

2025 HOUSE HUMAN SERVICES

HB 1252

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1252
1/22/2025

Relating to the tribal health care coordination fund.

8:58 a.m. Chairman M. Ruby opened the hearing.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Holle, Hendrix, Kiefert, Rios, Rohr

Discussion Topics:

- Sunset date for capital construction projects
- Audit reports amendments

8:59 a.m. Representative Dobervich, District 11, introduced the bill and submitted testimony, #30045, #30046, #30640, #30643.

9:05 a.m. Senator Richard Marcellais, District 9, testified in favor and submitted testimony, #30491.

9:08 a.m. Nola Taken Alive, ATW Chairman of the Standing Rock Sioux Tribe, testified in favor.

9:11 a.m. Todd Hall, Private Citizen, testified in favor and submitted testimony, #30523.

9:15 a.m. Representative Finley-DeVille, District 4a, testified in favor and submitted testimony, #30741.

9:19 a.m. Sarah Aker, Executive Director of the ND Department of Health and Human Services, provided neutral testimony, #30503

9:28 a.m. Chairman M. Ruby closed the hearing.

Jackson Toman, Committee Clerk



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The 10 Essential Public Health Services and Tribal Epidemiology Center (TEC) Activities

A task force of experts developed this framework to describe the activities needed to protect and promote the health of all people in communities.





North Dakota House of Representatives

State Capitol
600 East Boulevard Avenue
Bismarck, ND 58505-0360

Representative
Gretchen Dobervich
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1625 23rd Street South
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Committees:
Agriculture
Human Services

House Bill 1252 House Human Services Committee Testimony of Rep. Gretchen Dobervich, Bill Sponsor January 22, 2025

Good Morning Mr. Chairman and Members of the House Human Services Committee. For the record my name is Representative Gretchen Dobervich. I work for the people of District 11 in Fargo. I come before you today with a bill to amend section 50-24.1-40 of North Dakota Century Code.

In this section of code, the North Dakota Department of Health and Human Services is directed to deposit 80% of the State's regular share of Federal Medical Assistance funding which is the result of a care coordination agreement between a health care provider and a tribal health organization into the State Treasury Tribal Care Coordination Fund and 20% into the General Fund.

Under current law there is a sunset clause which limits use of these funds by Tribal Nations to no more than 50% for capital construction projects through June 30, 2025, and no more than 35% after. Due to the time required to establish administrative rules, care coordination agreements to be approved by the legal departments of all parties involved, and the initial funds to be collected and distributed, there was not adequate time for capital construction projects to be considered in the time set in the legislation.

HB 1252 seeks to provide Tribal Nations with the opportunity to utilize these funds for capital construction projects with no mandated percentage or time frame to honor tribal sovereignty and respect that the mechanics of the process of obtaining signed care coordination agreements and collecting and redistributing the funds did not fall within the prescribed window of time for capital construction to be realized.

In accordance with existing law, passage of HB 1252 would still require any capital construction projects to meet the condition that they are directly associated with the ten essentials of public health. Participating Tribal Nations would continue to be required to complete and submit an annual report to the NDDHHS, as would NDDHHS be required to provide an annual report and audit report to Legislative Management before August of even-numbered years.

I am not personally aware of any capital construction projects that were being considered and am submitting this bill to amend the sunset clause based on knowledge of the implementation process, time, and unanticipated "glitches" in systems that shortened the time in which funds became available and the construction clause would sunset. In good faith, North Dakota's government should uphold the ability of Tribal Nations receiving funds from the State Treasury Tribal Care Coordination Fund to fully utilize these funds.

A representative from the NDDHS will be presenting information with financial specifics in it. Therefore, I ask you consider deferring any questions regarding specific dollar amounts to this presenter.

A copy of my testimony and a copy of the 10 Essentials of Public Health have been uploaded to LAWS. This concludes my testimony, and I stand for any questions. Thank you Chairman Ruby and members of the Committee.



North Dakota Senate

STATE CAPITOL
600 EAST BOULEVARD
BISMARCK, ND 58505-0360



Senator Richard Marcellais

District 9
301 Laite Loop NE
Belcourt, ND, 58316-3877
rmarcellais@ndlegis.gov

COMMITTEES:

Finance and Taxation
Agriculture and Veterans Affairs

January 22, 2025

Chairmen Ruby members of the House Human Services Committee, my name is Richard Marcellais, Senator from District 9.

On behalf of our North Dakota Tribal Nations I am in support of House Bill 1252 relating to the tribal health care coordination fund agreements that creates a fund in the state treasury.

Any services that the Indian Health Service facility is authorized to provide according to Indian Health Services rules, that are also covered under the ND approved Medicaid.

Services furnished by a non-Indian Health Service/Tribal provider at the request of an Indian Health Service/Tribal facility practitioner on behalf of their patient and the patient remains in the Tribal facility practitioner's care in accordance with a written care coordination agreements.

Thank You very much for the opportunity to appear in favor of House Bill 1252.

If there any questions , I will try and answer them.

Tribal Care Coordination

Tribal Care Coordination FMAP Background

In 2016, the Centers for Medicare and Medicaid Services (CMS) released [State Health Official \(SHO\) letter #16-002](#) updating policy related to federal funding available for Medicaid eligible American Indians/Alaska Natives (AI/AN) for services “received through” an Indian Health Service (IHS) or Tribal facility, allowing care delivered under a care coordination agreement to qualify for 100% federal funding.

- Tribal Care Coordination legislation was passed in North Dakota in 2019 and amended in 2021.
- [Section 50-24.1-40](#) of North Dakota Century Code requires 80% of savings generated by care coordination agreements to be directed to the Tribal Care Coordination Fund; the remaining 20% returns to the state general fund.

Tribal Care Coordination Savings Example



51% Federal

49% State

\$49 is generated in savings due to conversion to 100% federal funding.



\$49 Total State Savings



Under a **care coordination agreement** between the referring tribal health care organization and the non-tribal health care provider, traditional Medicaid FMAP is converted to 100% Federal Funding.



100% Federal

Savings is distributed under a **tribal health care coordination fund agreement** between ND Health and Human Services (HHS) and a tribal government:



\$39.20 (80%) is allocated to the Tribal Care Coordination Fund.



\$9.80 (20%) returns to the State General Fund.

Direct Service & Self-Governance

Direct Service

Tribes that either in whole or in part, receive primary health care directly from the Indian Health Service (IHS).

Tribal care coordination agreements between Great Plains Indian Health Service and non-tribal healthcare providers. Tribes must authorize Great Plains IHS to enter into care coordination agreements on their behalf by either adding language to the fund agreement or by separate tribal resolution.

- Turtle Mountain Band of Chippewa Indians
- Sisseton-Wahpeton Oyate
- Standing Rock Sioux Tribe

Self-Governance

Tribes that negotiate with IHS and assume funding and control over programs, services, functions or activities or portions thereof, that IHS would otherwise provide.

Tribal care coordination agreements are between the tribe and non-tribal healthcare providers.

- Spirit Lake Nation
- Mandan, Hidatsa and Arikara Nation (Three Affiliated Tribes)

Care Coordination & Tribal Health Care Coordination Fund Agreements

Care Coordination Agreements

Agreement between non-tribal provider and referring Tribal health care organization. Allows the state to convert regular FMAP into 100% federal funding and generate savings.

- Sanford and Great Plains Indian Health Service (2018)
- St. Alexius and Great Plains Indian Health Service (2018)
- Sanford and Mandan, Hidatsa and Arikara Nation (2021)

Tribal Health Care Coordination Agreement

Agreement between Tribe and ND HHS distributing 80% of savings into the Tribal Health Care Coordination Fund. Specifies the purposes that the funds can be used for, the requirement for annual reports and audit reports.

- Turtle Mountain Band of Chippewa Indians and ND HHS (2022)
- Mandan, Hidatsa and Arikara Nation and ND HHS (2024)
- Standing Rock Sioux Tribe and ND HHS (2024)

Tribal Health Care Coordination Fund

- The first distributions will be for claims from October 2022 through September 2024.
- Reports from tribes will be due every year by August 30 starting in 2025.
- Audits will be due every two years beginning in 2026.

Related Bills:

House Bill 1252 | Relating to Tribal Health Care Coordination Fund
House Bill 1461 | Relating to Tribal Health Care Coordination Fund

Tribes can use funding from the Tribal Health Care Coordination Fund for:

- Ten Essential Services of Public Health as defined by the Centers of Disease Control & Prevention
 1. Assess and monitor population health status, factors that influence health, and community needs and assets
 2. Investigate, diagnose, and address health problems and hazards affecting the population
 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
 4. Strengthen, support, and mobilize communities and partnerships to improve health
 5. Create, champion, and implement policies, plans, and laws that impact health
 6. Utilize legal and regulatory actions designed to improve and protect the public's health
 7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
 8. Build and support a diverse and skilled public health workforce
 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
 10. Build and maintain a strong organizational infrastructure for public health
- Development or enhancement of Community Health Representative (CHR) programs or services.

Note: No more than 50% of funds may be used for capital construction through June 30, 2025. Beginning July 1, 2025, no more than 35% of funds may be used for capital construction.

Tribal Health Care Coordination Fund Claims through September 30, 2024

Tribal Nation	Mandan, Hidatsa and Arikara Nation	Turtle Mountain Band of Chippewa Indians	Standing Rock Sioux Tribe	Total
State Savings Generated through 9/30/2024	\$176,731.09	\$45,900.29	\$378,503.28	\$601,134.66
Tribal Health Care Fund (80%)	\$141,384.87	\$36,720.23	\$302,802.62	\$480,907.72
State General Fund (20%)	\$35,346.22	\$9,180.06	\$75,700.66	\$120,226.94

Notes:

1. Claiming for state savings is restricted to the time frame that the Centers for Medicare and Medicaid Services (CMS) allows for the financial reporting to be adjusted on the CMS-64 Report.
2. ND Medicaid is working with providers to analyze provider records of care coordination claims compared to those in the ND Medicaid data set.

North Dakota House Bill 1252
House Human Services Committee
Testimony of Todd Hall, Private Citizen
January 22, 2025

Good morning, Chairman Ruby and members of the House Human Services Committee. My name is Todd Hall, private citizen, a member of the Hidatsa Nuxx Bagga (Tribe), and tax paying citizen of North Dakota. I am here to provide testimony in support of North Dakota House Bill 1252. However, I am here to also suggest at least two more amendments to the current law.

I am in full support of the portion of the bill seeks to amend and reenact subsection 3 of section 50-24.1-40 of the North Dakota Century Code, relating to the tribal health care and coordination fund. The amended version seeks to extend the sunset clause contained within Section 3 from June 30, 2025 to June 30, 2027. I understand that due to the amount of time required to establish and enact administrative rules and tribal care coordination agreements, there was not ample time for capital construction projects to be considered under the current statute.

The amended version will still require participating tribal entities to submit annual reports to the department detailing the use of the money distributed by this section and mandate that an audit report be submitted every two years. The audit reports are to be conducted by an independent licensed certified public accountant, regarding use of the money distributed under this section.

However, one further amendment is needed regarding the audit reporting process of the legislation to ensure that the use of public tax dollars is being used for purposes of which they are intended. The proposed amendment would require that once the audit reports are received by the Department of Health and Human Services, that a copy be sent to the Office of the State Auditor for his or her review, certification, approval or disapproval. The State Auditor will report any findings or discrepancies back to the department, which will be included in the biennial report which is required under current law. The North Dakota Office of the State Auditor exists to make sure taxpayer money (my money) is being spent in the right way and state law is being followed.

A waiver of tribal sovereignty to the state should be included in this law, regarding any state tax dollars received and expended by the tribal corporate bodies enacted under the 1934 Indian Reorganization Act. This will ensure that compliance and accountability of tax dollars are being adhered to without affecting any overall sovereignty of all parties involved. It will provide a safeguard of the public's tax dollars against mismanagement, misuse, or squandering of the funds for unrelated purposes. As we all know, the lack of accountability of tax dollars often means undelivered services to the demographic populations which well-intended legislation is meant to benefit. An amendment of this sort will provide an avenue for public dollars to be recovered if used for unrelated purposes by the receiving party.

This concludes my testimony.

Thank you.

Todd Hall, 701-260-5770



North Dakota House of Representatives

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House Bill 1252 House Human Services Committee Testimony of Rep. Gretchen Dobervich, Bill Sponsor January 22, 2025

Good Morning Mr. Chairman and Members of the House Human Services Committee. For the record my name is Representative Gretchen Dobervich. I work for the people of District 11 in Fargo. I come before you today with a bill to amend section 50-24.1-40 of North Dakota Century Code.

In this section of code, the North Dakota Department of Health and Human Services is directed to deposit 80% of the State's regular share of Federal Medical Assistance funding which is the result of a care coordination agreement between a health care provider and a tribal health organization into the State Treasury Tribal Care Coordination Fund and 20% into the General Fund.

Under current law there is a sunset clause which limits use of these funds by Tribal Nations to no more than 50% for capital construction projects through June 30, 2025, and no more than 35% after. Due to the time required to establish administrative rules, care coordination agreements to be approved by the legal departments of all parties involved, and the initial funds to be collected and distributed, there was not adequate time for capital construction projects to be considered in the time set in the legislation.

There are two bills that address the sunset clause, HB 1252, which we are hearing today, and HB 1461 which has not yet been scheduled. HB 1252 which we have before us today was intended to be an amendment to HB 1461. However, it came out as a bill.

HB 1252 seeks to provide Tribal Nations with the opportunity to utilize these funds for capital construction projects by extending the window for another biennium at the amount of 50%. HB 1461 removes both sunset and cap on the amount that may be utilized for capital construction.

In accordance with existing law, passage of HB 1252 or HB 1461 would still require any capital construction projects to meet the condition that they are directly associated with the ten essentials of public health. Participating Tribal Nations would continue to be required to complete and submit an annual report to the NDDHHS, as would NDDHHS be required to provide an annual report and audit report to Legislative Management before August of even-numbered years.

I am not personally aware of any capital construction projects that were being considered and am submitting this bill to amend the sunset clause based on knowledge of the implementation process and timeline that shortened the time in which funds became available and the construction clause would sunset. In good faith, North Dakota should in good faith uphold Tribal Nations

receiving funds from the State Treasury Tribal Care Coordination Fund to fully utilize these funds as intended.

A representative from the NDDHS will be presenting information with financial specifics in it. Therefore, I ask you consider deferring any questions regarding specific dollar amounts to this presenter.

Mr. Chairman, I am unsure procedurally how to move forward with the amendment coming out as a bill and being heard before the bill as was intended. Per discussion yesterday regarding pulling the bill I was advised to proceed with HB 1252 as the hearing was scheduled. The intention is to remove the sunset clause and cap, as HB 1461 reads. If the committee is not agreeable to language in HB 1461 I offer HB 1252 as an amendment to allow participating Tribal Nations the ability to apply NDCC 50-24.1-40 as was intended.

A copy of my testimony, HB 1252, HB 1461, and a copy of the 10 Essentials of Public Health have been uploaded to LAWS. This concludes my testimony, and I stand for any questions.

Thank you Chairman Ruby and members of the Committee.

25.0794.01000

Sixty-ninth
Legislative Assembly
of North Dakota

HOUSE BILL NO. 1252

Introduced by

Representatives Dobervich, Brown, Davis, Finley-DeVille, Holle, Mitskog

Senators Marcellais, Schaible

1 A BILL for an Act to amend and reenact subsection 3 of section 50-24.1-40 of the North Dakota
2 Century Code, relating to the tribal health care coordination fund.

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

4 **SECTION 1. AMENDMENT.** Subsection 3 of section 50-24.1-40 of the North Dakota
5 Century Code is amended and reenacted as follows:

6 3. There is created in the state treasury a tribal health care coordination fund.

7 a. Moneys in the fund are appropriated to the department on a continuing basis for
8 distribution to a tribal government in accordance with an agreement between the
9 department and a tribal government. The agreement between the department
10 and a tribal government must require the tribe to:

11 (1) Use the money distributed under this section for purposes related to the
12 ten essential services of public ~~heath~~health identified by the federal centers
13 for disease control and prevention and the development or enhancement of
14 community health representative programs or services; however, through
15 June 30, 2025~~2027~~, no more than fifty percent, and thereafter, no more than
16 thirty-five percent, may be used for capital construction.

17 (2) Submit to the department annual reports detailing the use of the money
18 distributed under this section.

19 (3) Submit to the department every two years an audit report, conducted by an
20 independent licensed certified public accountant, of the tribal government
21 use of the money distributed under this section. A tribal government may
22 use money distributed under this section to pay for this audit report. At the
23 discretion of a tribal government, an audit may be conducted more often
24 than every two years.

- 1 b. The distribution of moneys from the fund to a tribal government must be in
- 2 proportion to the federal funding received from care coordination agreement
- 3 requests for services originating from within that tribal nation.
- 4 c. At least annually, upon completion of any auditing and verification actions of the
- 5 department, the department shall distribute moneys from the fund to the tribal
- 6 government.
- 7 d. If a tribal government fails to file with the department a timely annual report or
- 8 audit report, the department shall withhold distribution of moneys from the fund to
- 9 the tribal government until the report is filed.
- 10 e. If an audit report or the department's review of the annual report finds a tribal
- 11 government used moneys distributed from the fund for a purpose inconsistent
- 12 with this section, the department shall withhold future distributions to that tribal
- 13 government in an amount equal to the money used improperly. The department
- 14 shall distribute money withheld from a tribal government under this subdivision if
- 15 a future audit report indicates moneys distributed from the fund are used for
- 16 purposes consistent with this section.

Good morning, my name is Representative Lisa Finley-DeVile. I'm testifying in support of House Bill 1252. The creation of the Tribal Health Care Coordination Fund addresses the critical lack of adequate health care services in rural reservations areas. Many tribal communities face significant challenges in accessing necessary care and have to travel to surrounding areas to access the quality care that's needed in sometimes life or death situation. This fund will help close those gaps. By aligning the distribution of funds with federal care coordination agreements, it ensures that these resources are directly tied to the needs of each tribal nation. Additionally, this bill provides tribes with the ability to determine where health care funding is directed, giving each tribal nation the ability to meet the specific needs of their communities.

The bill's requirements for annual reports and independent audits are a safeguard for tracking and reporting of how the funds are used, providing transparency and accountability, ensuring that funds are used effectively to improve health care services. Tribes will be required to submit annual reports detailing the use of the funds and provide an independent audit every two years, with the option to conduct audits more frequently if desired. These measures help ensure responsible management of resources, while still allowing tribes the flexibility to make decisions that best serve their populations.

This bill is a critical step toward improving health care access and outcomes for tribal communities, and I urge the committee give a do pass on House Bill 1252.

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1252
1/28/2025

Relating to the tribal health care coordination fund.

9:30 a.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr, Members

Discussion Topics:

- Committee work

9:57 a.m. Representative Dobervich moved to amend the bill by striking language on page 1, line 14 and eliminating lines 15 and 16.

9:57 a.m. Representative Fegley seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	Y

9:58 a.m. Motion passed 13-0-0.

9:58 a.m. Representative Dobervich moved a Do Pass as amended.

9:58 a.m. Representative Anderson seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	Y

Representative Macy Bolinske	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	Y

9:59 a.m. Motion passed 13-0-0.

Representative Fegley will carry the bill.

9:59 a.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

January 28, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1252

Introduced by

Representatives Dobervich, Brown, Davis, Finley-DeVille, Holle, Mitskog

Senators Marcellais, Schaible

JB 1-28-25
1082

- 1 A BILL for an Act to amend and reenact subsection 3 of section 50-24.1-40 of the North Dakota
2 Century Code, relating to the tribal health care coordination fund.

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

4 **SECTION 1. AMENDMENT.** Subsection 3 of section 50-24.1-40 of the North Dakota
5 Century Code is amended and reenacted as follows:

- 6 3. There is created in the state treasury a tribal health care coordination fund.
- 7 a. Moneys in the fund are appropriated to the department on a continuing basis for
8 distribution to a tribal government in accordance with an agreement between the
9 department and a tribal government. The agreement between the department
10 and a tribal government must require the tribe to:
- 11 (1) Use the money distributed under this section for purposes related to the
12 ten essential services of public ~~health~~health identified by the federal centers
13 for disease control and prevention and the development or enhancement of
14 community health representative programs or services; ~~however, through~~
15 ~~June 30, 2025~~2027, no more than fifty percent, and thereafter, no more than
16 ~~thirty-five percent, may be used for capital construction.~~
- 17 (2) Submit to the department annual reports detailing the use of the money
18 distributed under this section.
- 19 (3) Submit to the department every two years an audit report, conducted by an
20 independent licensed certified public accountant, of the tribal government

John 2 of 2

- 1 use of the money distributed under this section. A tribal government may
2 use money distributed under this section to pay for this audit report. At the
3 discretion of a tribal government, an audit may be conducted more often
4 than every two years.
- 5 b. The distribution of moneys from the fund to a tribal government must be in
6 proportion to the federal funding received from care coordination agreement
7 requests for services originating from within that tribal nation.
- 8 c. At least annually, upon completion of any auditing and verification actions of the
9 department, the department shall distribute moneys from the fund to the tribal
10 government.
- 11 d. If a tribal government fails to file with the department a timely annual report or
12 audit report, the department shall withhold distribution of moneys from the fund to
13 the tribal government until the report is filed.
- 14 e. If an audit report or the department's review of the annual report finds a tribal
15 government used moneys distributed from the fund for a purpose inconsistent
16 with this section, the department shall withhold future distributions to that tribal
17 government in an amount equal to the money used improperly. The department
18 shall distribute money withheld from a tribal government under this subdivision if
19 a future audit report indicates moneys distributed from the fund are used for
20 purposes consistent with this section.

**REPORT OF STANDING COMMITTEE
HB 1252**

Human Services Committee (Rep. M. Ruby, Chairman) recommends **AMENDMENTS** ([25.0794.01001](#)) and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1252 was placed on the Sixth order on the calendar.

2025 SENATE HUMAN SERVICES

HB 1252

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

HB 1252
3/5/2025

A BILL for an Act to amend and reenact subsection 3 of section 50-24.1-40 of the North Dakota Century Code, relating to the tribal health care coordination fund.

2:19 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:

- Managing tribal agreements
- Federally Funded

2:19 p.m. Representative Grechen Dobervich, District 11, introduced the bill and submitted testimony #38920, #38921 and #38981.

2:30 p.m. Senator Hogan moved Do Pass.

2:30 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	Y

Motion passed 6-0-0.

Senator Roers will carry the bill.

2:32 p.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

**REPORT OF STANDING COMMITTEE
ENGROSSED HB 1252 ([25.0794.02000](#))**

Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). HB 1252 was placed on the Fourteenth order on the calendar. This bill does not affect workforce development.



North Dakota House of Representatives

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Committees:
Agriculture
Human Services

House Bill 1252

Senate Human Services Committee

Testimony of Rep. Gretchen Dobervich, Bill Sponsor

March 5, 2025

Good Afternoon Madam Chair and Members of the Senate Human Services Committee. For the record my name is Representative Gretchen Dobervich. I work for the people of District 11 in Fargo. I come before you today with a bill to amend section 50-24.1-40 of North Dakota Century Code.

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Under current law there is a sunset clause which limits use of these funds by Tribal Nations to no more than 50% for capital construction projects through June 30, 2025, and no more than 35% after. Due to the time required to establish administrative rules, care coordination agreements to be approved by the legal departments of all parties involved, and the initial funds to be collected and distributed, there was not adequate time for capital construction projects to be considered in the time set in the legislation.

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In accordance with existing law, passage of HB 1252 would still require any capital construction projects to meet the condition that they are directly associated with the ten essentials of public health. Participating Tribal Nations would continue to be required to complete and submit an annual report to the NDDHHS, as would NDDHHS be required to provide an annual report and audit report to Legislative Management before August of even-numbered years.

I am not personally aware of any capital construction projects that were being considered and am submitting this bill to amend the sunset clause based on knowledge of the implementation process, time, and unanticipated "glitches" in systems that shortened the time in which funds became available, and the construction clause would sunset. In good faith, North Dakota's government should uphold the ability of Tribal Nations receiving funds from the State Treasury Tribal Care Coordination Fund to fully utilize these funds.

A copy of my testimony, a copy of the financial presentation provided in the House testimony from the NDDHHS, and a copy of the 10 Essentials of Public Health have been uploaded to LAWS. This concludes my testimony, and I stand for any questions. Thank you Madam Chair and members of the Committee.



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A task force of experts developed this framework to describe the activities needed to protect and promote the health of all people in communities.



Tribal Care Coordination

Tribal Care Coordination FMAP Background

In 2016, the Centers for Medicare and Medicaid Services (CMS) released [State Health Official \(SHO\) letter #16-002](#) updating policy related to federal funding available for Medicaid eligible American Indians/Alaska Natives (AI/AN) for services “received through” an Indian Health Service (IHS) or Tribal facility, allowing care delivered under a care coordination agreement to qualify for 100% federal funding.

- Tribal Care Coordination legislation was passed in North Dakota in 2019 and amended in 2021.
- [Section 50-24.1-40](#) of North Dakota Century Code requires 80% of savings generated by care coordination agreements to be directed to the Tribal Care Coordination Fund; the remaining 20% returns to the state general fund.

Tribal Care Coordination Savings Example



51% Federal

49% State



Under a **care coordination agreement** between the referring tribal health care organization and the non-tribal health care provider, traditional Medicaid FMAP is converted to 100% Federal Funding.



100% Federal

\$49 is generated in savings due to conversion to 100% federal funding.



\$49 Total State Savings

Savings is distributed under a **tribal health care coordination fund agreement** between ND Health and Human Services (HHS) and a tribal government:



\$39.20 (80%) is allocated to the Tribal Care Coordination Fund.



\$9.80 (20%) returns to the State General Fund.

Direct Service & Self-Governance

Direct Service

Tribes that either in whole or in part, receive primary health care directly from the Indian Health Service (IHS).

Tribal care coordination agreements between Great Plains Indian Health Service and non-tribal healthcare providers. Tribes must authorize Great Plains IHS to enter into care coordination agreements on their behalf by either adding language to the fund agreement or by separate tribal resolution.

- Turtle Mountain Band of Chippewa Indians
- Sisseton-Wahpeton Oyate
- Standing Rock Sioux Tribe

Self-Governance

Tribes that negotiate with IHS and assume funding and control over programs, services, functions or activities or portions thereof, that IHS would otherwise provide.

Tribal care coordination agreements are between the tribe and non-tribal healthcare providers.

- Spirit Lake Nation
- Mandan, Hidatsa and Arikara Nation (Three Affiliated Tribes)

Care Coordination & Tribal Health Care Coordination Fund Agreements

Care Coordination Agreements

Agreement between non-tribal provider and referring Tribal health care organization. Allows the state to convert regular FMAP into 100% federal funding and generate savings.

- Sanford and Great Plains Indian Health Service (2018)
- St. Alexius and Great Plains Indian Health Service (2018)
- Sanford and Mandan, Hidatsa and Arikara Nation (2021)

Tribal Health Care Coordination Agreement

Agreement between Tribe and ND HHS distributing 80% of savings into the Tribal Health Care Coordination Fund. Specifies the purposes that the funds can be used for, the requirement for annual reports and audit reports.

- Turtle Mountain Band of Chippewa Indians and ND HHS (2022)
- Mandan, Hidatsa and Arikara Nation and ND HHS (2024)
- Standing Rock Sioux Tribe and ND HHS (2024)

Tribal Health Care Coordination Fund

- The first distributions will be for claims from October 2022 through September 2024.
- Reports from tribes will be due every year by August 30 starting in 2025.
- Audits will be due every two years beginning in 2026.

Related Bills:

House Bill 1252 | Relating to Tribal Health Care Coordination Fund

House Bill 1461 | Relating to Tribal Health Care Coordination Fund

Tribes can use funding from the Tribal Health Care Coordination Fund for:

- Ten Essential Services of Public Health as defined by the Centers of Disease Control & Prevention
 1. Assess and monitor population health status, factors that influence health, and community needs and assets
 2. Investigate, diagnose, and address health problems and hazards affecting the population
 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
 4. Strengthen, support, and mobilize communities and partnerships to improve health
 5. Create, champion, and implement policies, plans, and laws that impact health
 6. Utilize legal and regulatory actions designed to improve and protect the public's health
 7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
 8. Build and support a diverse and skilled public health workforce
 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
 10. Build and maintain a strong organizational infrastructure for public health
- Development or enhancement of Community Health Representative (CHR) programs or services.

Note: No more than 50% of funds may be used for capital construction through June 30, 2025. Beginning July 1, 2025, no more than 35% of funds may be used for capital construction.

Tribal Health Care Coordination Fund Claims through September 30, 2024

Tribal Nation	Mandan, Hidatsa and Arikara Nation	Turtle Mountain Band of Chippewa Indians	Standing Rock Sioux Tribe	Total
State Savings Generated through 9/30/2024	\$176,731.09	\$45,900.29	\$378,503.28	\$601,134.66
Tribal Health Care Fund (80%)	\$141,384.87	\$36,720.23	\$302,802.62	\$480,907.72
State General Fund (20%)	\$35,346.22	\$9,180.06	\$75,700.66	\$120,226.94

Notes:

1. Claiming for state savings is restricted to the time frame that the Centers for Medicare and Medicaid Services (CMS) allows for the financial reporting to be adjusted on the CMS-64 Report.
2. ND Medicaid is working with providers to analyze provider records of care coordination claims compared to those in the ND Medicaid data set.