Insurance

Underwritten by Superior Vision with 14,513 current contracts.



### Employee Assistance Program

Provides confidential, voluntary, short-term assessment and counseling sessions for employees and families.



### Flexible Compensation

This benefit allows employees to pretax eligible insurance premiums and contribute to Flexible Spending Accounts.



### Health Savings Accounts

Eligible members enrolled in the High Deductible Health Plan can benefit from a Health Savings Account (HSA).

# 2025 HOUSE STANDING COMMITTEE MINUTES

## Industry, Business and Labor Committee Room JW327C, State Capitol

HB1248  
2/10/2025

A BILL for an Act to amend and reenact sections 26.1-36-09.12 and 54-35-02.4 of the North Dakota Century Code, relating to medical services related to suicide and the powers and duties of the employee benefits programs committee; and to repeal section 54-03-28 of the North Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance mandated coverage of services.

9:30 p.m. Chairman Warrey opened the meeting.

Members Present: Chairman Warrey, Vice Chairman Ostlie, Vice Chairman Johnson, Representatives Bahl, Brown, Finley-DeVille, Grindberg, Kasper, Koppelman, D. Ruby, Schatz, Schauer, Vollmer

Absent Member: Representative Christy

### Discussion Topics:

- No fiscal impact
- Promotion mandate
- Pilot project
- Proposal for next session

9:37 a.m. Representative Schauer moved Adopt Amendment LC #25.0740.01003, #36624.

9:37 a.m. Representative D. Ruby seconded the motion.

Voice vote.

Motion passed.

9:38 a.m. Representative Schauer moved Do Pass as amended.

9:38 a.m. Representative Ostlie seconded the motion.

Representatives	Vote
Representative Jonathan Warrey	Y
Representative Mitch Ostlie	Y
Representative Landon Bahl	AB
Representative Collette Brown	Y
Representative Josh Christy	AB
Representative Lisa Finley-DeVille	Y
Representative Karen Grindberg	Y
Representative Jorin Johnson	Y
Representative Jim Kasper	Y

Representative Ben Koppelman	AB
Representative Dan Ruby	Y
Representative Mike Schatz	Y
Representative Austin Schauer	Y
Representative Daniel R. Vollmer	Y

Motion passed 11-0-3.

9:39 a.m. Representative Schauer will carry the bill.

9:39 a.m. Chairman Warrey closed the meeting.

*Diane Lillis, Committee Clerk*



Sixty-ninth  
Legislative Assembly  
of North Dakota

**PROPOSED AMENDMENTS TO**

**HOUSE BILL NO. 1248**

Introduced by

Representatives Weisz, Frelich, McLeod, M. Ruby

Senators Lee, Dever

2-10-25

JB 144

1 A BILL for an Act to amend and reenact sections 26.1-36-09.12 and 54-35-02.4 of the North  
2 Dakota Century Code, relating to medical services related to suicide and the powers and duties  
3 of the employee benefits programs committee; and to repeal section 54-03-28 of the North  
4 Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance  
5 mandated coverage of services.

6 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

7 **SECTION 1. AMENDMENT.** Section 26.1-36-09.12 of the North Dakota Century Code is  
8 amended and reenacted as follows:

9 **26.1-36-09.12. Medical services related to suicide.**

10 An insurance company, nonprofit health service corporation, or health maintenance  
11 organization may not deliver, issue, execute, or renew ~~any~~ hospital, surgical, medical, or major  
12 medical benefit policy on an individual, group, blanket, franchise, or association basis unless  
13 the policy, contract, or evidence of coverage provides benefits, of the same type offered under  
14 the policy or contract for illnesses, for health services to any individual covered under the policy  
15 or contract for injury or illness resulting from suicide, attempted suicide, or self-inflicted injury.

16 ~~The medical benefits provided for in this section are exempt from section 54-03-28.~~

17 **SECTION 2. AMENDMENT.** Section 54-35-02.4 of the North Dakota Century Code is  
18 amended and reenacted as follows:

19 **54-35-02.4. Employee benefits programs committee - Powers and duties.**

20 1. During each interim, the employee benefits programs committee shall ~~consider~~:

JB 2084

- 1 a. Consider and report on the legislative proposals over which the committee takes  
2 jurisdiction and which fiscally impact the retirement programs of state employees  
3 or employees of any political subdivision, and health and retiree health plans of  
4 state employees or employees of any political subdivision. A majority of the  
5 members of the committee has sole authority to determine whether a legislative  
6 proposal affects a program. ~~The committee shall make~~
- 7 b. Make a thorough review of each proposal the committee takes under its  
8 jurisdiction, including an actuarial report. ~~The committee shall take~~
- 9 c. Take jurisdiction over a proposal that authorizes an automatic increase or other  
10 change in benefits beyond the ensuing biennium which would not require  
11 legislative approval. ~~The committee shall include~~
- 12 d. Include in the report of the committee a statement that the proposal would allow  
13 future changes without legislative involvement. ~~The committee shall report~~
- 14 e. Report the findings and recommendations of the committee, along with any  
15 necessary legislation, to the legislative management and to the legislative  
16 assembly.
- 17 2. To carry out the responsibilities of the committee, the committee, or the designee of  
18 the committee, may:
  - 19 a. Enter contracts, including retainer agreements, with an actuary or actuarial firm  
20 for expert assistance and consultation. Each retirement, insurance, or retiree  
21 insurance program shall pay, from the program's retirement, insurance, or retiree  
22 health benefits fund, as appropriate, and without the need for a prior  
23 appropriation, the cost of an actuarial report required under this section which  
24 relates to that program.
  - 25 b. Call on personnel from state agencies or political subdivisions to furnish such  
26 information and render such assistance as the committee ~~from time to time~~ may  
27 request.
  - 28 c. Establish rules for the operation of the committee, including the submission and  
29 review of proposals and the establishing of standards for actuarial reports.
- 30 3. The committee may solicit draft measures and proposals from interested persons  
31 during the interim between legislative sessions, and also may study measures and



Ag 30/4

- 1 proposals referred to the committee by the legislative assembly or the legislative  
2 management.
- 3 4. A copy of the committee's report concerning a legislative measure, if that measure is  
4 introduced for consideration by a legislative assembly, must be appended to the copy  
5 of that measure.
- 6 5. If a legislative measure affecting a public employees retirement program, public  
7 employees health insurance program, or public employee retiree health insurance  
8 program is introduced in either house without a report from the committee, the  
9 chairman and vice chairman of the employee benefits programs committee shall  
10 request an actuarial report from the program affected and shall provide the report to  
11 the standing committee to which the measure is referred. During the legislative  
12 session, the employee benefits programs committee chairman and vice chairman,  
13 working together, have sole authority to determine whether a legislative measure or  
14 amendment affects a program under this subsection and subsection 6.
- 15 6. During a legislative session, if an amendment is made to a legislative measure which  
16 fiscally impacts a public employees retirement program, public employees health  
17 insurance program, or public employee retiree health insurance program, the  
18 employee benefits programs committee chairman and vice chairman shall request  
19 from the affected program an actuarial report on the amendment and shall provide the  
20 report to the standing committee to which the bill is referred.
- 21 7. A committee of the legislative assembly may not act on a legislative measure the  
22 legislative management or committee determines mandates health insurance  
23 coverage of services or payment for specified providers of services for the health and  
24 retiree health plans of state employees or employees of any political subdivision  
25 unless the measure as recommended by the committee provides:
- 26 a. The measure is effective through June thirtieth of the second odd-numbered year  
27 following the year in which the legislative assembly enacted the measure, and  
28 after that date the measure is ineffective.
- 29 b. The application of the mandate begins with the contract for health insurance  
30 which becomes effective after June thirtieth of the year in which the measure  
31 becomes effective.

Am 404

- 1        c. For the second legislative assembly following the year in which the legislative  
2        assembly enacted the measure, the public employees retirement system may  
3        prepare and request introduction of a bill to repeal the expiration date and to  
4        extend the mandated coverage or payment on the system's health insurance  
5        programs.
- 6        d. If the public employees retirement system introduces a bill to repeal the  
7        expiration date under subdivision c, the public employees retirement system shall  
8        append to the bill a report regarding the effect of the mandated coverage or  
9        payment on the system's health insurance programs. The report must include  
10       information on the utilization and costs relating to the mandated coverage or  
11       payment.
- 12       8. Legislation enacted in contravention of this section is invalid, and any benefits  
13       provided under the legislation must be reduced to the level current before enactment  
14       of the legislation.

15       **SECTION 3. REPEAL.** Section 54-03-28 of the North Dakota Century Code is repealed.

**REPORT OF STANDING COMMITTEE  
HB 1248**

**Industry, Business and Labor Committee (Rep. Warrey, Chairman)** recommends **AMENDMENTS** ([25.0740.01003](#)) and when so amended, recommends **DO PASS** (11 YEAS, 0 NAYS, 3 ABSENT AND NOT VOTING). HB 1248 was placed on the Sixth order on the calendar.

25.0740.01003  
Title.

Prepared by the Legislative Council  
staff for Representative Schauer  
February 5, 2025

Sixty-ninth  
Legislative Assembly  
of North Dakota

## PROPOSED AMENDMENTS TO

### HOUSE BILL NO. 1248

Introduced by

Representatives Weisz, Frelich, McLeod, M. Ruby

Senators Lee, Dever

1 A BILL for an Act to amend and reenact sections 26.1-36-09.12 and 54-35-02.4 of the North  
2 Dakota Century Code, relating to medical services related to suicide and the powers and duties  
3 of the employee benefits programs committee; and to repeal section 54-03-28 of the North  
4 Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance  
5 mandated coverage of services.

#### 6 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

7 **SECTION 1. AMENDMENT.** Section 26.1-36-09.12 of the North Dakota Century Code is  
8 amended and reenacted as follows:

##### 9 **26.1-36-09.12. Medical services related to suicide.**

10 An insurance company, nonprofit health service corporation, or health maintenance  
11 organization may not deliver, issue, execute, or renew any hospital, surgical, medical, or major  
12 medical benefit policy on an individual, group, blanket, franchise, or association basis unless  
13 the policy, contract, or evidence of coverage provides benefits, of the same type offered under  
14 the policy or contract for illnesses, for health services to any individual covered under the policy  
15 or contract for injury or illness resulting from suicide, attempted suicide, or self-inflicted injury.  
16 ~~The medical benefits provided for in this section are exempt from section 54-03-28.~~

17 **SECTION 2. AMENDMENT.** Section 54-35-02.4 of the North Dakota Century Code is  
18 amended and reenacted as follows:

##### 19 **54-35-02.4. Employee benefits programs committee - Powers and duties.**

20 1. During each interim, the employee benefits programs committee shall ~~consider~~:

- 1 a. Consider and report on the legislative proposals over which the committee takes  
2 jurisdiction and which fiscally impact the retirement programs of state employees  
3 or employees of any political subdivision, and health and retiree health plans of  
4 state employees or employees of any political subdivision. A majority of the  
5 members of the committee has sole authority to determine whether a legislative  
6 proposal affects a program. ~~The committee shall make~~
- 7 b. Make a thorough review of each proposal the committee takes under its  
8 jurisdiction, including an actuarial report. ~~The committee shall take~~
- 9 c. Take jurisdiction over a proposal that authorizes an automatic increase or other  
10 change in benefits beyond the ensuing biennium which would not require  
11 legislative approval. ~~The committee shall include~~
- 12 d. Include in the report of the committee a statement that the proposal would allow  
13 future changes without legislative involvement. ~~The committee shall report~~
- 14 e. Report the findings and recommendations of the committee, along with any  
15 necessary legislation, to the legislative management and to the legislative  
16 assembly.
- 17 2. To carry out the responsibilities of the committee, the committee, or the designee of  
18 the committee, may:
- 19 a. Enter contracts, including retainer agreements, with an actuary or actuarial firm  
20 for expert assistance and consultation. Each retirement, insurance, or retiree  
21 insurance program shall pay, from the program's retirement, insurance, or retiree  
22 health benefits fund, as appropriate, and without the need for a prior  
23 appropriation, the cost of an actuarial report required under this section which  
24 relates to that program.
- 25 b. Call on personnel from state agencies or political subdivisions to furnish such  
26 information and render such assistance as the committee ~~from time to time~~ may  
27 request.
- 28 c. Establish rules for the operation of the committee, including the submission and  
29 review of proposals and the establishing of standards for actuarial reports.
- 30 3. The committee may solicit draft measures and proposals from interested persons  
31 during the interim between legislative sessions, and also may study measures and



1 proposals referred to the committee by the legislative assembly or the legislative  
2 management.

3 4. A copy of the committee's report concerning a legislative measure, if that measure is  
4 introduced for consideration by a legislative assembly, must be appended to the copy  
5 of that measure.

6 5. If a legislative measure affecting a public employees retirement program, [public](#)  
7 [employees health insurance program, or public employee retiree health insurance](#)  
8 [program](#) is introduced in either house without a report from the committee, the  
9 chairman and vice chairman of the employee benefits programs committee shall  
10 request an actuarial report from the program affected and shall provide the report to  
11 the standing committee to which the measure is referred. During the legislative  
12 session, the employee benefits programs committee chairman and vice chairman,  
13 working together, have sole authority to determine whether a legislative measure or  
14 amendment affects a program under this subsection and subsection 6.

15 6. During a legislative session, if an amendment is made to a legislative measure which  
16 fiscally impacts a public employees retirement program, [public employees health](#)  
17 [insurance program, or public employee retiree health insurance program](#), the  
18 employee benefits programs committee chairman and vice chairman shall request  
19 from the affected program an actuarial report on the amendment and shall provide the  
20 report to the standing committee to which the bill is referred.

21 7. [A committee of the legislative assembly may not act on a legislative measure the](#)  
22 [legislative management or committee determines mandates health insurance](#)  
23 [coverage of services or payment for specified providers of services for the health and](#)  
24 [retiree health plans of state employees or employees of any political subdivision](#)  
25 [unless the measure as recommended by the committee provides:](#)

26 [a. The measure is effective through June thirtieth of the second odd-numbered year](#)  
27 [following the year in which the legislative assembly enacted the measure, and](#)  
28 [after that date the measure is ineffective.](#)

29 [b. The application of the mandate begins with the contract for health insurance](#)  
30 [which becomes effective after June thirtieth of the year in which the measure](#)  
31 [becomes effective.](#)



1       c. For the second legislative assembly following the year in which the legislative  
2       assembly enacted the measure, the public employees retirement system may  
3       prepare and request introduction of a bill to repeal the expiration date and to  
4       extend the mandated coverage or payment on the system's health insurance  
5       programs.

6       d. If the public employees retirement system introduces a bill to repeal the  
7       expiration date under subdivision c, the public employees retirement system shall  
8       append to the bill a report regarding the effect of the mandated coverage or  
9       payment on the system's health insurance programs. The report must include  
10       information on the utilization and costs relating to the mandated coverage or  
11       payment.

12       8. Legislation enacted in contravention of this section is invalid, and any benefits  
13       provided under the legislation must be reduced to the level current before enactment  
14       of the legislation.

15       **SECTION 3. REPEAL.** Section 54-03-28 of the North Dakota Century Code is repealed.

**2025 SENATE HUMAN SERVICES**

**HB 1248**

# 2025 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Lincoln Room, State Capitol

HB 1248  
3/5/2025

Relating to medical services related to suicide and the powers and duties of the employee benefits programs committee; relating to the cost-benefit analysis requirement for health insurance mandated coverage of services.

9:52 a.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

### **Discussion Topics:**

- Telehealth pilot program
- Biennial studies
- Retention of PERS Trial

9:52 a.m. Representative Robin Weisz introduced the bill and submitted testimony #38860.

10:13 a.m. Rebecca Fricke, Executive Director of ND Public Employees Retirement System, testified in neutral and submitted testimony #38415.

10:17 a.m. Andrea Pfenning, Vice President of Greater ND Chamber, testified in opposition and submitted testimony #38771.

10:19 a.m. Megan Hruby Blue Cross Blue Shield ND, testified in opposition and submitted testimony #42907.

10:25 a.m. Chairman Lee closed the hearing.

*Andrew Ficek, Committee Clerk*

## **TESTIMONY OF REBECCA FRICKE**

### **House Bill 1248 – Employee Benefits Programs**

### **Committee Jurisdiction of Health and Retiree Health**

### **Bill Proposals and Insurance Mandate Process**

Good Morning, Madame Chair and members of the Committee. My name is Rebecca Fricke and I am the Executive Director of the North Dakota Public Employees Retirement System, or NDPERS. I appear before you today regarding the NDPERS Board's neutral position on this bill.

Section 2 of House Bill 1248 modifies the process for health insurance proposals that impact the NDPERS health insurance and retiree health insurance plans as follows:

- It extends the PERS pilot program from a biennial study to a two biennial study (page 3, row 24-26). It was our understanding that this modification was made because the reality of the one biennium study is that it only allows data to be gathered for one year before it must be analyzed and provided in the required report. By extending it to a two biennium pilot program, it would allow data to be gathered for 3 years.
- It removes the requirement that currently exists in law that the NDPERS Board be the responsible party for introduction of a bill following the pilot program. Rather, PERS is responsible for preparing and introducing a bill only if the NDPERS Board feels that the coverage should be extended beyond the pilot program for the NDPERS insurance plans (page 3, rows 30-31 and page 4, rows 1-3). Should the Board make this determination, then they are responsible for providing a report regarding the effect of the mandated coverage on the NDPERS health insurance plans during the pilot program (page 4, rows 4-9).

As far as the remainder of the bill, Section 1 is not within my purview. Section 3 repeals NDCC 54-03-28 related to insurance mandates. It is my understanding that this section was put into law in the early 2000s to allow the mandate to be applied to the state's health plan for a biennium (pilot program) for purposes of determining potential cost and impact should the legislative body wish to approve the coverage for the larger commercial market regulated by the Insurance Department.

NDPERS does not have a concern with how the insurance mandate process currently works. However, we do feel that the changes made specific to the pilot program as outlined above make sense and do not have concerns with them.

This concludes my testimony and I'd be happy to answer any questions you may have.



GREATER NORTH DAKOTA CHAMBER  
HB 1248  
Senate Human Services Committee  
Chair Judy Lee  
March 4, 2025

Chair Lee and members of the Committee, my name is Andrea Pfennig, and I am the Vice President of Government Affairs for the Greater North Dakota Chamber. GNDC is North Dakota's largest statewide business advocacy organization, with membership represented by small and large businesses, local chambers, and trade and industry associations across the state. We stand in **opposition of Section 3** of House Bill 1248. This section would repeal the current requirement for a pilot project period before mandates can be considered for the private sector.

In our 2024 ND Economics and Employer Survey of our membership, when asked to name one thing state government could do to help your business, the top answer was to make healthcare more affordable.

Last fall, the Insurance Commissioner approved small group insurance premium increases between 6.3 and 15.3 percent for the 2025 plan year. During this session alone, there were at least nine bills introduced involving healthcare and drug mandates that had the potential to be applied to the private sector.

Costs are increasing, and mandates create additional expenses. These costs add up, and they don't go away. The current practice of requiring a pilot project period allows all stakeholders to gather utilization and cost analysis information that is critical to decision making.

We understand and appreciate the desire to remove the requirement that PERS be the responsible party for introduction of a bill following the pilot program. However, we respectfully request that Section 3 of the bill be amended to retain the pilot project period for the private sector. This would provide parity by enabling both the State AND the private sector to gather information for 4 years. Thank you for your consideration.



**54-03-24. Administrative code.**

Each member of the legislative assembly is entitled to receive electronic notification of quarterly updates to the North Dakota administrative code as provided in section 28-32-20.

**54-03-25. Bills and amendments affecting workforce safety and insurance fund - Actuarial impact statement.**

Workforce safety and insurance shall review any legislative measure affecting workforce safety and insurance benefits or premium rates to determine whether the measure will have an actuarial impact on the workforce safety and insurance fund. If the organization determines that the measure will have an actuarial impact on the fund, the organization shall submit, before the measure is acted upon, an actuarial impact statement prepared, at the expense of the organization, by the actuary employed by the organization. The organization shall review any amendment affecting workforce safety and insurance benefits or premium rates and shall submit, before the amendment is acted upon, either a statement prepared by the organization, stating that the amendment is not expected to have any actuarial impact on the workforce safety and insurance fund, or an actuarial impact statement prepared, at the expense of the organization, by the actuary employed by the organization.

**54-03-26. Personal computers and associated software used by legislators - Fee - Continuing appropriation.**

1. Notwithstanding any other provision of law, a member of the legislative assembly who is assigned a computer may use that computer and its associated equipment and software for any use that is not in violation of section 16.1-10-02 upon payment of a computer usage fee established by the legislative management.
2. The legislative management may establish a policy under which a member of the legislative assembly who has paid a computer usage fee under subsection 1 may purchase the computer used by that member for the appraised or market value of the computer upon the replacement of the computer by the legislative council.
3. Any funds received by the legislative council through the sale of a computer under subsection 2 must be deposited in the legislative services fund in the state treasury.

**54-03-27. Service in the legislative assembly - Leave of absence from employment.**

The executive officer in charge of a state agency, department, or institution or the governing body of any political subdivision or any other employer in this state may grant a leave of absence from employment to a full-time employee of that governmental entity or of that employer who is a member of the legislative assembly for service during any regular or special session of the legislative assembly and for attendance at a meeting of the legislative management or any of its committees. The leave of absence may be without pay, and the employer may reduce or eliminate the payment of any additional benefits normally due the employee while the employee is performing legislative service. If the leave of absence is granted, the employer may not terminate the employment of an employee solely due to the fact that the employee is absent from employment as the result of service in the legislative assembly.

**54-03-28. Health insurance mandated coverage of services - Cost-benefit analysis requirement.**

1. If the legislative management determines a legislative measure mandates health insurance coverage of services or payment for specified providers of services, the measure may not be referred to a committee of the legislative assembly unless a cost-benefit analysis provided by the legislative management is appended to that measure.
  - a. If a committee of the legislative assembly determines a measure mandating health insurance coverage of services or payment of specified providers was referred to committee without a cost-benefit analysis, the committee shall request the legislative management provide a cost-benefit analysis. The committee may



- not act on the measure unless the measure is accompanied by the cost-benefit analysis.
- b. If a committee of the legislative assembly determines a proposed amendment to a measure mandates health insurance coverage of services or payment of specified providers, the committee may not act on the proposed amendment unless the amendment is accompanied by a cost-benefit analysis or amended cost-benefit analysis provided by the legislative management.
2. Factors considered in the cost-benefit analysis must include:
    - a. The extent to which the proposed mandate would increase or decrease the cost of the service.
    - b. The extent to which the proposed mandate would increase the appropriate use of the service.
    - c. The extent to which the proposed mandate would increase or decrease the administrative expenses of insurers and the premium and administrative expenses of insureds.
    - d. The impact of the proposed mandate on the total cost of health care.
  3. A committee of the legislative assembly may not act on a legislative measure that the legislative management or committee determines mandates health insurance coverage of services or payment for specified providers of services unless the measure as recommended by the committee provides:
    - a. The measure is effective through June thirtieth of the next odd-numbered year following the year in which the legislative assembly enacted the measure, and after that date the measure is ineffective.
    - b. The application of the mandate is limited to the public employees health insurance program and the public employee retiree health insurance program. The application of such mandate begins with every contract for health insurance which becomes effective after June thirtieth of the year in which the measure becomes effective.
    - c. That for the next legislative assembly, the public employees retirement system shall prepare and request introduction of a bill to repeal the expiration date and to extend the mandated coverage or payment to apply to accident and health insurance policies. The public employees retirement system shall append to the bill a report regarding the effect of the mandated coverage or payment on the system's health insurance programs. The report must include information on the utilization and costs relating to the mandated coverage or payment and a recommendation on whether the coverage or payment should continue. For purposes of this section, the bill is not a legislative measure mandating health insurance coverage of services or payment for specified providers of services, unless the bill is amended following introduction so as to change the bill's mandate.
  4. The legislative management shall adopt a procedure for identifying measures and proposed measures mandating health insurance coverage of services or payment for specified providers of services. The procedure must include solicitation of draft measures and proposals during the interim between legislative sessions from legislators and agencies with bill introduction privileges and must include deadlines for identification of the measures or proposals.
  5. The legislative council shall contract with a private entity, after receiving one or more recommendations from the insurance commissioner, to provide the legislative management the cost-benefit analysis required by this section. The insurance commissioner shall pay the cost of the contracted services to the entity providing the services.

**54-03-29. Acceptance of gifts - Continuing appropriation.**

The legislative assembly or either house of the legislative assembly may accept donations of funds. Funds received as a donation may be expended by the legislative assembly by concurrent resolution or the appropriate house upon motion. All funds under this section are





Good morning, Madam Chair and members of the Senate Human Services Committee, my name is Megan Hruby and I am with Blue Cross Blue Shield of North Dakota. Thank you for having me this morning to share our perspective on House Bill 1248 and its impact on commercial health insurance mandates.

BCBSND stands in opposition to section three of HB 1248, the repeal of the two-year trial period in PERS for commercial health insurance mandates and respectfully asks you to amend the bill to remove section three. Having a pilot period prior to enactment of any commercial health insurance mandate is thoughtful, logical and a measured method of gathering information to assess the fiscal consequences and health outcomes associated with potential policy decisions. As this committee has heard before, putting coverage or payment requirements in state statute doesn't always yield the intended results. Most often, the broader health insurance market must absorb and pay for the mandate, increasing costs for all policyholders, sometimes, for tests or policies that no longer or never had an evidence base. North Dakota is the envy of the nation for taking time to study utilization, trend and cost impacts and be thoughtful about how our residents' health care dollars are spent.

We understand the frustration of the bill's prime sponsor with the process, cost and the multiple cost benefit analyses. Frankly, we agree that some cost benefit analyses are not worth the dollars spent. We support the elimination of the second cost benefit analysis done outside of PERS. In recent years, we have seen outside analyses that were done sloppily, incorrectly and lacking more than one zero when the results came in. Having the right, not the cheapest, actuarial firm is critically important when it comes to studying the impacts of decisions made at the state government level. And, having the time to properly assess and ask the right questions is also critically important, which is why we applaud the work NDPERS and their consultant have done historically.

We also recognize the concerns of the bill's sponsors with the timelines. I do not believe the intention of Legislative Management was to prevent legislation from being introduced, but rather to give adequate time for a proper cost benefit analysis to be completed prior to legislators having to vote. Blue Cross is supportive of working together to adjust those timelines and the processes associated with health insurance mandates to meet the needs of legislators, PERS and the actuaries conducting the studies.

During debate on the House side, the bill sponsor and others talked about extending PERS' trial to two biennia to collect more than one year of data and determine efficacy of the proposed additions. Blue Cross is supportive of that amendment and proposes you include commercial coverage expansion in that extension as it is today, before passage of HB 1248.

North Dakotans are already struggling to afford health insurance. While it is easy to place blame on health carriers, we have to remember that North Dakota is a rate and file state, which means all premium increases must be reviewed and approved (generally after they are cut) by the Insurance Commissioner. We submit three to five years of data to the Insurance Department to justify the rates we request. Yet the costs of healthcare in North Dakota are not low. The US Department of Commerce Bureau of Economic Analysis ranks North Dakota third in the nation in healthcare expenditures per capita. As evidence, from 2022 to 2024, Blue Cross Blue Shield of North Dakota spent \$845,233,023.79 on North Dakota State Legislature imposed health insurance mandates. We anticipate that with the addition of the 2025 numbers that will be over \$1 billion. If we remove the PERS study for new mandates, we are eliminating an important and thoughtful step which requires the gathering of impact and outcome data before potentially saddling North Dakotans with additional costs and pricing people out of the health insurance marketplace.

This legislative session there have been just under a dozen mandates proposed: infertility, cryopreservation, insulin caps, ground ambulance reimbursement, step therapy bills, copay coupons, PBM regulation/state regulation of self-funded plans, dental insurance reform and two different bills to require coverage of GLP1 medications for weight loss. Each legislative session we see more, not less, mandates introduced. If all of the proposed bills passed due to pressure from advocacy and special interest groups went directly to the commercial market, policyholders would be facing consequences of spur of the moment public policy decisions costing hundreds of millions of dollars, with little or no ability to unwind the impacts.

With that, Madam Chair, I am happy to share some amendments to HB 1248 to leave the PERS trial intact and stand for any questions.

Proposed amendment:

A committee of the legislative assembly may not act on a legislative measure the legislative management or committee determines mandates health insurance coverage of services or payment for specified providers of services for a health benefit plan as defined in section 26.1-36.3-01 or for the health and retiree health plans of state employees or employees of any political subdivision unless the measure as recommended by the committee provides:

- a. For a health benefit plan as defined in section 26.1-36.3-01:
  - i. The measure is effective through the first renewal date of a policy subsequent to the date the mandate becomes law and is effective for a period of two years, and after that date, the measure is ineffective.

- ii.     The application of the mandate begins on the first renewal date of the policy subsequent to the date the mandate becomes law and is effective for a period of two years, and after that date, the mandate is no longer applicable.
- b.     For the health and retiree health plans of state employees or employees of any political subdivision:
  - i.       The measure is effective through June thirtieth of the second odd - numbered year following the year in which the legislative assembly enacted the measure, and after that date the measure is ineffective.
  - ii.      The application of the mandate begins with the contract for health insurance which becomes effective after June thirtieth of the year in which the measure becomes effective.
  - iii.     For the second legislative assembly following the year in which the legislative assembly enacted the measure, the public employees retirement system may prepare and request introduction of a bill to repeal the expiration date and to extend the mandated coverage or payment on the system's health insurance programs.
  - iv.      If the public employees retirement system introduces a bill to repeal the expiration date under subdivision c, the public employees retirement system shall append to the bill a report regarding the effect of the mandated coverage or payment on the system's health insurance programs. The report must include information on the utilization and costs relating to the mandated coverage or payment.

# 2025 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Lincoln Room, State Capitol

HB 1248  
3/5/2025

Relating to medical services related to suicide and the powers and duties of the employee benefits programs committee; relating to the cost-benefit analysis requirement for health insurance mandated coverage of services.

4:08 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

### **Discussion Topics:**

- Employer sponsored plans
- Consumer demand
- Cost benefit analyses

4:08 p.m. Dylan Wheeler, Head of Government Affairs with Sanford Health Plan, testified in opposition and submitted testimony #38802.

4:15 p.m. John Arnold, Deputy Insurance Commissioner, testified in neutral.

4:22 p.m. Chairman Lee closed the hearing.

*Andrew Ficek, Committee Clerk*



Chair Lee and Members of the Senate Human Services Committee –

Good Morning, my name is Dylan Wheeler – Head of Government Affairs for Sanford Health Plan; testifying today in opposition to HB1248, as amended in the House. The NDPERS health insurance pilot period for health insurance mandates is a cornerstone of health policy in North Dakota, and serves as a model to other states who are considering covering additional services.

The deference given to health insurance mandates to go through NDPERS is a pragmatic public policy that allows time to obtain data, track utilization, and estimate costs prior to rolling out a coverage mandate to the private market – including small businesses, families, and individuals.

We would request that the NDPERS trial period remain for all health insurance mandates to ensure that we can estimate costs for the commercial market and better understand the effects – indirect and direct – of new coverage requirements in the North Dakota market. This can be done with an amendment to clearly state that any mandate must first apply to NDPERS. As amended in the House, there is now an option to push health insurance mandates to the commercial market – as opposed to going to NDPERS.

There is a question or issue seeking to be addressed in this bill premised on an issue with the existing mandate process. Other than discussing what is considered a “mandate,” which is not necessarily contemplated in HB1248 – the process of having an actuarial assessment conducted, estimating premium impact, and evaluating technical language issues is informative to the public policy making process and we feel the current process works.

As shared previously, one aspect of the NDPERS pilot period is the value that the actuarial and technical analysis has on the policy making process. However, currently there are two entities that conduct cost-benefit analysis on new proposed coverage requirements. One area of opportunity to make the process more efficient is to make that only one entity – the entity that works directly with NDPERS on assessing the impact of coverage mandates. Our experience in that process has been positive and has helped inform the policy making process.

A recent example of how the pilot period has worked is with the copay cap on insulin and related supplies – this committee has heard that pilot experience. Last session, the legislature approved coverage in NDPERS for a period of two years. During the two-year period, we were able to better understand utilization trends, but also trends in the market. During the pilot period time, the market adjusted when insulin manufacturers substantially lowered the cost of insulin. Hence, during the period, cost reduction was showed for the NDPERS plan in certain areas; however, continuation of coverage still has a cost to the State health plan. This recent example demonstrates the value and information gleaned from the pilot period.

Let’s consider a hypothetical post-passage of HB1248 if there was an option to bring a mandate to individuals, small businesses, and families prior to going to NDPERS. There are new and innovative medicines, treatments, and procedures coming to healthcare – this is a good thing. However, oftentimes, it takes time for the market to adjust to the new price and understand utilization. This bill would – if applied first to the commercial market – push premium increases to those markets prior to NDPERS; eliminating the data, utilization, and actuarial information. At a time when businesses, families, and individuals are cost-conscious, we need to maintain the safeguard and sound policy of having mandates apply to NDPERS first, then evaluate rolling out the commercial market.

Some may say that a pilot period is too long to wait for coverage requirements to come to the private or commercial market. There is an alternative process to have additional coverages come into the market. First, if obtained through an employer, that individual or group of individuals can approach the employer and inquire about covering a new

service. Second, there is an existing process to have the state adjust the Essential Health Benefits package; this was done last session through HCR3011 and through the North Dakota Insurance Department. Third, individuals can connect with their health plan and ask about potential coverages coming in new plan years.

Continuing to have coverage mandates run through NDPERS prior to the private market is good public policy. This informative and educational process brings insightful and financial information so that the body can better understand, if rolled out to the other state-regulated markets, what the effect could be on individuals, small businesses and families.

I appreciate the time and consideration and we look forward to maintaining the existing pilot period while recognizing the potential need to make the process more efficient.

Dylan C. Wheeler

Head of Government Affairs

Sanford Health Plan

# 2025 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Lincoln Room, State Capitol

HB 1248  
3/18/2025  
2:37 PM

Relating to the cost-benefit analysis requirement for health insurance mandated coverage of services.
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2:37 p.m. Vice-Chairman Weston opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

### Discussion Topics:

- Insulin Pilot Program
- Mandate Requirements
- Coverage of Services
- Requirement of Trial

2:37 p.m. Rebecca Fricke, Executive Director of North Dakota Public Employee Retirement System, answered committee questions.

2:44 p.m. Chrystal Bartuska, Director with the North Dakota Insurance Department, answered committee questions and submitted written testimony #42876 and #42879.

3:14 p.m. Megan Hruby, Blue Cross Blue Shield of ND, answered committee questions.

3:21 p.m. Dylan Wheeler, Government Affairs for Sanford Health Plan, answered committee questions.

3:28 p.m. Chairman Lee closed the hearing.

*Andrew Ficek, Committee Clerk*



**54-03-28. Health insurance mandated coverage of services - Cost-benefit analysis requirement.**

1. If the legislative management determines a legislative measure mandates health insurance coverage of services or payment for specified providers of services, the measure may not be referred to a committee of the legislative assembly unless a cost-benefit analysis provided by the legislative management is appended to that measure.
  - a. If a committee of the legislative assembly determines a measure mandating health insurance coverage of services or payment of specified providers was referred to committee without a cost-benefit analysis, the committee shall request the legislative management provide a cost-benefit analysis. The committee may not act on the measure unless the measure is accompanied by the cost-benefit analysis.
  - b. If a committee of the legislative assembly determines a proposed amendment to a measure mandates health insurance coverage of services or payment of specified providers, the committee may not act on the proposed amendment unless the amendment is accompanied by a cost-benefit analysis or amended cost-benefit analysis provided by the legislative management.
2. Factors considered in the cost-benefit analysis must include:
  - a. The extent to which the proposed mandate would increase or decrease the cost of the service.
  - b. The extent to which the proposed mandate would increase the appropriate use of the service.
  - c. The extent to which the proposed mandate would increase or decrease the administrative expenses of insurers and the premium and administrative expenses of insureds.
  - d. The impact of the proposed mandate on the total cost of health care.
3. A committee of the legislative assembly may not act on a legislative measure that the legislative management or committee determines mandates health insurance coverage of services or payment for specified providers of services unless the measure as recommended by the committee provides:
  - a. The measure is effective through June thirtieth of the next odd-numbered year following the year in which the legislative assembly enacted the measure, and after that date the measure is ineffective.
  - b. The application of the mandate is limited to the public employees health insurance program and the public employee retiree health insurance program. The application of such mandate begins with every contract for health insurance which becomes effective after June thirtieth of the year in which the measure becomes effective.
  - c. That for the next legislative assembly, the public employees retirement system shall prepare and request introduction of a bill to repeal the expiration date and to extend the mandated coverage or payment to apply to accident and health insurance policies. The public employees retirement system shall append to the bill a report regarding the effect of the mandated coverage or payment on the system's health insurance programs. The report must include information on the utilization and costs relating to the mandated coverage or payment and a recommendation on whether the coverage or payment should continue. For purposes of this section, the bill is not a legislative measure mandating health insurance coverage of services or payment for specified providers of services, unless the bill is amended following introduction so as to change the bill's mandate.
4. The legislative management shall adopt a procedure for identifying measures and proposed measures mandating health insurance coverage of services or payment for specified providers of services. The procedure must include solicitation of draft measures and proposals during the interim between legislative sessions from legislators and agencies with bill introduction privileges and must include deadlines for identification of the measures or proposals.

5. The legislative council shall contract with a private entity, ~~after receiving one or more recommendations from the insurance commissioner,~~ to provide the legislative management the cost-benefit analysis required by this section. ~~The insurance commissioner shall pay the cost of the contracted services to the entity providing the services.~~



**54-03-28. Health insurance mandated ~~coverage of services~~ benefits - Cost-benefit analysis requirement.**

1. If the legislative management determines a legislative measure mandates new health insurance ~~coverage of services or payment for specified providers of services~~ benefits, the measure may not be referred to a committee of the legislative assembly unless a cost-benefit analysis provided by the legislative management is appended to that measure.
  - a. If a committee of the legislative assembly determines a measure mandating new health insurance ~~coverage of services or payment of specified providers~~ benefits was referred to committee without a cost-benefit analysis, the committee shall request the legislative management provide a cost-benefit analysis. The committee may not act on the measure unless the measure is accompanied by the cost-benefit analysis.
  - b. If a committee of the legislative assembly determines a proposed amendment to a measure mandates new health insurance ~~coverage of services or payment of specified providers~~ benefits, the committee may not act on the proposed amendment unless the amendment is accompanied by a cost-benefit analysis or amended cost-benefit analysis provided by the legislative management.
2. Factors considered in the cost-benefit analysis must include:
  - a. The extent to which the proposed mandate would increase or decrease the cost of the service benefit.
  - b. The extent to which the proposed mandate would increase the appropriate use utilization of the service benefit.
  - c. The extent to which the proposed mandate would increase or decrease the administrative expenses of insurers and the premium and administrative expenses of insureds.
  - d. The impact of the proposed mandate on the total cost of health care.
3. A committee of the legislative assembly may not act on a legislative measure that the legislative management or committee determines mandates a new health insurance ~~coverage of services or payment for specified providers of services~~ benefit unless the measure as recommended by the committee provides:
  - a. The measure is effective through June thirtieth of the next odd-numbered year following the year in which the legislative assembly enacted the measure, and after that date the measure is ineffective.
  - b. The application of the mandate is limited to the public employees health insurance program and the public employee retiree health insurance program. The application of such mandate begins with every contract for health insurance which becomes effective after June thirtieth of the year in which the measure becomes effective.
  - c. That for the next legislative assembly, the public employees retirement system shall prepare and request introduction of a bill to repeal the expiration date and to extend the mandated coverage or payment to apply to accident and health insurance policies. The public employees retirement system shall append to the bill a report regarding the effect of the mandated ~~coverage~~ benefit or payment on the system's health insurance programs. The report must include information on the utilization and costs relating to the mandated coverage or payment and a recommendation on whether the coverage or payment should continue. For purposes of this section, the bill is not a legislative measure mandating health insurance ~~coverage of services or payment for specified providers of services~~ benefits, unless the bill is amended following introduction so as to change the bill's mandate.
4. The legislative management shall adopt a procedure for identifying measures and proposed measures mandating new health insurance ~~coverage of services or payment for specified providers of services~~ benefits. The procedure must include solicitation of draft measures and proposals during the interim between legislative sessions from legislators and agencies with bill introduction privileges and must include deadlines for identification of the measures or proposals.

5. The legislative council shall contract with a private entity, ~~after receiving one or more recommendations from the insurance commissioner,~~ to provide the legislative management the cost-benefit analysis required by this section. ~~The insurance commissioner shall pay the cost of the contracted services to the entity providing the services.~~
6. The legislative management shall determine new health insurance benefit mandates pursuant to title 45, Code of Federal Regulations, section 155.170.
  - a. A change or addition in cost sharing structures in a specific provide tyle or reimbursement, or a benefit delivery method do not constitute a new benefit mandate.
  - b. The new benefit is considered a mandate if the health insurance benefit is in addition to the essential health benefits, as defined in section 1302 of the federal Patient Protection and Affordable Care Act [42 U.S.C. 18022] and title 45, Code of Federal Regulations, section 156.110.

# 2025 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Lincoln Room, State Capitol

HB 1248  
3/18/2025  
4:52 P.M.

Relating to the cost-benefit analysis requirement for health insurance mandated coverage of services.
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4:52 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

### **Discussion Topics:**

- PERS Trial
- Cost Benefit Analysis Timeline

4:52 p.m. Dylan Wheeler Government Affairs for Sanford Health Plan, answered committee questions.

4:58 p.m. Chairman Lee closed the hearing.

*Andrew Ficek, Committee Clerk*

# 2025 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Lincoln Room, State Capitol

HB 1248  
3/19/2025

Relating to the cost-benefit analysis requirement for health insurance mandated coverage of services.

3:19 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

### Discussion Topics:

- PERS Trial Length
- Information Collection

3:20 p.m. Chrystal Bartuska, ND Insurance Department, answered committee questions and submitted testimony #43095 and #43096.

3:24 p.m. Rebecca Fricke, North Dakota Public Employee Retirement System, answered committee questions.

3:28 p.m. Senator Hogan moved amendment LC#25.0740.02002.

3:28 p.m. Senator Roers seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	AB

Motion passed 5-0-1.

3:29 p.m. Senator Roers moved Do Pass as Amended.

3:30 p.m. Senator Weston seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y

Senator Desiree Van Oosting	AB
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Motion passed 5-0-1.

Senator Clemens will carry the bill.

3:30 p.m. Chairman Lee closed the hearing.

*Andrew Ficek, Committee Clerk*



March 20, 2025

Sixty-ninth  
Legislative Assembly  
of North Dakota

**PROPOSED AMENDMENTS TO  
FIRST ENGROSSMENT**

VC 3/20/25  
1 of 6

**ENGROSSED HOUSE BILL NO. 1248**

Introduced by

Representatives Weisz, Frelich, McLeod, M. Ruby

Senators Lee, Dever

1 A BILL for an Act to amend and reenact sections 26.1-36-09.12 and 54-35-02.4 of the North  
2 Dakota Century Code, relating to medical services related to suicide and the powers and duties  
3 of the employee benefits programs committee; and to repeal section 54-03-28 of the North  
4 Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance  
5 mandated coverage of services. for an Act to amend and reenact section 54-03-28 of the North  
6 Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance  
7 mandated coverage of services.

8 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

9 ~~SECTION 1. AMENDMENT.~~ Section 26.1-36-09.12 of the North Dakota Century Code is  
10 amended and reenacted as follows:

11 ~~26.1-36-09.12. Medical services related to suicide.~~

12 ~~An insurance company, nonprofit health service corporation, or health maintenance~~  
13 ~~organization may not deliver, issue, execute, or renew any a hospital, surgical, medical, or major~~  
14 ~~medical benefit policy on an individual, group, blanket, franchise, or association basis unless~~  
15 ~~the policy, contract, or evidence of coverage provides benefits, of the same type offered under~~  
16 ~~the policy or contract for illnesses, for health services to any individual covered under the policy~~  
17 ~~or contract for injury or illness resulting from suicide, attempted suicide, or self-inflicted injury.~~  
18 ~~The medical benefits provided for in this section are exempt from section 54-03-28.~~

19 **SECTION 2. AMENDMENT.** Section 54-35-02.4 of the North Dakota Century Code is  
20 amended and reenacted as follows:

~~54-35-02.4. Employee benefits programs committee— Powers and duties.~~

~~1. During each interim, the employee benefits programs committee shall consider:~~

~~a. Consider and report on the legislative proposals over which the committee takes jurisdiction and which fiscally impact the retirement programs of state employees or employees of any political subdivision, and health and retiree health plans of state employees or employees of any political subdivision. A majority of the members of the committee has sole authority to determine whether a legislative proposal affects a program. The committee shall make~~

~~b. Make a thorough review of each proposal the committee takes under its jurisdiction, including an actuarial report. The committee shall take~~

~~c. Take jurisdiction over a proposal that authorizes an automatic increase or other change in benefits beyond the ensuing biennium which would not require legislative approval. The committee shall include~~

~~d. Include in the report of the committee a statement that the proposal would allow future changes without legislative involvement. The committee shall report~~

~~e. Report the findings and recommendations of the committee, along with any necessary legislation, to the legislative management and to the legislative assembly.~~

~~2. To carry out the responsibilities of the committee, the committee, or the designee of the committee, may:~~

~~a. Enter contracts, including retainer agreements, with an actuary or actuarial firm for expert assistance and consultation. Each retirement, insurance, or retiree insurance program shall pay, from the program's retirement, insurance, or retiree health benefits fund, as appropriate, and without the need for a prior appropriation, the cost of an actuarial report required under this section which relates to that program.~~

~~b. Call on personnel from state agencies or political subdivisions to furnish such information and render such assistance as the committee from time to time may request.~~

~~c. Establish rules for the operation of the committee, including the submission and review of proposals and the establishing of standards for actuarial reports.~~



1 — ~~3. The committee may solicit draft measures and proposals from interested persons~~  
2 ~~during the interim between legislative sessions, and also may study measures and~~  
3 ~~proposals referred to the committee by the legislative assembly or the legislative~~  
4 ~~management.~~

5 — ~~4. A copy of the committee's report concerning a legislative measure, if that measure is~~  
6 ~~introduced for consideration by a legislative assembly, must be appended to the copy~~  
7 ~~of that measure.~~

8 — ~~5. If a legislative measure affecting a public employees retirement program, public~~  
9 ~~employees health insurance program, or public employee retiree health insurance~~  
10 ~~program is introduced in either house without a report from the committee, the~~  
11 ~~chairman and vice chairman of the employee benefits programs committee shall~~  
12 ~~request an actuarial report from the program affected and shall provide the report to~~  
13 ~~the standing committee to which the measure is referred. During the legislative~~  
14 ~~session, the employee benefits programs committee chairman and vice chairman,~~  
15 ~~working together, have sole authority to determine whether a legislative measure or~~  
16 ~~amendment affects a program under this subsection and subsection 6.~~

17 — ~~6. During a legislative session, if an amendment is made to a legislative measure which~~  
18 ~~fiscally impacts a public employees retirement program, public employees health~~  
19 ~~insurance program, or public employee retiree health insurance program, the~~  
20 ~~employee benefits programs committee chairman and vice chairman shall request~~  
21 ~~from the affected program an actuarial report on the amendment and shall provide the~~  
22 ~~report to the standing committee to which the bill is referred.~~

23 — ~~7. A committee of the legislative assembly may not act on a legislative measure the~~  
24 ~~legislative management or committee determines mandates health insurance~~  
25 ~~coverage of services or payment for specified providers of services for the health and~~  
26 ~~retiree health plans of state employees or employees of any political subdivision~~  
27 ~~unless the measure as recommended by the committee provides:~~

28 — ~~a. The measure is effective through June thirtieth of the second odd-numbered year~~  
29 ~~following the year in which the legislative assembly enacted the measure, and~~  
30 ~~after that date the measure is ineffective.~~



- 1 ~~b. The application of the mandate begins with the contract for health insurance~~  
2 ~~which becomes effective after June thirtieth of the year in which the measure~~  
3 ~~becomes effective.~~
- 4 ~~c. For the second legislative assembly following the year in which the legislative~~  
5 ~~assembly enacted the measure, the public employees retirement system may~~  
6 ~~prepare and request introduction of a bill to repeal the expiration date and to~~  
7 ~~extend the mandated coverage or payment on the system's health insurance~~  
8 ~~programs.~~
- 9 ~~d. If the public employees retirement system introduces a bill to repeal the~~  
10 ~~expiration date under subdivision c, the public employees retirement system shall~~  
11 ~~append to the bill a report regarding the effect of the mandated coverage or~~  
12 ~~payment on the system's health insurance programs. The report must include~~  
13 ~~information on the utilization and costs relating to the mandated coverage or~~  
14 ~~payment.~~
- 15 ~~8. Legislation enacted in contravention of this section is invalid, and any benefits~~  
16 ~~provided under the legislation must be reduced to the level current before enactment~~  
17 ~~of the legislation.~~

18 ~~SECTION 3. REPEAL. Section 54-03-28 of the North Dakota Century Code is repealed.~~

19 **SECTION 1. AMENDMENT.** Section 54-03-28 of the North Dakota Century Code is  
20 amended and reenacted as follows:

21 **54-03-28. Health insurance mandated coverage of services - Cost-benefit analysis**  
22 **requirement.**

- 23 1. If the legislative management determines a legislative measure mandates health  
24 insurance coverage of services or payment for specified providers of services, the  
25 measure may not be referred to a committee of the legislative assembly unless a  
26 cost-benefit analysis provided by the legislative management is appended to that  
27 measure.
- 28 a. If a committee of the legislative assembly determines a measure mandating  
29 health insurance coverage of services or payment of specified providers was  
30 referred to committee without a cost-benefit analysis, the committee shall request  
31 the legislative management provide a cost-benefit analysis. The committee may



1 not act on the measure unless the measure is accompanied by the cost-benefit  
2 analysis.

3 b. If a committee of the legislative assembly determines a proposed amendment to  
4 a measure mandates health insurance coverage of services or payment of  
5 specified providers, the committee may not act on the proposed amendment  
6 unless the amendment is accompanied by a cost-benefit analysis or amended  
7 cost-benefit analysis provided by the legislative management.

8 2. Factors considered in the cost-benefit analysis must include:

9 a. The extent to which the proposed mandate would increase or decrease the cost  
10 of the service.

11 b. The extent to which the proposed mandate would increase the appropriate use of  
12 the service.

13 c. The extent to which the proposed mandate would increase or decrease the  
14 administrative expenses of insurers and the premium and administrative  
15 expenses of insureds.

16 d. The impact of the proposed mandate on the total cost of health care.

17 3. A committee of the legislative assembly may not act on a legislative measure that the  
18 legislative management or committee determines mandates health insurance  
19 coverage of services or payment for specified providers of services unless the  
20 measure as recommended by the committee provides:

21 a. The measure is effective through June thirtieth of the next odd-numbered year  
22 following the year in which the legislative assembly enacted the measure, and  
23 after that date the measure is ineffective.

24 b. The application of the mandate is limited to the public employees health  
25 insurance program and the public employee retiree health insurance program.  
26 The application of such mandate begins with every contract for health insurance  
27 which becomes effective after June thirtieth of the year in which the measure  
28 becomes effective.

29 ~~c. That for the next legislative assembly, the public employees retirement system~~  
30 ~~shall prepare and request introduction of a bill to repeal the expiration date and to~~



~~extend the mandated coverage or payment to apply to accident and health insurance policies. The~~

4. At the conclusion of the process in this section, the public employees retirement system shall ~~append to the bill~~submit a report regarding the effect of the mandated coverage or payment on the system's health insurance programs. The report must include information on the utilization and costs relating to the mandated coverage or payment and a recommendation on whether the coverage or payment should continue. ~~For purposes of this section, the bill is not a legislative measure mandating health insurance coverage of services or payment for specified providers of services, unless the bill is amended following introduction so as to change the bill's mandate.~~

4.5. The legislative management shall adopt a procedure for identifying measures and proposed measures mandating health insurance coverage of services or payment for specified providers of services. The procedure must include solicitation of draft measures and proposals during the interim between legislative sessions from legislators and agencies with bill introduction privileges and must include deadlines for identification of the measures or proposals.

5.6. The legislative council shall contract with a private entity, ~~after receiving one or more recommendations from the insurance commissioner,~~ to provide the legislative management the cost-benefit analysis required by this section. ~~The insurance commissioner shall pay the cost of the contracted services to the entity providing the services~~ at the conclusion of the process under subsection 3.

**REPORT OF STANDING COMMITTEE  
ENGROSSED HB 1248**

**Human Services Committee (Sen. Lee, Chairman)** recommends **AMENDMENTS** ([25.0740.02002](#)) and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 1 ABSENT OR EXCUSED AND NOT VOTING). Engrossed HB 1248 was placed on the Sixth order on the calendar. This bill does not affect workforce development.



25.0740.02000

Sixty-ninth  
Legislative Assembly  
of North Dakota

## FIRST ENGROSSMENT

### ENGROSSED HOUSE BILL NO. 1248

Introduced by

Representatives Weisz, Frelich, McLeod, M. Ruby

Senators Lee, Dever

1 A BILL for an Act to amend and reenact sections 26.1-36-09.12 and 54-35-02.4 of the North  
2 Dakota Century Code, relating to medical services related to suicide and the powers and duties  
3 of the employee benefits programs committee; and to repeal section 54-03-28 of the North  
4 Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance  
5 mandated coverage of services.

#### 6 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

7 **SECTION 1. AMENDMENT.** Section 26.1-36-09.12 of the North Dakota Century Code is  
8 amended and reenacted as follows:

#### 9 **26.1-36-09.12. Medical services related to suicide.**

10 An insurance company, nonprofit health service corporation, or health maintenance  
11 organization may not deliver, issue, execute, or renew any hospital, surgical, medical, or major  
12 medical benefit policy on an individual, group, blanket, franchise, or association basis unless  
13 the policy, contract, or evidence of coverage provides benefits, of the same type offered under  
14 the policy or contract for illnesses, for health services to any individual covered under the policy  
15 or contract for injury or illness resulting from suicide, attempted suicide, or self-inflicted injury.

16 The medical benefits provided for in this section are exempt from section 54-03-28.

~~17 **SECTION 2. AMENDMENT.** Section 54-35-02.4 of the North Dakota Century Code is~~  
~~18 amended and reenacted as follows:~~

#### ~~19 **54-35-02.4. Employee benefits programs committee Powers and duties.**~~

~~20 1. During each interim, the employee benefits programs committee shall consider:~~

~~21 a. Consider and report on the legislative proposals over which the committee takes~~  
~~22 jurisdiction and which fiscally impact the retirement programs of state employees~~

1 ~~or employees of any political subdivision, and health and retiree health plans of~~  
2 ~~state employees or employees of any political subdivision. A majority of the~~  
3 ~~members of the committee has sole authority to determine whether a legislative~~  
4 ~~proposal affects a program. The committee shall make~~

5 ~~b. Make a thorough review of each proposal the committee takes under its~~  
6 ~~jurisdiction, including an actuarial report. The committee shall take~~

7 ~~c. Take jurisdiction over a proposal that authorizes an automatic increase or other~~  
8 ~~change in benefits beyond the ensuing biennium which would not require~~  
9 ~~legislative approval. The committee shall include~~

10 ~~d. Include in the report of the committee a statement that the proposal would allow~~  
11 ~~future changes without legislative involvement. The committee shall report~~

12 ~~e. Report the findings and recommendations of the committee, along with any~~  
13 ~~necessary legislation, to the legislative management and to the legislative~~  
14 ~~assembly.~~

15 ~~2. To carry out the responsibilities of the committee, the committee, or the designee of~~  
16 ~~the committee, may:~~

17 ~~a. Enter contracts, including retainer agreements, with an actuary or actuarial firm~~  
18 ~~for expert assistance and consultation. Each retirement, insurance, or retiree~~  
19 ~~insurance program shall pay, from the program's retirement, insurance, or retiree~~  
20 ~~health benefits fund, as appropriate, and without the need for a prior~~  
21 ~~appropriation, the cost of an actuarial report required under this section which~~  
22 ~~relates to that program.~~

23 ~~b. Call on personnel from state agencies or political subdivisions to furnish such~~  
24 ~~information and render such assistance as the committee from time to time may~~  
25 ~~request.~~

26 ~~c. Establish rules for the operation of the committee, including the submission and~~  
27 ~~review of proposals and the establishing of standards for actuarial reports.~~

28 ~~3. The committee may solicit draft measures and proposals from interested persons~~  
29 ~~during the interim between legislative sessions, and also may study measures and~~  
30 ~~proposals referred to the committee by the legislative assembly or the legislative~~  
31 ~~management.~~

1 — 4. ~~A copy of the committee's report concerning a legislative measure, if that measure is~~  
2 — ~~introduced for consideration by a legislative assembly, must be appended to the copy~~  
3 — ~~of that measure.~~

4 — 5. ~~If a legislative measure affecting a public employees retirement program, public~~  
5 — ~~employees health insurance program, or public employee retiree health insurance~~  
6 — ~~program is introduced in either house without a report from the committee, the~~  
7 — ~~chairman and vice chairman of the employee benefits programs committee shall~~  
8 — ~~request an actuarial report from the program affected and shall provide the report to~~  
9 — ~~the standing committee to which the measure is referred. During the legislative~~  
10 — ~~session, the employee benefits programs committee chairman and vice chairman,~~  
11 — ~~working together, have sole authority to determine whether a legislative measure or~~  
12 — ~~amendment affects a program under this subsection and subsection 6.~~

13 — 6. ~~During a legislative session, if an amendment is made to a legislative measure which~~  
14 — ~~fiscally impacts a public employees retirement program, public employees health~~  
15 — ~~insurance program, or public employee retiree health insurance program, the~~  
16 — ~~employee benefits programs committee chairman and vice chairman shall request~~  
17 — ~~from the affected program an actuarial report on the amendment and shall provide the~~  
18 — ~~report to the standing committee to which the bill is referred.~~

19 — 7. ~~A committee of the legislative assembly may not act on a legislative measure the~~  
20 — ~~legislative management or committee determines mandates health insurance~~  
21 — ~~coverage of services or payment for specified providers of services for the health and~~  
22 — ~~retiree health plans of state employees or employees of any political subdivision~~  
23 — ~~unless the measure as recommended by the committee provides:~~

24 — a. ~~The measure is effective through June thirtieth of the second odd-numbered year~~  
25 — ~~following the year in which the legislative assembly enacted the measure, and~~  
26 — ~~after that date the measure is ineffective.~~

27 — b. ~~The application of the mandate begins with the contract for health insurance~~  
28 — ~~which becomes effective after June thirtieth of the year in which the measure~~  
29 — ~~becomes effective.~~

30 — c. ~~For the second legislative assembly following the year in which the legislative~~  
31 — ~~assembly enacted the measure, the public employees retirement system may~~

- 1 ~~prepare and request introduction of a bill to repeal the expiration date and to~~  
2 ~~extend the mandated coverage or payment on the system's health insurance~~  
3 ~~programs.~~  
4 ~~d. If the public employees retirement system introduces a bill to repeal the~~  
5 ~~expiration date under subdivision c, the public employees retirement system shall~~  
6 ~~append to the bill a report regarding the effect of the mandated coverage or~~  
7 ~~payment on the system's health insurance programs. The report must include~~  
8 ~~information on the utilization and costs relating to the mandated coverage or~~  
9 ~~payment.~~  
10 ~~8. Legislation enacted in contravention of this section is invalid, and any benefits~~  
11 ~~provided under the legislation must be reduced to the level current before enactment~~  
12 ~~of the legislation.~~  
13 ~~**SECTION 3. REPEAL.** Section 54-03-28 of the North Dakota Century Code is repealed.~~

**Section 2. Section 54-03-28 of the North Dakota Century Code is amended and reenacted as follows**

- 54-03-28. Health insurance mandated coverage of services - Cost-benefit analysis requirement.**
1. If the legislative management determines a legislative measure mandates health insurance coverage of services or payment for specified providers of services, the measure may not be referred to a committee of the legislative assembly unless a cost-benefit analysis provided by the legislative management is appended to that measure.
    - a. If a committee of the legislative assembly determines a measure mandating health insurance coverage of services or payment of specified providers was referred to committee without a cost-benefit analysis, the committee shall request the legislative management provide a cost-benefit analysis. The committee may not act on the measure unless the measure is accompanied by the cost-benefit analysis.
    - b. If a committee of the legislative assembly determines a proposed amendment to a measure mandates health insurance coverage of services or payment of specified providers, the committee may not act on the proposed amendment unless the amendment is accompanied by a cost-benefit analysis or amended cost-benefit analysis provided by the legislative management.
  2. Factors considered in the cost-benefit analysis must include:
    - a. The extent to which the proposed mandate would increase or decrease the cost of the service.
    - b. The extent to which the proposed mandate would increase the appropriate use of the service.
    - c. The extent to which the proposed mandate would increase or decrease the administrative expenses of insurers and the premium and administrative expenses of insureds.
    - d. The impact of the proposed mandate on the total cost of health care.
  3. A committee of the legislative assembly may not act on a legislative measure that the legislative management or committee determines mandates health insurance coverage of services or payment for specified providers of services unless the measure as recommended by the committee provides:



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- a. The measure is effective through June thirtieth of the next odd-numbered year following the year in which the legislative assembly enacted the measure, and after that date the measure is ineffective.
  - b. The application of the mandate is limited to the public employees health insurance program and the public employee retiree health insurance program. The application of such mandate begins with every contract for health insurance which becomes effective after June thirtieth of the year in which the measure becomes effective.
  - c. ~~That for the next legislative assembly, the public employees retirement system shall prepare and request introduction of a bill to repeal the expiration date and to extend the mandated coverage or payment to apply to accident and health insurance policies. At the conclusion of the process set forth in this section,~~ the public employees retirement system shall ~~append to the bill a~~ submit a report regarding the effect of the mandated coverage or payment on the system's health insurance programs. The report must include information on the utilization and costs relating to the mandated coverage or payment and a recommendation on whether the coverage or payment should continue. ~~For purposes of this section, the bill is not a legislative measure mandating health insurance coverage of services or payment for specified providers of services, unless the bill is amended following introduction so as to change the bill's mandate.~~
4. The legislative management shall adopt a procedure for identifying measures and proposed measures mandating health insurance coverage of services or payment for specified providers of services. The procedure must include solicitation of draft measures and proposals during the interim between legislative sessions from legislators and agencies with bill introduction privileges and must include deadlines for identification of the measures or proposals.
  5. The legislative council shall contract with a private entity, ~~after receiving one or more recommendations from the insurance commissioner,~~ to provide the legislative management the cost-benefit analysis required by this section ~~at the conclusion of the process set forth in 54-03-28(3) The insurance commissioner shall pay the cost of the contracted services to the entity providing the services.~~

25.0740.02000

Sixty-ninth  
Legislative Assembly  
of North Dakota

## FIRST ENGROSSMENT

### ENGROSSED HOUSE BILL NO. 1248

Introduced by

Representatives Weisz, Frelich, McLeod, M. Ruby

Senators Lee, Dever

1 A BILL for an Act to amend and reenact sections 26.1-36-09.12 and 54-35-02.4 of the North  
2 Dakota Century Code, relating to medical services related to suicide and the powers and duties  
3 of the employee benefits programs committee; and to repeal section 54-03-28 of the North  
4 Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance  
5 mandated coverage of services.

#### 6 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

7 **SECTION 1. AMENDMENT.** Section 26.1-36-09.12 of the North Dakota Century Code is  
8 amended and reenacted as follows:

#### 9 **26.1-36-09.12. Medical services related to suicide.**

10 An insurance company, nonprofit health service corporation, or health maintenance  
11 organization may not deliver, issue, execute, or renew any hospital, surgical, medical, or major  
12 medical benefit policy on an individual, group, blanket, franchise, or association basis unless  
13 the policy, contract, or evidence of coverage provides benefits, of the same type offered under  
14 the policy or contract for illnesses, for health services to any individual covered under the policy  
15 or contract for injury or illness resulting from suicide, attempted suicide, or self-inflicted injury.

16 The medical benefits provided for in this section are exempt from section 54-03-28.

~~17 **SECTION 2. AMENDMENT.** Section 54-35-02.4 of the North Dakota Century Code is~~  
~~18 amended and reenacted as follows:~~

#### ~~19 **54-35-02.4. Employee benefits programs committee Powers and duties.**~~

~~20 1. During each interim, the employee benefits programs committee shall consider:~~

~~21 a. Consider and report on the legislative proposals over which the committee takes~~  
~~22 jurisdiction and which fiscally impact the retirement programs of state employees~~

1 ~~or employees of any political subdivision, and health and retiree health plans of~~  
2 ~~state employees or employees of any political subdivision. A majority of the~~  
3 ~~members of the committee has sole authority to determine whether a legislative~~  
4 ~~proposal affects a program. The committee shall make~~

5 ~~b. Make a thorough review of each proposal the committee takes under its~~  
6 ~~jurisdiction, including an actuarial report. The committee shall take~~

7 ~~c. Take jurisdiction over a proposal that authorizes an automatic increase or other~~  
8 ~~change in benefits beyond the ensuing biennium which would not require~~  
9 ~~legislative approval. The committee shall include~~

10 ~~d. Include in the report of the committee a statement that the proposal would allow~~  
11 ~~future changes without legislative involvement. The committee shall report~~

12 ~~e. Report the findings and recommendations of the committee, along with any~~  
13 ~~necessary legislation, to the legislative management and to the legislative~~  
14 ~~assembly.~~

15 ~~2. To carry out the responsibilities of the committee, the committee, or the designee of~~  
16 ~~the committee, may:~~

17 ~~a. Enter contracts, including retainer agreements, with an actuary or actuarial firm~~  
18 ~~for expert assistance and consultation. Each retirement, insurance, or retiree~~  
19 ~~insurance program shall pay, from the program's retirement, insurance, or retiree~~  
20 ~~health benefits fund, as appropriate, and without the need for a prior~~  
21 ~~appropriation, the cost of an actuarial report required under this section which~~  
22 ~~relates to that program.~~

23 ~~b. Call on personnel from state agencies or political subdivisions to furnish such~~  
24 ~~information and render such assistance as the committee from time to time may~~  
25 ~~request.~~

26 ~~c. Establish rules for the operation of the committee, including the submission and~~  
27 ~~review of proposals and the establishing of standards for actuarial reports.~~

28 ~~3. The committee may solicit draft measures and proposals from interested persons~~  
29 ~~during the interim between legislative sessions, and also may study measures and~~  
30 ~~proposals referred to the committee by the legislative assembly or the legislative~~  
31 ~~management.~~

1 ——— 4. ~~A copy of the committee's report concerning a legislative measure, if that measure is~~  
2 ——— ~~introduced for consideration by a legislative assembly, must be appended to the copy~~  
3 ——— ~~of that measure.~~

4 ——— 5. ~~If a legislative measure affecting a public employees retirement program, public~~  
5 ——— ~~employees health insurance program, or public employee retiree health insurance~~  
6 ——— ~~program is introduced in either house without a report from the committee, the~~  
7 ——— ~~chairman and vice chairman of the employee benefits programs committee shall~~  
8 ——— ~~request an actuarial report from the program affected and shall provide the report to~~  
9 ——— ~~the standing committee to which the measure is referred. During the legislative~~  
10 ——— ~~session, the employee benefits programs committee chairman and vice chairman,~~  
11 ——— ~~working together, have sole authority to determine whether a legislative measure or~~  
12 ——— ~~amendment affects a program under this subsection and subsection 6.~~

13 ——— 6. ~~During a legislative session, if an amendment is made to a legislative measure which~~  
14 ——— ~~fiscally impacts a public employees retirement program, public employees health~~  
15 ——— ~~insurance program, or public employee retiree health insurance program, the~~  
16 ——— ~~employee benefits programs committee chairman and vice chairman shall request~~  
17 ——— ~~from the affected program an actuarial report on the amendment and shall provide the~~  
18 ——— ~~report to the standing committee to which the bill is referred.~~

19 ——— 7. ~~A committee of the legislative assembly may not act on a legislative measure the~~  
20 ——— ~~legislative management or committee determines mandates health insurance~~  
21 ——— ~~coverage of services or payment for specified providers of services for the health and~~  
22 ——— ~~retiree health plans of state employees or employees of any political subdivision~~  
23 ——— ~~unless the measure as recommended by the committee provides:~~

24 ——— a. ~~The measure is effective through June thirtieth of the second odd-numbered year~~  
25 ——— ~~following the year in which the legislative assembly enacted the measure, and~~  
26 ——— ~~after that date the measure is ineffective.~~

27 ——— b. ~~The application of the mandate begins with the contract for health insurance~~  
28 ——— ~~which becomes effective after June thirtieth of the year in which the measure~~  
29 ——— ~~becomes effective.~~

30 ——— c. ~~For the second legislative assembly following the year in which the legislative~~  
31 ——— ~~assembly enacted the measure, the public employees retirement system may~~



- 1 ~~prepare and request introduction of a bill to repeal the expiration date and to~~  
2 ~~extend the mandated coverage or payment on the system's health insurance~~  
3 ~~programs.~~  
4 ~~d. If the public employees retirement system introduces a bill to repeal the~~  
5 ~~expiration date under subdivision c, the public employees retirement system shall~~  
6 ~~append to the bill a report regarding the effect of the mandated coverage or~~  
7 ~~payment on the system's health insurance programs. The report must include~~  
8 ~~information on the utilization and costs relating to the mandated coverage or~~  
9 ~~payment.~~  
10 ~~8. Legislation enacted in contravention of this section is invalid, and any benefits~~  
11 ~~provided under the legislation must be reduced to the level current before enactment~~  
12 ~~of the legislation.~~  
13 ~~**SECTION 3. REPEAL.** Section 54-03-28 of the North Dakota Century Code is repealed.~~

**Section 2 Section 54-03-28 of the North Dakota Century Code is amended and reenacted as follows**

- 54-03-28. Health insurance mandated coverage of services - Cost-benefit analysis requirement.**
1. If the legislative management determines a legislative measure mandates health insurance coverage of services or payment for specified providers of services, the measure may not be referred to a committee of the legislative assembly unless a cost-benefit analysis provided by the legislative management is appended to that measure.
    - a. If a committee of the legislative assembly determines a measure mandating health insurance coverage of services or payment of specified providers was referred to committee without a cost-benefit analysis, the committee shall request the legislative management provide a cost-benefit analysis. The committee may not act on the measure unless the measure is accompanied by the cost-benefit analysis.
    - b. If a committee of the legislative assembly determines a proposed amendment to a measure mandates health insurance coverage of services or payment of specified providers, the committee may not act on the proposed amendment unless the amendment is accompanied by a cost-benefit analysis or amended cost-benefit analysis provided by the legislative management.
  2. Factors considered in the cost-benefit analysis must include:
    - a. The extent to which the proposed mandate would increase or decrease the cost of the service.
    - b. The extent to which the proposed mandate would increase the appropriate use of the service.
    - c. The extent to which the proposed mandate would increase or decrease the administrative expenses of insurers and the premium and administrative expenses of insureds.
    - d. The impact of the proposed mandate on the total cost of health care.
  3. A committee of the legislative assembly may not act on a legislative measure that the legislative management or committee determines mandates health insurance coverage of services or payment for specified providers of services unless the measure as recommended by the committee provides:

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- a. The measure is effective through June thirtieth of the ~~next~~ **second** odd-numbered year following the year in which the legislative assembly enacted the measure, and after that date the measure is ineffective.
  - b. The application of the mandate is limited to the public employees health insurance program and the public employee retiree health insurance program. The application of such mandate begins with every contract for health insurance which becomes effective after June thirtieth of the year in which the measure becomes effective.
  - c. ~~That for the next legislative assembly, the public employees retirement system shall prepare and request introduction of a bill to repeal the expiration date and to extend the mandated coverage or payment to apply to accident and health insurance policies. At the conclusion of the process set forth in this section,~~ the public employees retirement system shall ~~append to the bill a~~ **submit a** report regarding the effect of the mandated coverage or payment on the system's health insurance programs. The report must include information on the utilization and costs relating to the mandated coverage or payment and a recommendation on whether the coverage or payment should continue. ~~For purposes of this section, the bill is not a legislative measure mandating health insurance coverage of services or payment for specified providers of services, unless the bill is amended following introduction so as to change the bill's mandate.~~
4. The legislative management shall adopt a procedure for identifying measures and proposed measures mandating health insurance coverage of services or payment for specified providers of services. The procedure must include solicitation of draft measures and proposals during the interim between legislative sessions from legislators and agencies with bill introduction privileges and must include deadlines for identification of the measures or proposals.
  5. The legislative council shall contract with a private entity, ~~after receiving one or more recommendations from the insurance commissioner,~~ to provide the legislative management the cost-benefit analysis required by this section **at the conclusion of the process set forth in 54-03-28(3).** ~~The insurance commissioner shall pay the cost of the contracted services to the entity providing the services.~~

**2025 CONFERENCE COMMITTEE**

**HB 1248**

# 2025 HOUSE STANDING COMMITTEE MINUTES

**Industry, Business and Labor Committee**  
Room JW327C, State Capitol

HB1248  
4/14/2025  
Conference Committee

A BILL for an Act to amend and reenact sections 26.1-36-09.12 and 54-35-02.4 of the North Dakota Century Code, relating to medical services related to suicide and the powers and duties of the employee benefits programs committee; and to repeal section 54-03-28 of the North Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance mandated coverage of services.

4:03 p.m. Chairman Warrey opened the meeting.

Members Present: Chairman Warrey, Representatives Grindberg, Bahl, Senators, Roers, Hogan, Clemens

**Discussion Topics:**

- Insurance mandate process
- Pilot program detail
- Roll out to commercial market
- Cost benefit analysis (CBA)

4:04 p.m. Rebecca Fricke, Executive Director, (NDPERS) North Dakota Public Employees Retirement System discussed differences between the House and Senate versions of the bill.

4:16 p.m. Senator Roers will contact Legislative Council and have them work with Ms. Fricke on the amendment.

4:17 p.m. Chairman Warrey closed the meeting.

*Diane Lillis, Committee Clerk*



# 2025 HOUSE STANDING COMMITTEE MINUTES

## Industry, Business and Labor Committee Room JW327C, State Capitol

HB1248  
4/17/2025  
Conference Committee

A BILL for an Act to amend and reenact sections 26.1-36-09.12 and 54-35-02.4 of the North Dakota Century Code, relating to medical services related to suicide and the powers and duties of the employee benefits programs committee; and to repeal section 54-03-28 of the North Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance mandated coverage of services.

9:01 a.m. Chairman Warrey opened the meeting.

Members Present: Chairman Warrey, Representatives Grindberg, Bahl, Senators, Roers, Hogan, Clemens

### **Discussion Topics:**

- 2-year pilot program
- Commercial market

9:01 a.m. Rebecca Fricke, Executive Director, (NDPERS) North Dakota Public Employees Retirement System, to discuss the proposed amendment.

9:05 a.m. Senator Roers moved in place of Senate amendment LC #25.0740.02002 adopted by the Senate, to move the amendment by the conference committee LC # 25.740.02003, #45055.

9:05 a.m. Representative Grindberg seconded the motion.

Motion passed 6-0-0

9:06 a.m. Representative Grindberg will carry the bill.

9:06 a.m. Senator Roers will carry the bill.

9:06 a.m. Chairman Warrey closed the meeting.

*Diane Lillis, Committee Clerk*

April 15, 2025

Sixty-ninth  
Legislative Assembly  
of North Dakota

**PROPOSED AMENDMENTS TO  
FIRST ENGROSSMENT**

CO  
4/17/25  
1 of 7

**ENGROSSED HOUSE BILL NO. 1248**

Introduced by

Representatives Weisz, Frelich, McLeod, M. Ruby

Senators Lee, Dever

*In place of amendment (25.0740.02002) adopted by the Senate, Engrossed House Bill  
No. 1248 is amended by amendment (25.0740.02003) as follows:*

1 A BILL for an Act to amend and reenact sections 26.1-36-09.12 and 54-35-02.4 of the North  
2 Dakota Century Code, relating to medical services related to suicide and the powers and duties  
3 of the employee benefits programs committee; and to repeal section 54-03-28 of the North  
4 Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance  
5 mandated coverage of services. for an Act to amend and reenact section 54-03-28 of the North  
6 Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance  
7 mandated coverage of services.

8 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

9 ~~SECTION 1. AMENDMENT.~~ Section 26.1-36-09.12 of the North Dakota Century Code is  
10 amended and reenacted as follows:  
11 ~~26.1-36-09.12. Medical services related to suicide.~~  
12 ~~An insurance company, nonprofit health service corporation, or health maintenance~~  
13 ~~organization may not deliver, issue, execute, or renew any hospital, surgical, medical, or major~~  
14 ~~medical benefit policy on an individual, group, blanket, franchise, or association basis unless~~  
15 ~~the policy, contract, or evidence of coverage provides benefits, of the same type offered under~~  
16 ~~the policy or contract for illnesses, for health services to any individual covered under the policy~~  
17 ~~or contract for injury or illness resulting from suicide, attempted suicide, or self-inflicted injury.~~  
18 ~~The medical benefits provided for in this section are exempt from section 54-03-28.~~  
19 ~~SECTION 2. AMENDMENT.~~ Section 54-35-02.4 of the North Dakota Century Code is  
20 amended and reenacted as follows:

- 1 ~~54-35-02.4. Employee benefits programs committee—Powers and duties.~~
- 2 ~~1. During each interim, the employee benefits programs committee shall consider:~~
- 3 ~~a. Consider and report on the legislative proposals over which the committee takes~~
- 4 ~~jurisdiction and which fiscally impact the retirement programs of state employees~~
- 5 ~~or employees of any political subdivision, and health and retiree health plans of~~
- 6 ~~state employees or employees of any political subdivision. A majority of the~~
- 7 ~~members of the committee has sole authority to determine whether a legislative~~
- 8 ~~proposal affects a program. The committee shall make~~
- 9 ~~b. Make a thorough review of each proposal the committee takes under its~~
- 10 ~~jurisdiction, including an actuarial report. The committee shall take~~
- 11 ~~c. Take jurisdiction over a proposal that authorizes an automatic increase or other~~
- 12 ~~change in benefits beyond the ensuing biennium which would not require~~
- 13 ~~legislative approval. The committee shall include~~
- 14 ~~d. Include in the report of the committee a statement that the proposal would allow~~
- 15 ~~future changes without legislative involvement. The committee shall report~~
- 16 ~~e. Report the findings and recommendations of the committee, along with any~~
- 17 ~~necessary legislation, to the legislative management and to the legislative~~
- 18 ~~assembly.~~
- 19 ~~2. To carry out the responsibilities of the committee, the committee, or the designee of~~
- 20 ~~the committee, may:~~
- 21 ~~a. Enter contracts, including retainer agreements, with an actuary or actuarial firm~~
- 22 ~~for expert assistance and consultation. Each retirement, insurance, or retiree~~
- 23 ~~insurance program shall pay, from the program's retirement, insurance, or retiree~~
- 24 ~~health benefits fund, as appropriate, and without the need for a prior~~
- 25 ~~appropriation, the cost of an actuarial report required under this section which~~
- 26 ~~relates to that program.~~
- 27 ~~b. Call on personnel from state agencies or political subdivisions to furnish such~~
- 28 ~~information and render such assistance as the committee from time to time may~~
- 29 ~~request.~~
- 30 ~~c. Establish rules for the operation of the committee, including the submission and~~
- 31 ~~review of proposals and the establishing of standards for actuarial reports.~~



- 1 ~~3. The committee may solicit draft measures and proposals from interested persons~~  
2 ~~during the interim between legislative sessions, and also may study measures and~~  
3 ~~proposals referred to the committee by the legislative assembly or the legislative~~  
4 ~~management.~~
- 5 ~~4. A copy of the committee's report concerning a legislative measure, if that measure is~~  
6 ~~introduced for consideration by a legislative assembly, must be appended to the copy~~  
7 ~~of that measure.~~
- 8 ~~5. If a legislative measure affecting a public employees retirement program, public~~  
9 ~~employees health insurance program, or public employee retiree health insurance~~  
10 ~~program is introduced in either house without a report from the committee, the~~  
11 ~~chairman and vice chairman of the employee benefits programs committee shall~~  
12 ~~request an actuarial report from the program affected and shall provide the report to~~  
13 ~~the standing committee to which the measure is referred. During the legislative~~  
14 ~~session, the employee benefits programs committee chairman and vice chairman,~~  
15 ~~working together, have sole authority to determine whether a legislative measure or~~  
16 ~~amendment affects a program under this subsection and subsection 6.~~
- 17 ~~6. During a legislative session, if an amendment is made to a legislative measure which~~  
18 ~~fiscally impacts a public employees retirement program, public employees health~~  
19 ~~insurance program, or public employee retiree health insurance program, the~~  
20 ~~employee benefits programs committee chairman and vice chairman shall request~~  
21 ~~from the affected program an actuarial report on the amendment and shall provide the~~  
22 ~~report to the standing committee to which the bill is referred.~~
- 23 ~~7. A committee of the legislative assembly may not act on a legislative measure the~~  
24 ~~legislative management or committee determines mandates health insurance~~  
25 ~~coverage of services or payment for specified providers of services for the health and~~  
26 ~~retiree health plans of state employees or employees of any political subdivision~~  
27 ~~unless the measure as recommended by the committee provides:~~
  - 28 ~~a. The measure is effective through June thirtieth of the second odd-numbered year~~  
29 ~~following the year in which the legislative assembly enacted the measure, and~~  
30 ~~after that date the measure is ineffective.~~



- 1 ~~b. The application of the mandate begins with the contract for health insurance~~  
2 ~~which becomes effective after June thirtieth of the year in which the measure~~  
3 ~~becomes effective.~~
- 4 ~~c. For the second legislative assembly following the year in which the legislative~~  
5 ~~assembly enacted the measure, the public employees retirement system may~~  
6 ~~prepare and request introduction of a bill to repeal the expiration date and to~~  
7 ~~extend the mandated coverage or payment on the system's health insurance~~  
8 ~~programs.~~
- 9 ~~d. If the public employees retirement system introduces a bill to repeal the~~  
10 ~~expiration date under subdivision c, the public employees retirement system shall~~  
11 ~~append to the bill a report regarding the effect of the mandated coverage or~~  
12 ~~payment on the system's health insurance programs. The report must include~~  
13 ~~information on the utilization and costs relating to the mandated coverage or~~  
14 ~~payment.~~
- 15 ~~8. Legislation enacted in contravention of this section is invalid, and any benefits~~  
16 ~~provided under the legislation must be reduced to the level current before enactment~~  
17 ~~of the legislation.~~

18 ~~SECTION 3. REPEAL. Section 54-03-28 of the North Dakota Century Code is repealed.~~

19 **SECTION 1. AMENDMENT.** Section 54-03-28 of the North Dakota Century Code is  
20 amended and reenacted as follows:

21 **54-03-28. Health insurance mandated coverage of services - Cost-benefit analysis**  
22 **requirement.**

- 23 1. ~~If the legislative management determines a legislative measure mandates health~~  
24 ~~insurance coverage of services or payment for specified providers of services, the~~  
25 ~~measure may not be referred to a committee of the legislative assembly unless a~~  
26 ~~cost-benefit analysis provided by the legislative management is appended to that~~  
27 ~~measure.~~
- 28 ~~a. If a committee of the legislative assembly determines a measure mandating~~  
29 ~~health insurance coverage of services or payment of specified providers was~~  
30 ~~referred to committee without a cost-benefit analysis, the committee shall request~~  
31 ~~the legislative management provide a cost-benefit analysis. The committee may~~



- 1 not act on the measure unless the measure is accompanied by the cost benefit  
2 analysis.
- 3 ~~b. If a committee of the legislative assembly determines a proposed amendment to~~  
4 ~~a measure mandates health insurance coverage of services or payment of~~  
5 ~~specified providers, the committee may not act on the proposed amendment~~  
6 ~~unless the amendment is accompanied by a cost benefit analysis or amended~~  
7 ~~cost benefit analysis provided by the legislative management.~~
- 8 ~~2. Factors considered in the cost benefit analysis must include:~~
- 9 ~~a. The extent to which the proposed mandate would increase or decrease the cost~~  
10 ~~of the service.~~
- 11 ~~b. The extent to which the proposed mandate would increase the appropriate use of~~  
12 ~~the service.~~
- 13 ~~c. The extent to which the proposed mandate would increase or decrease the~~  
14 ~~administrative expenses of insurers and the premium and administrative~~  
15 ~~expenses of insureds.~~
- 16 ~~d. The impact of the proposed mandate on the total cost of health care.~~
- 17 3. AThe legislative management shall adopt a procedure for identifying measures and  
18 proposed measures mandating health insurance coverage of services or payment for  
19 specified providers of services. The procedure must include solicitation of draft  
20 measures and proposals during the interim between legislative sessions from  
21 legislators and agencies with bill introduction privileges and must include deadlines for  
22 identification of the measures or proposals.
- 23 2. Except as provided in subsection 3, a committee of the legislative assembly may not  
24 act on a legislative measure ~~that~~ the legislative management or committee determines  
25 mandates health insurance coverage of services or payment for specified providers of  
26 services unless the measure as recommended by the committee provides:
- 27 a. The measure is effective through June thirtieth of the next odd-numbered year  
28 following the year in which the legislative assembly enacted the measure, and  
29 after that date the measure is ineffective.
- 30 b. The application of the mandate is limited to the public employees health  
31 insurance program and the public employee retiree health insurance program.



1 The application of ~~such~~the mandate begins with every contract for health  
2 insurance which becomes effective after June thirtieth of the year in which the  
3 measure becomes effective.

- 4 c. That for the next legislative assembly, the ~~public employees retirement system~~  
5 ~~shall prepare and request introduction of a bill to repeal the expiration date and to~~  
6 ~~extend the mandated coverage or payment to apply to accident and health~~  
7 ~~insurance policies. The~~ public employees retirement system shall ~~append to the~~  
8 ~~bill~~provide to the employee benefits programs committee a report regarding the  
9 effect of the mandated coverage or payment on the system's health insurance  
10 programs. The report must include information on the utilization and costs  
11 relating to the mandated coverage or payment and a recommendation on  
12 whether the coverage or payment should continue for the system's health  
13 insurance programs. ~~For purposes of this section, the bill is not a legislative~~  
14 ~~measure mandating health insurance coverage of services or payment for~~  
15 ~~specified providers of services, unless the bill is amended following introduction~~  
16 ~~so as to change the bill's mandate.~~

- 17 ~~4. The legislative management shall adopt a procedure for identifying measures and~~  
18 ~~proposed measures mandating health insurance coverage of services or payment for~~  
19 ~~specified providers of services. The procedure must include solicitation of draft~~  
20 ~~measures and proposals during the interim between legislative sessions from~~  
21 ~~legislators and agencies with bill introduction privileges and must include deadlines for~~  
22 ~~identification of the measures or proposals.~~

- 23 3. If the legislative management determines a legislative measure mandating health  
24 insurance coverage of services or payment for specified providers of services has  
25 completed the process under subsection 2, the measure may not be referred to a  
26 committee of the legislative assembly unless a cost-benefit analysis provided by the  
27 legislative management is appended to the measure.

- 28 a. If a committee of the legislative assembly determines a measure or a proposed  
29 amendment to the measure mandating health insurance coverage of services or  
30 payment of specified providers of services was referred to committee without a



- 1 cost-benefit analysis, the committee shall request the legislative management
- 2 provide a cost-benefit analysis.
- 3 b. The committee may not act on the measure unless the measure is accompanied
- 4 by the cost-benefit analysis.
- 5 4. Factors considered in the cost-benefit analysis must include:
- 6 a. The extent to which the proposed mandate would increase or decrease the cost
- 7 of the service.
- 8 b. The extent to which the proposed mandate would increase the appropriate use of
- 9 the service.
- 10 c. The extent to which the proposed mandate would increase or decrease the
- 11 administrative expenses of insurers and the premium and administrative
- 12 expenses of insureds.
- 13 d. The impact of the proposed mandate on the total cost of health care.
- 14 5. The legislative council shall contract with a private entity, ~~after receiving one or more~~
- 15 ~~recommendations from the insurance commissioner,~~ to provide the legislative
- 16 management the cost-benefit analysis required by this section. ~~The insurance~~
- 17 ~~commissioner shall pay the cost of the contracted services to the entity providing the~~
- 18 ~~services.~~



# HB 1248 041725 0925 AM Roll Call Vote

## Final Recommendation

**HB 1248**

**Date Submitted:** April 17, 2025, 9:25 a.m.

**Recommendation:** In Place Of

**Amendment LC #:** 25.0740.02003

**Engrossed LC #:** N/A

**Description:**

**Motioned By:** Roers, Kristin

**Seconded By:** Grindberg, Karen

**House Carrier:** Grindberg, Karen

**Senate Carrier:** Roers, Kristin

**Emergency Clause:** None

**Vote Results:** 6 - 0 - 0

Rep. Warrey, Jonathan	Yea
Rep. Grindberg, Karen	Yea
Rep. Bahl, Landon	Yea
Sen. Roers, Kristin	Yea
Sen. Hogan, Kathy	Yea
Sen. Clemens, David A.	Yea

**REPORT OF CONFERENCE COMMITTEE  
ENGROSSED HB 1248**

Your conference committee (Sens. Roers, Hogan, Clemens and Reps. Warrey, Grindberg, Bahl) recommends that in place of amendment [25.0740.02002](#) adopted by the Senate, Engrossed HB 1248 is amended by amendment [25.0740.02003](#).

Engrossed HB 1248 was placed on the Seventh order of business on the calendar.

25.0740.02003  
Title.

Prepared by the Legislative Council  
staff for Senator Roers  
April 15, 2025

Sixty-ninth  
Legislative Assembly  
of North Dakota

## PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

### ENGROSSED HOUSE BILL NO. 1248

Introduced by

Representatives Weisz, Frelich, McLeod, M. Ruby

Senators Lee, Dever

*In place of the amendments (25.0740.02002) adopted by the Senate, Engrossed House Bill No. 1248 is amended by amendment (25.0740.02003) as follows:*

1 A BILL ~~for an Act to amend and reenact sections 26.1-36-09.12 and 54-35-02.4 of the North-~~  
2 ~~Dakota Century Code, relating to medical services related to suicide and the powers and duties-~~  
3 ~~of the employee benefits programs committee; and to repeal section 54-03-28 of the North-~~  
4 ~~Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance-~~  
5 ~~mandated coverage of services.~~ for an Act to amend and reenact section 54-03-28 of the North  
6 Dakota Century Code, relating to the cost-benefit analysis requirement for health insurance  
7 mandated coverage of services.

8 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

9 ~~—SECTION 1. AMENDMENT. Section 26.1-36-09.12 of the North Dakota Century Code is~~  
10 ~~amended and reenacted as follows:~~  
11 ~~—26.1-36-09.12. Medical services related to suicide.~~  
12 ~~—An insurance company, nonprofit health service corporation, or health maintenance-~~  
13 ~~organization may not deliver, issue, execute, or renew any hospital, surgical, medical, or major-~~  
14 ~~medical benefit policy on an individual, group, blanket, franchise, or association basis unless-~~  
15 ~~the policy, contract, or evidence of coverage provides benefits, of the same type offered under-~~  
16 ~~the policy or contract for illnesses, for health services to any individual covered under the policy-~~  
17 ~~or contract for injury or illness resulting from suicide, attempted suicide, or self-inflicted injury.~~  
18 ~~The medical benefits provided for in this section are exempt from section 54-03-28.~~  
19 ~~—SECTION 2. AMENDMENT. Section 54-35-02.4 of the North Dakota Century Code is~~  
20 ~~amended and reenacted as follows:~~



~~54-35-02.4. Employee benefits programs committee - Powers and duties.~~

~~1. During each interim, the employee benefits programs committee shall consider:~~

~~a. Consider and report on the legislative proposals over which the committee takes jurisdiction and which fiscally impact the retirement programs of state employees or employees of any political subdivision, and health and retiree health plans of state employees or employees of any political subdivision. A majority of the members of the committee has sole authority to determine whether a legislative proposal affects a program. The committee shall make~~

~~b. Make a thorough review of each proposal the committee takes under its jurisdiction, including an actuarial report. The committee shall take~~

~~c. Take jurisdiction over a proposal that authorizes an automatic increase or other change in benefits beyond the ensuing biennium which would not require legislative approval. The committee shall include~~

~~d. Include in the report of the committee a statement that the proposal would allow future changes without legislative involvement. The committee shall report~~

~~e. Report the findings and recommendations of the committee, along with any necessary legislation, to the legislative management and to the legislative assembly.~~

~~2. To carry out the responsibilities of the committee, the committee, or the designee of the committee, may:~~

~~a. Enter contracts, including retainer agreements, with an actuary or actuarial firm for expert assistance and consultation. Each retirement, insurance, or retiree insurance program shall pay, from the program's retirement, insurance, or retiree health benefits fund, as appropriate, and without the need for a prior appropriation, the cost of an actuarial report required under this section which relates to that program.~~

~~b. Call on personnel from state agencies or political subdivisions to furnish such information and render such assistance as the committee from time to time may request.~~

~~c. Establish rules for the operation of the committee, including the submission and review of proposals and the establishing of standards for actuarial reports.~~

- 1 ~~3. The committee may solicit draft measures and proposals from interested persons~~  
2 ~~during the interim between legislative sessions, and also may study measures and~~  
3 ~~proposals referred to the committee by the legislative assembly or the legislative~~  
4 ~~management.~~
- 5 ~~4. A copy of the committee's report concerning a legislative measure, if that measure is~~  
6 ~~introduced for consideration by a legislative assembly, must be appended to the copy~~  
7 ~~of that measure.~~
- 8 ~~5. If a legislative measure affecting a public employees retirement program, public~~  
9 ~~employees health insurance program, or public employee retiree health insurance~~  
10 ~~program is introduced in either house without a report from the committee, the~~  
11 ~~chairman and vice chairman of the employee benefits programs committee shall~~  
12 ~~request an actuarial report from the program affected and shall provide the report to~~  
13 ~~the standing committee to which the measure is referred. During the legislative~~  
14 ~~session, the employee benefits programs committee chairman and vice chairman,~~  
15 ~~working together, have sole authority to determine whether a legislative measure or~~  
16 ~~amendment affects a program under this subsection and subsection 6.~~
- 17 ~~6. During a legislative session, if an amendment is made to a legislative measure which~~  
18 ~~fiscally impacts a public employees retirement program, public employees health~~  
19 ~~insurance program, or public employee retiree health insurance program, the~~  
20 ~~employee benefits programs committee chairman and vice chairman shall request~~  
21 ~~from the affected program an actuarial report on the amendment and shall provide the~~  
22 ~~report to the standing committee to which the bill is referred.~~
- 23 ~~7. A committee of the legislative assembly may not act on a legislative measure the~~  
24 ~~legislative management or committee determines mandates health insurance~~  
25 ~~coverage of services or payment for specified providers of services for the health and~~  
26 ~~retiree health plans of state employees or employees of any political subdivision~~  
27 ~~unless the measure as recommended by the committee provides:~~

  - 28 ~~a. The measure is effective through June thirtieth of the second odd-numbered year~~  
29 ~~following the year in which the legislative assembly enacted the measure, and~~  
30 ~~after that date the measure is ineffective.~~



- 1 ~~b. The application of the mandate begins with the contract for health insurance~~  
2 ~~which becomes effective after June thirtieth of the year in which the measure~~  
3 ~~becomes effective.~~
- 4 ~~c. For the second legislative assembly following the year in which the legislative~~  
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- 16 management the cost-benefit analysis required by this section. ~~The insurance~~
- 17 ~~commissioner shall pay the cost of the contracted services to the entity providing the~~
- 18 ~~services.~~