

Legislative Update

October 1, 2019

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66th Legislative Assembly



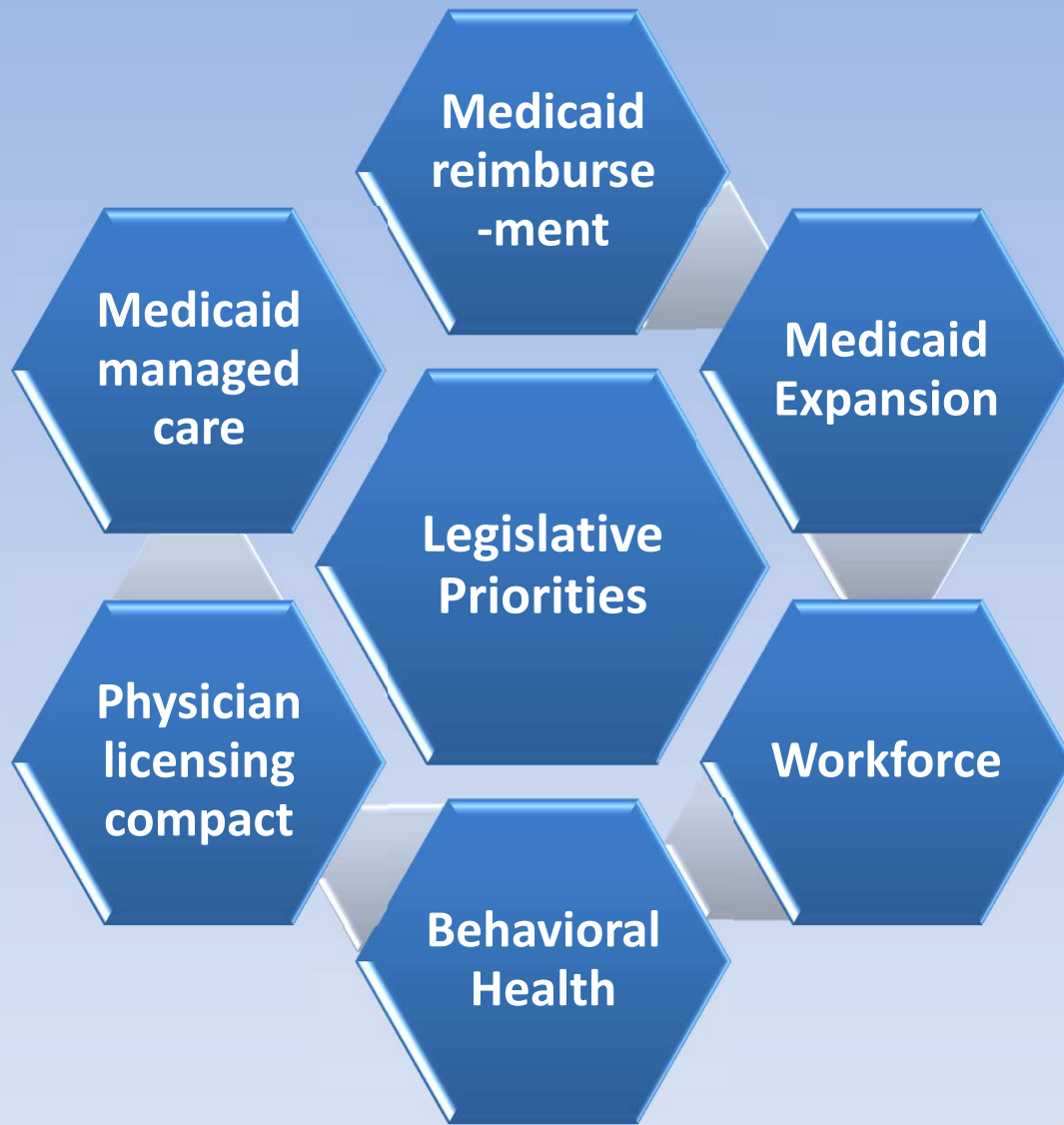
66th Legislative Assembly



180 tracked

79
resolutions

905 bills



Thank You

Advocacy

- NDHA Legislative Committee
- Reed Reyman, Chair
- Member participation

Medicaid

**Medicaid
Reimbursement**

SB 2012

- ND Department of Human Services Budget
- Medicaid appropriation
- Medical inflationary increase of 2% (July 2019) and 2.5% (July 2020)
- Increase of **\$12 million** for hospitals and physicians.

Medicaid Expansion

SB 2012

- Medicaid Expansion reauthorized for two years.
- Amendment that would have moved administration from a third-party MCO to the Dept. of Human Services and reduced rates to traditional Medicaid rates – a cut of **\$220 million** - was defeated.

Medicaid Expansion

SB 2012

- Rate Equalization. Providers of the same type will be paid at consistent levels and with consistent methodology. Overall budget neutral, but redistributes funds among providers.
- Amendment that would have taxed PPS hospitals \$10 million was defeated.

**Medicaid
Reimbursement**

HB 1374

- Retail pharmacy claims will be administered by the Department of Human Services rather than through a third party administrator.
- Rates are not expected to change.

Medical Marijuana

**Medical marijuana
program**

HB 1283, 1519, SB 2210

- Removed the requirement for a health care provider to certify that the patient is likely to receive “therapeutic or palliative benefit” from medical marijuana.
- Physician assistants were added to the providers who may certify debilitating medical conditions.
- Twelve conditions were added to the list of debilitating medical conditions.

Medical marijuana program

HB 1417

- Certain patients are authorized to buy dried leaves/flowers without health care provider authorization.
- Cancer patients are allowed to possess additional quantities.
- Health care providers “may” (rather than “shall”) notify the Department of Health if patient no longer has a debilitating medical condition, if the provider no longer believes the patient will receive therapeutic benefit from marijuana, or if a bona fide provider-patient relationship ceases.

Behavioral Health

Behavioral Health

SB 2012

- The Dept. of Human Services must establish a community behavioral health program to provide comprehensive community-based services for serious behavioral health conditions.
- The Dept. must develop a statewide plan to address:
 - acute psychiatric and residential care needs including review of the size and use of the state hospital,
 - the potential to expand private providers' acute psychiatric care and residential care services,
 - the impact of adjustments to crisis services and other behavioral health services provided by the regional human service centers, and
 - the potential use of available Medicaid waivers or plan amendments.

Workforce

Physician Interstate Medical License Compact

SB 2173

- Provides an expedited pathway for physician licensure by reducing the time it takes to receive multiple licenses and renew multiple licenses.
- 26 states are participating in this compact: as of December 31, 2018, the compact has issued 4,211 licenses to 2,399 licensees.
- The Compact is not a licensing body – it simply is a system for state medical licensing boards to expedite licensure through information sharing.
- The Compact does not supersede a state's autonomy and control over the practice of medicine.
- Licensed physicians come under the jurisdiction of each individual state's statutes, rules and board regulations.

Nurse Incentive Program

HB 1018

- Up to \$4,000 in incentives from the Department of Commerce is available to recruit nonresident licensed nurses.
- Nurse must sign a written agreement to work at least four years in a North Dakota health care facility.
- The health care facility must provide two dollars for each dollar provided by the program.

Physician Assistants

HB 1175

- Physician assistants may, in certain circumstances, practice independently without the supervision of a physician.
- A PA must collaborate with, consult with, or refer to the appropriate member of the health care team as indicated by the condition of the patient, the education, experience, and the PA's competence, and the standard of care.
- PA with less than 4,000 hours of practice must execute a written collaborative agreement with a physician.

Key Interim Studies

Health care facility construction review study

Health Care Committee

SB 2317

- The ND Dept. of Health is required to make a determination on health care facility construction/renovation projects of \$1 million or less within 60 days.
- The Department may approve a waiver of license standards as long as it does not adversely affect health or safety.
- The minimum fee for life safety small construction or renovation plan reviews is reduced from \$750 to \$500 (HB 1004).
- One temporary FTE for construction review was added. (HB 1004).

Health care delivery in the state.

Health Care Committee

SB 2012

Study the needs and future challenges of the North Dakota health care delivery system;

Rural access to primary health care;

Use of emergency medical services;

Strategies to better serve residents;

The role of health care services in the future development of the state.

Health insurance premiums

Health Care Committee

HB 1106, § 3

- Study the ways the state may be able to positively affect the current trend of health insurance premium rates increasing
- Focus on the high-risk and subsidized markets
- Study must be solution based to reduce costs
- May include consideration of whether a strict managed care model might be effective

Non-legislative study

SB 2010, § 15

Insurance Commissioner shall “assist” the legislature in studying health insurance premium trends and report to the legislative management.

- Hospitals in cities with a population over 10,000 must provide data requested by the Commissioner regarding:
 - Billing and payment information;
 - Financial information,;
 - Management information; and
 - Other information the Commissioner deems necessary to complete a detailed analysis of health care in the state.
- The Commissioner may fine a hospital up to \$1,000 per day for failure to provide the requested data.
- Oct. 21 meeting at NDHA with Insurance Dept. and impacted hospitals.

2019-20

Legislative Interim

*Studies Tracked by NDHA
available at NDHA.org
Members Only:*

[Interim Studies Tracking List](#)





QUESTIONS?

Thank You

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