INSIGHT

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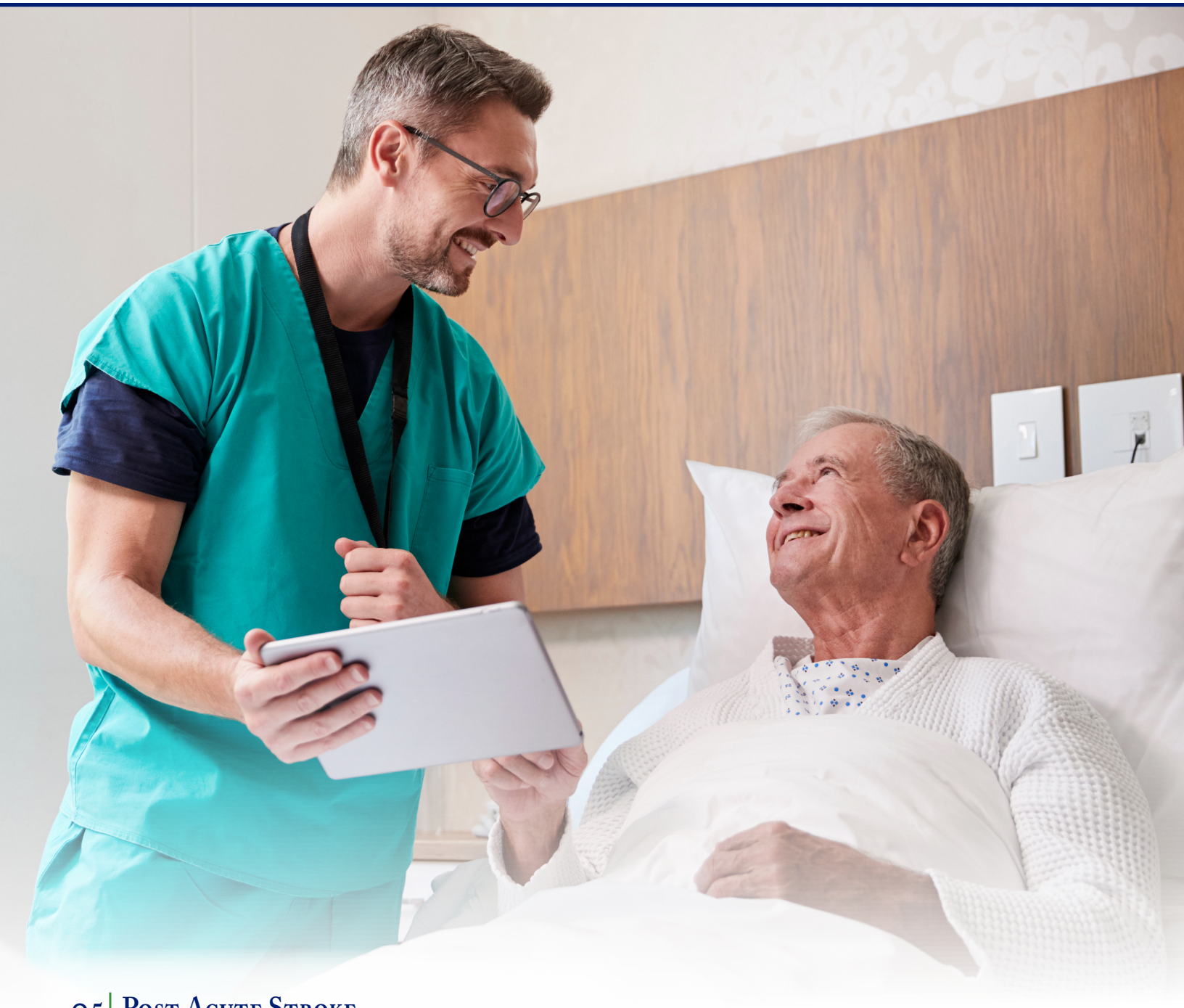
Affecting Hospitals Today



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Insight Contents

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Insight Submission Policy

The ND Hospital Association is pleased to accept submissions for Insight. Submissions should be reasonable in length due to space considerations. In order to ensure the quality of our publication, editing for grammar, spelling, punctuation and content may occur. Articles, photos, and advertising should be submitted in electronic form.

To submit, please email NDHA at:
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Legislative Activity

The legislative session that just ended was a critical one for the medical community and NDHA. The association tracked 188 bills and resolutions during the session. Hot topics included abortion regulation, medical treatment for transgender youth, mandatory vaccines, and the Human Services budget of nearly $5.3 billion.

NDHA's legislative priorities included maintaining Medicaid reimbursement levels for providers. The Human Services budget, Senate Bill 2012, would have reduced the current rate for Medicaid Expansion reimbursement, except for behavioral health professionals, from 150% to 125% of Medicare. The proposed rates would have meant a cut of $171 million to providers in the next biennium. The bill, as passed, however, set the rate at 145%, with an overall cut to providers of $29 million.

Senate Bill 2012 also contained the adjustment for medical inflators. The House reduced the increases for PPS hospitals to 0% and 0%, and 2% and 2% for professional services. NDHA testimony was instrumental in a compromise, which kept inflators for PPS hospitals at 0% and 2% and professional services at 3% and 3%.

Legislation clarifying and resolving inconsistencies in current abortion law was approved. Without the changes, many common procedures performed by physicians when managing pregnancy complications would come within the definition of abortion and be chargeable as a felony.

The state's current shortage of healthcare workers was addressed by several bills. A state office of immigration was created within the Department of Commerce to develop a statewide strategy to support the recruiting and retaining of foreign labor. The existing health care professionals' student loan repayment program was amended to include RN's as eligible recipients, and workforce development grants providing funding for internships, rural workforce housing, and programs for enhancing the quality and efficiency of healthcare services in rural areas were approved.

The prior authorization bill (Senate Bill 2389) has been selected by the Legislative Management Committee for study during the interim.

NDHA considers this session's efforts a success. I would like to thank all the members who visited with their local legislators; it made an impact. Also, much appreciation to those that came to Bismarck to testify on behalf of hospitals. We couldn't do this without the efforts of our members.

NDHA now shifts its efforts to the interim. The studies and committee recommendations will shape our legislative platform for 2025-27.

NATIONAL NEWS

On the national front, the Centers for Medicare & Medicaid Services announced that the interim final rule requiring COVID-19 vaccination of staff as a condition of participation is being withdrawn. The effective date of the rule is expected to be August 4.

FACES OF MEDICAID

This spring, the North Dakota Hospital Foundation worked with ND Health and Human Services, Blue Cross Blue Shield of North Dakota, and Community Healthcare Association of the Dakotas (CHAD) to launch Faces of Medicaid, an initiative to raise awareness of the difference North Dakota Medicaid makes in the lives of those who qualify. The initiative includes a series of videos featuring the personal stories of four individuals whose lives have been positively impacted by the state's Medicaid program.

NEW BOARD MEMBERS

With the resignation of NDHA board chair William Heegaard, M.D., as he moves into the role of President of Essentia Health's East Market, Chair-elect Mariann Doeling will fulfill the Chair responsibilities for the remainder of 2023. New appointees to the board are Ben Bucher, CEO, Towner County Medical Center; Mike Delfs, President/CEO, Jamestown Regional Medical Center; Richard Vetter, M.D., Interim President, Essentia Health; and Reed Reyman, President, CHI St. Alexius Health Bismarck. Alan O'Neil, CEO, Unity Medical Center, is now the AHA Regional Policy Board delegate from Region 8. Todd Forkel, CEO, Altru Health System; Tiffany Lawrence, President and CEO, Sanford Health Fargo; Nikki Lindsey, CEO, Cooperstown Medical Center; and Todd Schaffer, M.D., President and CEO at Sanford Bismarck, continue to serve as directors.

CONFERENCES

NDHA's annual C-Suite Leadership Conference was held in Bismarck May 10-12. One of the highlights was a presentation on Critical Access Hospital financials by Darrold Bertsch, long-time friend to NDHA and interim CEO at Sakakawea Medical Center.

Last year's Nurse Leadership Conference was such a success we plan to make it an annual event. This year's conference will be June 27-28 in Bismarck, with sessions at the North Dakota Heritage Center and the Radisson Hotel.

NEW FACES

We welcome Rob Field to the team. After thirty-nine years of serving Hospital Services, Inc. (HSI), Kim Granfor, Vice President, is retiring. While Rob Field stepped into the position June 5, Kim has agreed to stay on in the coming months to aid in the transition.

Enjoy the rest of the magazine.

Tim Blasl, President
North Dakota Hospital Association

Post Acute Stroke

Across the U.S., approximately half of all stroke patients are discharged home or to hospice at home, with the remainder going to in-patient rehabilitation and long-term care facilities. More than 90% of stroke patients experience some form of disability as a result and more than 11% suffer a second stroke within a year. Yet, post-acute care is often siloed from the rest of the health care system and inconsistent across care delivery settings.

The American Heart Association, the world's leading voluntary organization focused on heart and brain health, has launched a two-year initiative to expand and enhance post-acute stroke care across Montana, Nebraska and North Dakota, giving all patients the best chance at independent life after stroke. A similar initiative was recently announced in Iowa, as well, as part of a larger project focused on improving the entire system of stroke care across that state.

Made possible with support from The Helmsley Charitable Trust, this $1.5 million initiative will implement newly developed American Heart Association Post-Acute Stroke Program Standards in post-acute facilities across Montana, Nebraska and North Dakota. Adoption of the standards will maximize recovery of function lost during a stroke, reduce risk of secondary effects, and extend high quality guideline-directed care for all patients across their full stroke journey.

"Targeted, high-quality post-stroke rehabilitation interventions, customized to patient needs, can dramatically improve recovery of function lost during a stroke, but current gaps in the system of care can lead to high rates of hospital readmissions, variability in care coordination and sub-optimal outcomes for patients," said Janna Pietrzak, Program Consultant, Health Care Quality for the American Heart Association. "This new initiative will help to ensure patients receive the most up-to-date science-informed care to improve recovery and reduce disability after experiencing a stroke."

The new initiative seeks to establish post-acute care as a core component in the system of stroke care. Participating facilities will beta-test the new standards to create benchmarks of success against which facilities nationwide will be able to assess their care.

In addition, participating facilities would also experience a number of benefits:

- Up to a $20,000 participation stipend
- Site-specific quality improvement support and processes improvement ideas surrounding quality standards for stroke recovery, rehabilitation, and secondary prevention.
- Opportunity to be part of a learning collaborative, working with experts in stroke rehabilitation to build tools and share/create best practices to be disseminated nationally.
- Opportunity to learn from similar facilities applying best practice.
- Collaboration between your facility and local system of care facilities, e.g., referring hospitals, local outpatient providers, etc.

For more information on the project or to get your facility involved, visit www.Heart.org/PostAcuteStroke or email Janna.Pietrzak@Heart.org.

American Heart Association®

Rural North Dakota Hospital Strikes Gold (Twice) in Provider Recruitment

By Jackson Physician Search

The provider shortage combined with rising burnout levels and increased turnover mean that even top-ranked hospitals are likely to face provider recruitment woes. This certainly was the case for a critical access hospital in rural North Dakota that had just lost its sole Emergency Department provider, a Nurse Practitioner. While one provider vacancy in the Emergency Department in a large, urban hospital might be palatable for a short time, it's a serious disruption to patient care and an added burden on other busy staff in small, rural hospitals. And it requires an immediate response.

Despite this hospital's top 20 ranking among leading rural facilities in the nation, the candidate pool is inevitably small. "There just aren't many Nurse Practitioners who rank rural North Dakota as their first – or even second or third – most desired practice locations," says Search Consultant Dan Morton. "Finding one who has the experience to be the sole provider on staff, is a strong cultural fit, and who is willing to relocate starts to sound a lot like looking for a needle in a haystack."

The CEO knew he had a tough search on his hands and decided early that he needed the assistance of an experienced recruitment firm. "Rural facilities can sometimes be at a disadvantage in provider recruitment. They typically don't have a dedicated recruiter who has the time and resources to source candidates," says Regional Vice President Brent Barnacle. "On top of that, they don't recruit as much as larger facilities and therefore have less experience working with physician recruitment firms. Building trust is critical."

Of course, every hospital CEO has a slightly different version of what trust means to them. But for this CEO, it meant trusting that the North Dakota Hospital Association had made the right decision in which physician recruitment firm it chose to endorse. After undergoing a vetting process last year, Jackson Physician Search had proven it was the ideal recruitment partner for its member hospitals. The CEO picked up his phone and made the call.

Delighted to learn that our Midwest-based recruitment team had made several placements in North Dakota, his confidence only grew, and he decided to partner with Jackson Physician Search.

Mining for Candidates

The client wanted to find a Nurse Practitioner with Emergency Department experience who would be a strong cultural fit with an already successful organization. Dan took on this challenging search and got right to work utilizing the 100% digital recruitment strategy that Jackson Physician Search pioneered.

When crafting the job description, Dan highlighted the hospital's sparkling reputation, the ability for the provider to enjoy a strong work/life balance, and the abundant outdoor recreation opportunities that the location provided.

Recruiter Presents Six Candidates for Consideration

Over the next several weeks, Dan sourced six very strong candidates for the client to consider. One candidate who rose to the top was a Nurse Practitioner working in Urgent Care in Texas who expressed a high level of interest in both the location and the opportunity.

Within two weeks, the hospital CEO brought her in for an on-site interview and quickly determined that her experience was a fit and her engaging personality would greatly complement the organizational culture. The candidate was very comfortable with the involvement of the CEO and also felt that his engagement was a very attractive part of the job. She was confident that this opportunity would be prosperous for her on many levels.

Striking Gold: Two APP Placements in Two Months

Another candidate who responded to Dan's outreach very late in the process was an experienced Nurse Practitioner who had a lot of experience in the rural Midwest, as well as sole provider experience. Dan recognized how rare it is to find two candidates who would be willing to work in such a remote location and reached out to the CEO at the North Dakota hospital to see if there were any additional needs for another provider in Emergency Medicine.

The CEO met with the candidate and decided that Dan had indeed found another great fit. Knowing how important it would be to have another vital member of the Emergency Department team, the CEO created a position for this candidate at a sister hospital located about 40 minutes away.

Dan and the client struck gold, placing two high-caliber Advanced Practice Providers in less than 60 days. Not every search will fall into place as quickly as this one. The key is having a trusted recruitment partner with access to the tools and technology to cast a wide digital net to ensure you are reaching both active and passive candidates who meet your criteria and will be a strong cultural fit.

Candidate acquisition is often the most challenging part of the recruitment process for rural facilities. If you need help sourcing candidates, the Jackson Physician Search recruitment team is here to help.


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Revenue Cycle is About More Than Just Cost. It's About Patient Experience.

As health systems grapple with indirect spend, there are quick wins that can boost their bottom line — and their consumer outreach, says Vizient's Pooja Solanki.

By Erin Cristales, Vizient

Indirect spend, or purchased services, represents a sizable chunk of a hospital's operating expenses — in most cases, the number is anywhere from 20-25%.

Consider for a moment all the aspects that comprise indirect spend: food, facilities infrastructure, human resources, information technology, insurance and support services, just to name a few. As you might suspect, it can get awfully unwieldy.

There is also revenue cycle which comprises roughly 3% of indirect spend. While it is often viewed more in terms of finance, revenue cycle plays just as important a role in patient experience as these other facets. As health systems work to stay in the green and improve patient outcomes, gaining control over indirect spend is vital — and revenue cycle can be a particularly crucial, if sometimes perplexing, piece of the puzzle, says Pooja Solanki, Vizient senior principal, indirect spend.

"Revenue cycle," she said, "is a critical lifeline for health systems."

Read the discussion with Solanki below to learn more about providers' biggest pain points related to revenue cycle, as well as some strategies and quick wins they can work toward in this space.

When it comes to revenue cycle, what are some of providers' biggest pain points?

Healthcare organizations are seeing double-digit losses coming out of 2022. So, they're looking at revenue cycle management as their solution and asking: Can we get better at this to drive the cash flow to sustain our business so that we can ensure the best patient outcomes and what else can we do to be more efficient since we are seeing labor shortages? They are not able to find the staff to manage these processes and so sometimes they need outside help, like vendors and automation.

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What are some of the best solutions to help providers tackle these pain points, particularly for those who are in the position to implement higher-level strategies?

The same solutions they have used in the past are not going to work in today's environment. We find that some of the cutting-edge health systems are realizing that they need to do what they do best, which is direct patient care, and so they are utilizing automation to drive some of the back fills that they are not able to fill in their revenue cycle labor force.

What is also key is not looking at the cost of collection or the cost of replacing a headcount. It is not all about cost, but about the performance of your revenue cycle. So, is automation really reducing your denials? Is it really improving the performance of your revenue cycle process? It is about looking at performance management and determining if you are going to get more bang for your buck. That is what the cutting-edge health systems are doing.

For those providers who may not be able to implement those larger strategies, are there some "quick-win" areas they can focus on?

Often, the quick-win areas are in the front end of the revenue cycle process itself. A lot of times health systems are using their front office staff to collect patient copay at time of service. There is so much research that shows once the patient leaves, it is much harder to collect that copay. So, if you are able to, training your staff to maximize collections at point of service is really critical.

The other one we see is in that process of going through insurance verification of the patient and what is required by the payer in terms of prior authorization. It is important to ensure all those steps are followed so that you have a clean claim to submit to the payer. That first clean claim reduces the chances of a denial or delays in payment by the insurance company. By using those process improvement principles - especially if it is your own staff - you can alleviate some of the error rates that are avoidable.

Also, when a patient leaves, a coder typically codes for that visit and says, "OK, this is what services were rendered." That code then turns into a claim that is sent to the insurance company. If you are not able to code fast enough — if you don't have enough capacity or enough staff — it leads to more cash flow issues because you are delaying your submission of the claim and delaying the whole cycle of getting paid by the insurance company.

By really focusing on your capacity, your capabilities and the quality of your coding, you can solve a lot of errors and delays in your cash flow. It is not easy by any means, but these are quick wins that health systems can definitely focus on with their own staff right away.

Are there specific examples that come to mind when you think of providers you have worked with who have been particularly good at tackling some of these pain points related to revenue cycle?

One success story was with an academic medical center that was looking at self-pay collections. They had their own staff doing them, but we saw that their performance in collections was declining year over year. This health system was like, 'You know what? We'd rather have our staff focus on other things that we know they could do better. Can we outsource this?' By utilizing an outside vendor they were able to see millions of dollars in increased collections just in a year. For health systems that are struggling financially and completely in the red, you can imagine the type of financial impact this could have.

And remember that patient experience is really critical when doing self-pay collections. Revenue cycle is a critical part of the patient journey for the provider. It is not just about spend — it's about the top-line health of the hospital. So, I am honored that health systems look to us for insight into some of those decisions to ensure they are able to effectively vet vendor options to help drive their financial sustainability without harming the patient experience.

DISINFECTANTS

In Public Places/Spaces – Healthcare Facilities

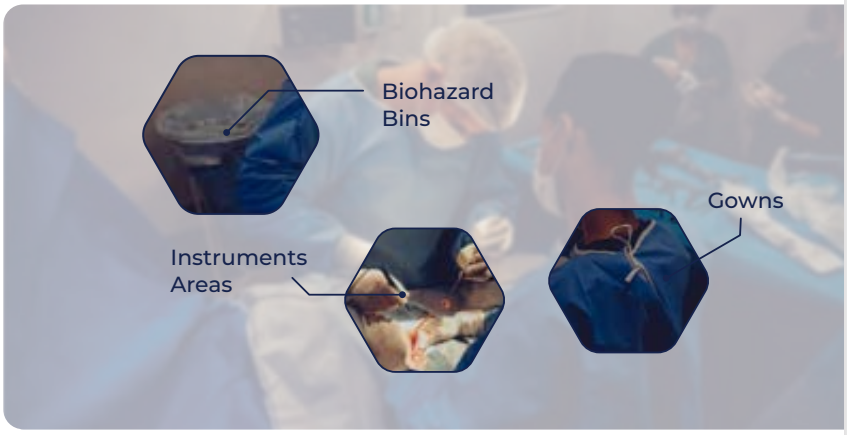
Antimicrobial disinfectants are critical to reducing the transmission of disease causing pathogens in public spaces.

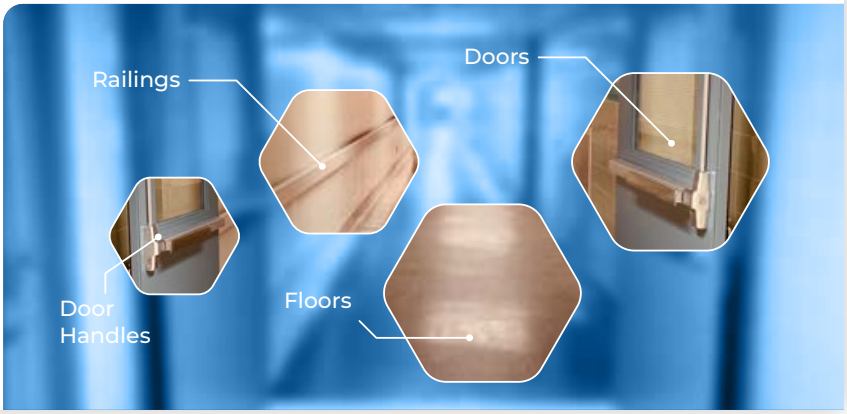
Their importance is even higher in environments dedicated to the care and treatment of those suffering illnesses or who are more vulnerable due to their medical condition. Germs deposited on surfaces are easily transmissible and can remain for long periods of time. Without a cleaning and disinfection program in-place, they can grow and spread, posing risks of illness to others.

Healthcare facilities often have various environments requiring different levels of disinfection. These include examination rooms, surgery bays, ICUs, pharmacies, waiting rooms, and more.

Antimicrobial products are a key tool in helping to protect doctors, patients, staff, and other visitors from becoming unnecessarily ill. Treatment practices take a variety of forms including wiping down exam tables and doorknobs with sanitary wipes, treating walls and counters with antimicrobial sprays, sterilizing medical instruments and garments, sanitizing bedsheets, and disinfecting floors.

These antimicrobial chemistries play a vital role every day in the operation of healthcare facilities, reducing the risk of Hospital Acquired Infections and helping to ensure a safe and hygienic environment for the people who work there and those seeking care.





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North Dakota 68th Legislative Assembly Wrap Up

The North Dakota 68th legislative assembly adjourned, *sine die*, on April 30, 2023, at 2:54a.m. CT. NDHA's top priorities were maintaining Medicaid Expansion rates, traditional Medicaid reimbursement, abortion law clarification, workforce, behavioral health, and third-party payer issues. All of these issues were addressed in various bills. NDHA tracked 188 of the 990 bills and resolutions that were introduced. Below is a summary of key bills.

We ended the session in a good place. Despite attempts to reduce reimbursement as in years past, Medicaid Expansion rates to providers will not be decreased for the first year and a half of the biennium. Beginning January 1, 2025, reimbursement will be based on 145% of Medicare with behavioral health providers excluded. The House proposed to reduce Medicaid Expansion rates by $171 million, but that cut was defeated. The rates that were approved will negatively impact providers by $29 million over the biennium.

Providers were also given inflationary increases in traditional Medicaid reimbursement. The House wanted to reduce PPS hospitals' inflators to 0% and 0% and professional services to 2% and 2%. In the end, the legislature approved inflationary increases for professional services of 3% and 3% and for PPS hospitals of 0% and 2%.

Please note that, at the time of this writing, some bills are awaiting the Governor's actionand thus are still subject to veto.

Thank you to all those who testified during the session, visited with legislators, and watched hearings virtually. You helped us convey the difficulties that hospitals face. Informing legislators of issues that are critical to us resulted in positive legislation that supports all our hospitals, staff, community and, ultimately, the patients. You were vital in achieving our advocacy goals!

Medicaid Funding

- **SB 2012. Medicaid and Medicaid Expansion rates.** The North Dakota Department of Health and Human Services (DHHS) appropriation included traditional Medicaid inflationary increases and holds Medicaid Expansion at current rates for the first 18 months of the biennium. Beginning January 1, 2025, Medicaid Expansion rates will be reduced to 145% of Medicare.
- **Inflationary increases.** In the traditional Medicaid program, the PPS hospitals will receive no inflationary increase for the first year of the biennium and a 2% increase beginning July 1, 2024. Professional services will receive inflationary increases of 3% each year of the biennium.
- **Health Care Task Force.** The bill creates a health care task force that will meet during the interim to analyze health care costs and drivers of cost growth with the goal of lessening the impact of rising health care costs and improve health care access and quality.
- **State Hospital.** Allocates $12.5 million for the design of a new state hospital.
- **SUD voucher program.** Allocates $15 million for the substance use disorder treatment voucher program.
- **Certified Community Behavioral Health Clinics.** Requires DHHS to select at least one human service center to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.

Medicaid

- **SB 2181. Medicaid coverage for pregnant women.** Medicaid and TANF benefits were expanded for eligible pregnant women and for 12 months postpartum.
- **HB 1028. Community health workers.** Requires DHHS to implement a certification process for community health workers and community health representatives and to seek a Medicaid state plan amendment for reimbursement of certified community health workers.

Health Care of Minors

- **HB 1362.** The bill states that it is the public policy of the state that a parent retains the right and duty to exercise primary control over the care, supervision, upbringing, and education of the parent's child.
- **SB 2260. Parental right to consent to medical treatment of the parent's child.** The bill would have required prior written consent of parents for all health care treatment provided to a child. A violation would have allowed a parent to sue the health care provider. The bill was defeated.
- **HB 1254. Transgender care for minors.** Establishes a class B felony for a health care provider to perform surgery on a minor for purposes of changing or affirming the minor's perception of his or her sex. Establishes a class A misdemeanor for prescribing, dispensing, or administering any drug that has the purpose of aligning the minor's sex with his or her perception of the minor's sex. The bill became effective on April 21, 2023. It provides an exception for the performance or administration of a medical procedure on the minor that began before the effective date.
- **HB 1301. Prohibition of medical gender transition care for minors.** The bill would have created a civil cause of action for a minor who received transition surgery, hormone therapy, or puberty blockers. It would have given the minor 30 years to bring litigation against a parent who consented to, or the physician who

performed surgery or prescribed gender-affirming medication, and the medical institution that allowed the surgery or medication. It would have also allowed action to be taken by a State's Attorney or the Attorney General to penalize the physician and medical institution and provided grounds for revocation of the physician's medical license. The bill was defeated.

Health Care Professional Practice

- **SB 2115. Licensing and discipline of physicians and physician assistants.** The bill revised license requirements for physicians and physician assistants including continuing education and certification and maintenance of certification, and requires licensees to report to the state Board of Medicine within 30 days: a citation, charge, arrest, or conviction of law, other than minor traffic citations; a malpractice judgment or settlement made on behalf of a licensee; discipline by a licensing board, agency, or professional association; an action affecting or limiting privileges or credentials; a health care facility restriction of privileges due to practice concerns or discipline relating to clinical competence which results in a limitation, restriction, suspension, revocation, relinquishment, or nonrenewal of the licensee's privileges to avoid an investigation or disciplinary action; and any condition that impairs the licensee's ability to practice in a competent, ethical, or professional manner.
- **SB 2221. Scope of practice of a naturopath.** The bill brings naturopaths under the jurisdiction of the state Board of Medicine, allows naturopaths to prescribe legend drugs and testosterone under a formulary to be adopted by the Board, and requiresa naturopath to obtain an endorsement and requires supervision by a physician for a period of time.
- **SB 2345. Suspension of social work license examination.** Allows the state Board of Social Work Examiners to suspend the use of an examination for licensure, develop a process for applicants to request waiver of examination, and create alternative requirements that do not require examination to ascertain the qualification and fitness of an applicant.

Behavioral Health

- **HB 1026. Behavioral health and acute psychiatric treatment.** If selected by legislative management, the bill provides for a study of implementation of the recommendations of the 2018 North Dakota behavioral health system study by the human services research institute and the 2022 acute psychiatric and residential care needs study conducted by Renee Schulte Consulting, LLC.
- **SB 2083. State hospital.** The state hospital and regional human service centers may provide behavioral health collaborative care and consultation services, including psychiatric consultation, with private providers and correctional facility providers.

Pharmacy

- **HB 1095. Pharmacist-led medication optimization.** The bill provides for reimbursement of clinical pharmacist-led medication optimization programs in health insurance, including provider credentialing, billing standards and procedures, standards of care, patient monitoring, consistent documentation of outcomes and de-prescribing, and structuring an outcome reporting system.
- **SB 2378. Clinician-administered drugs (white bagging).** Provides that a pharmacy benefits manager (PBM) may not interfere with a patient's right to obtain a clinician- administered drug from the patient's provider of choice, including that a PBM may not require a patient to purchase prescription drugs exclusively through a mail- order pharmacy or a PBM affiliate or increase costs if the patient chooses to not use a mail-order pharmacy or PBM affiliate.

Workforce

- **SB 2187. Counseling compact.** The bill adopts the interstate Counseling Compact to allow professional counselors licensed and residing in a compact member state to practice in other compact member states without need for multiple licenses.
- **SB 2205. Psychology interjurisdictional compact (PsyPACT).** The bill adopts the psychology interjurisdictional compact for the licensing and regulation of psychologists licensed in another state and allows the North Dakota State Board of Psychologist Examiners to adopt rules and standards to establish a predoctoral supervised psychological internship program.
- **HB 1018. Workforce development grants.** Provides funding for various workforce initiatives, including the operation intern program, rural workforce housing grants, and matching funds for an organization assisting in the recruitment, distribution, and supply, and enhancing the quality and efficiency of personnel providing health services in rural areas of the state. The matching funds must be from a nonstate source on a dollar-for-dollar basis.
- **SB 2344. Health care professional student loan repayment program.** The bill added registered nurses to the list of health care professionals that may participate in the health care professional student loan repayment program and funding for four RN slots was provided.
- **SB 2142. Office of immigration.** The bill creates a state office of immigration within the department of commerce which shall develop a statewide strategy to support businesses in recruiting and retaining foreign labor, including immigrants already in the United States and integration of immigrants into the state to promote economic opportunities for immigrant communities.
- **HB 1540. Child care assistance.** Provides additional funds for expansion of the child care assistance program; provides an appropriation of $5 million for employer- led child care cost-share program which offers a state match for employer-funded child care stipends to employees where household income is no more

than 100% of the state median income; and provides $1.8 million for pilot partnerships between employers and child care programs to incentivize the creation of more child care for shift workers outside a traditional "eight to five" business day.

COVID-19/PUBLIC HEALTH

- **HB 1200. Higher education vaccination requirements.** The bill would have prohibited a higher education institution from requiring or even promoting student vaccination against COVID-19 or any experimental vaccine. Similar restrictions would have applied to schools and daycare facilities. The bill was defeated.

- **HB 2274. Discrimination based on vaccination status.** As introduced, the bill provided it is an unlawful, discriminatory practice for anyone to deny services, goods, privileges, health care access, or employment based on vaccination status. It also provided that a state or local government and private business may not require documentation certifying an individual's vaccination status; presence of antibodies, antigens, or pathogens; or post-transmission recovery, and cannot share an individual's vaccination record, except as specifically authorized by the individual. The bill exempted long-term care and assisted living facilities but not hospitals. The amended version that passed included an exception for health care providers, a provision that the law is not applicable during a public health disaster or emergency and applies only to a vaccination approved under FDA emergency use authorization.

- **HB 1502 . COVID-19 vaccination access to health care.** The bill as introduced would have required that a medical certification include data regarding whether a death is related to COVID-19, including the vaccination status of a COVID-19-related death and whether a death is caused by a COVID-19 vaccine. It also would have prohibited hospitals or any health care facility from requiring an employee to be vaccinated against COVID-19 or receive any experimental vaccine or promoting employee COVID-19 vaccination. The bill was amended to provide that a hospital may not deny health care treatment or services to an individual based on COVID-19 vaccination status.

Third Party Payers

- **SB 2389. Prior Authorization.** If selected by legislative management, the bill requires a study of health benefit plans' prior authorization requirements, including the extent to which prior authorization is required; the impact on patient care, such as health outcomes, patient satisfaction, health care costs, and access to care; administrative burden, time, and cost associated with obtaining prior authorization; and state and federal laws and regulations that may impact prior authorization.

Miscellaneous

- **HB 1045. Health care facility construction review.** The bill adds that, for an initial determination on a health care facility construction, renovation, or construction and renovation project of more than $15 million, DHHS must notify the applicant of the time DHHS will require to complete the review, allowing the applicant to determine whether to use a third-party reviewer.

- **HB 1365, 1477. Rural ambulance service districts.** The bills dealt with rural ambulance services. HB 1365 requires ambulance services to organize a rural ambulance taxing district by June 30, 2025, except those that are owned by a local government or are large enough to be self-sustaining. HB 1477 includes $7 million for the rural emergency medical services and rural ambulance service district grants and removes the petition authority of cities located within a proposed ambulance district territory. SB 2085 Study of rural ambulance services.

- **SB 2085. Acute cardiovascular emergency medical system study.** The legislature is required to conduct a comprehensive study of the delivery of emergency medical services in the state, including funding, taxation, access critical areas, demographics, volunteer training, volunteer retention, systems approach to rural areas, employment options including access to a public safety pension, educational reimbursements, and distressed ambulance services. The bill also exempts EMS personnel from the state's safety belt law during the provision of direct patient care.

- **SB 2103. Reporting of child abuse and neglect alcohol misuse during pregnancy.** The bill adds reference to "alcohol misuse" to the list of reasons that toxicology testing may occur after a delivery when a pregnant woman had obstetrical complications that indicate misuse. Current language only addressed the use of controlled substances for a nonmedical purpose and did not include alcohol.

- **SB 2150. Abortion. The bill clarified and resolved inconsistencies in current abortion law.** It repealed the state's trigger law (N.D.C.C. § 12.1-31-12) and relocated it, minus the affirmative defenses, within a new chapter of the criminal code. Without the changes, many common procedures performed by physicians when managing pregnancy complications would come within the definition of abortion and thus be chargeable as a felony. The bill also amended the Abortion Control Act (N.D.C.C. ch. 14-02.1) to provide exceptions for pregnancy complications where the mother's life or health are at risk. Some amendments were made in response to the March 16, 2023 issuance of the North Dakota Supreme Court decision in Wrigley v. Romanick, et al., 2023 ND 50, which declined to lift an injunction on the trigger law while litigation over its validity proceeds.

- **SB 2248. Required reporting of fentanyl overdose deaths.** Each year, DHHS shall make public and submit to legislative management and the governor a written report summarizing the number of deaths that occurred in the state caused by or related to fentanyl consumption during the preceding calendar year, including the county in which the deaths occurred and the age and gender of the deceased individuals.

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The Chartis Group has named its 100 best-performing critical access hospitals for 2023 and North Dakota has nine of the Top 100 Critical Access Hospitals!

This is a phenomenal achievement, and the North Dakota Hospital Association congratulates the following hospitals and staff:

ND HOSPITALS IN 2023 TOP 100 CAH'S

CHI Mercy Health of Valley City

CHI St. Alexius Health Carrington Medical Center

CHI St. Alexius Health Devils Lake Hospital

Jamestown Regional Medical Center

Pembina County Memorial Hospital (Cavalier)

Sanford Mayville Medical Center

South Central Health (Wishek)

Towner County Medical Center (Cando)

West River Health Services (Hettinger)

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NDHA is thrilled to announce that Barbara Stadheim from West River Health Services has been selected as the inaugural NDHA DAISY Nurse Leader of the Year! Barb's dedication and expertise have made her a trusted resource for new nurses, and her numerous nursing leadership positions at West River Health Services truly showcase her impact.

Despite her commitment to family time, Barb has consistently answered the call to serve and support the facility. Her selflessness is truly inspiring!

Director of Nursing, Seth Fisher, shared his personal experience, saying, "I'll never forget the night Barb stayed with me in the ICU when I was a new nursing leader. In a rapidly changing healthcare landscape, it's reassuring to have Florence Nightingales like her among us, preserving the future of nursing."

Barb received the prestigious NDHA DAISY Nurse Leadership Award at the 2nd Annual Nurse Leadership Conference in June.

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