17.0497.02027

Sixty-fifth Legislative Assembly of North Dakota

FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1012

Introduced by

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Appropriations Committee

A BILL for an Act to provide an appropriationappropriations for defraying the expenses of the department of human services; to authorize the department of human services to convey land in Walsh County; to amend and reenact subsection 1 of section 23-09.3-01.1, subsection 1 of section 23-16-01.1, section 50-24.1-37, and subsection 1 of section 54-27-25 of the North Dakota Century Code, relating to the moratorium on basic care, nursing facility bed capacity. Medicaid expansion, and tobacco settlement trust fund transfers; to repeal section 50-24.1-37 of the North Dakota Century Code, relating to the Medicaid expansion program; to provide for exemptions; to provide statements of legislative intent; to provide a reportfor reports to the legislative management; to provide for a-legislative management studystudies; to provide appropriations authorize transfers; to provide an expiration date; to provide a contingent effective date; and to declare an emergency.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from special funds derived from federal funds and other income, to the department of human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2017, and ending June 30, 2019, as follows:

Subdivision 1.

20		MANAGEMENT		
21			Adjustments or	
22	I	Base Level	Enhancements	<u>Appropriation</u>
23	Salaries and wages	\$28,049,386	(\$4,612,071)	\$23,437,315
24	Operating expenses	87,542,966	71,922,860	159,465,826

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1	Capital assets	26,000	(26,000)	0
2	Grants	<u>0</u>	204,000	204,000
3	Total all funds	\$115,618,352	\$67,488,789	\$183,107,141
4	Less estimated income	71,324,758	56,767,760	128,092,518
5	Total general fund	\$44,293,594	\$10,721,029	\$55,014,623
6	Salaries and wages	\$28,049,386	(\$1,769,247)	\$26,280,139
7	Operating expenses	87,542,966	72,572,860	160,115,826
8	Capital assets	26,000	(26,000)	0
9	Grants	0	204,000	204,000
10	Total all funds	\$115,618,352	\$70,981,613	\$186,599,965
11	Less estimated income	71,324,758	58,154,800	129,479,558
12	Total general fund	\$44,293,594	\$12,826,813	\$57,120,407

Subdivision 2.

PROGRAM AND POLICY

14			Adjustments or	
15		Base Level	<u>Enhancements</u>	<u>Appropriation</u>
16	Salaries and wages	\$58,102,898	\$2,884,535	\$60,987,433
17	Operating expenses	107,383,843	17,207,206	124,591,049
18	Capital assets	0	10,000	10,000
19	Grants	457,953,280	5,921,488	463,874,768
20	Grants - medical assistance	2,384,560,568	(30,582,216)	2,353,978,352
21	Total all funds	\$3,008,000,589	(\$4,558,987)	\$3,003,441,602
22	Less estimated income	1,995,024,801	(90,849,740)	1,904,175,061
23	Total general fund	\$1,012,975,788	\$86,290,753	\$1,099,266,541
24	Salaries and wages	\$58,102,898	\$3,667,008	\$61,769,906
25	Operating expenses	107,383,843	17,338,098	124,721,941
26	Capital assets	0	10,000	10,000
27	Grants	457,953,280	(24,485,621)	433,467,659
28	Grants - medical assistance	2,384,560,568	213,559,361	2,598,119,929
29	Total all funds	\$3,008,000,589	\$210,088,846	\$3,218,089,435

1	Less estimated income	1,995,024,801	165,841,615	2,160,866,416		
2	2 Total general fund \$1,012,975,788 \$44,247,231			\$1,057,223,019		
3	Subdivision 3.					
4		FIELD SERVICES				
5			Adjustments or			
6		Base Level	Enhancements	<u>Appropriation</u>		
7	Human service centers	\$198,888,443	(\$3,083,589)	\$195,804,854		
8	Institutions	139,587,498	<u>258,930</u>	139,846,428		
9	Total all funds	\$338,475,941	(\$2,824,659)	\$335,651,282		
10	Less estimated income	<u>132,820,302</u>	<u>5,301,710</u>	138,122,012		
11	Total general fund	\$205,655,639	(\$8,126,369)	\$197,529,270		
12	Human service centers	\$198,888,443	(\$2,838,954)	\$196,049,489		
13	Institutions	139,587,498	833,726	140,421,224		
14	Total all funds	\$338,475,941	(\$2,005,228)	\$336,470,713		
15	Less estimated income	132,820,302	5,723,403	138,543,705		
16	Total general fund	\$205,655,639	(\$7,728,631)	\$197,927,008		
17	Subdivision 4.					
18	<u>COUN</u>	TY SOCIAL SERVICE F	INANCING			
19	Adjustments or					
20		Base Level	Enhancements	Appropriation		
21	County social service financing	\$0	\$26,000,000	\$26,000,000		
22	Total all funds	\$0	\$26,000,000	\$26,000,000		
23	Less estimated income	0	0	0		
24	Total general fund	\$0	\$26,000,000	\$26,000,000		
25	Subdivision 4.5.					
26		BILL TOTAL				
27			Adjustments or			
28		Base Level	<u>Enhancements</u>	<u>Appropriation</u>		
29	Grand total general fund	\$1,262,925,021	\$88,885,413	\$1,351,810,434		
30	Grand total special funds	<u>2,199,169,861</u>	(28,780,270)	2,170,389,591		

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1	Grand total all funds	\$3,462,094,882	\$60,105,143	\$3,522,200,025
2	Full-time equivalent positions	2,211.08	(74.85)	2,136.23
3	Grand total general fund	\$1,262,925,021	\$75,345,413	\$1,338,270,434
4	Grand total special funds	2,199,169,861	229,719,818	2,428,889,679
5	Grand total all funds	\$3,462,094,882	\$305,065,231	\$3,767,160,113
6	Full-time equivalent positions	2,211.08	(54.85)	2,156.23

SECTION 2. HEALTH INSURANCE INCREASE. The appropriation in section 1 of this Act includes the sum of \$6,376,445\$5,914,453, of which \$5,350,004\$4,962,381 is from the general fund, for increases in employee health insurance premiums from \$1,130 to \$1,249\$1,241 per month.

SECTION 3. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO

SIXTY-SIXTH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items approved by the sixty-fourth legislative assembly as adjusted for the 2015-17 biennium and the 2017-19 biennium one-time funding items included in the appropriations in section 1 of this Act:

16	One-Time Funding Description	<u>2015-17</u>	<u>2017-19</u>
17	Developmental disabilities equipment	\$10,000	\$0
18	Heating plant repairs and upgrades - state hospital	1,156,000	0
19	Heating plant repairs and upgrades - life skills and	75,000	0
20	transition center		
21	Window replacement - life skills and transition center	44,000	0
22	Equipment over \$5,000 - state hospital	275,000	0
23	Equipment over \$5,000 - life skills and transition center	200,000	0
24	Extraordinary repairs - state hospital	1,000,000	0
25	Extraordinary repairs - life skills and transition center	1,250,000	0
26	Assistive technology services	80,000	0
27	Modification of eligibility systems	60,872,269	0
28	Medicaid expansion - fee schedule enhancement	0	226,000,000
29	County social services pilot program	0	26,000,000
30	Child care licensing and data system	0	3,000,000

1	Health information network/care coordination	<u>0</u>	40,800,000
2	Total all funds	\$64,962,269	\$43,800,000
3	Less estimated income	46,870,102	43,800,000
4	Total general fund	\$18,092,167	\$0
5	Total all funds	\$64,962,269	\$295,800,000
6	Less estimated income	46,870,102	269,800,000
7	Total general fund	\$18,092,167	\$26,000,000

The 2017-19 biennium one-time funding amounts are not a part of the entity's base budget for the 2019-21 biennium. The department of human services shall report to the appropriations committees of the sixty-sixth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2017, and ending June 30, 2019.

SECTION 4. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION. Notwithstanding section 54-16-04, the department of human services may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act for the biennium beginning July 1, 2017, and ending June 30, 2019. The department of human services shall notify the office of management and budget and the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2018, any transfer made in excess of \$50,000 and to the appropriations committees of the sixty-sixth legislative assembly regarding any transfers made pursuant to this section.

SECTION 5. EXEMPTION. The amount appropriated for the replacement of the Medicaid management information system and related projects in chapter 50 of the 2007 Session Laws and chapter 38 of the 2011 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from these appropriations approved under section 54-44.1-11 for continuation into the 2009-11 biennium and then the 2011-13 biennium and then the 2013-15 biennium and then the 2015-17 biennium are available for the completion of the Medicaid management information system and related projects during the biennium beginning July 1, 2017, and ending June 30, 2019.

SECTION 6. EXEMPTION. The amount appropriated for the modification of the department of human services' eligibility systems in chapter 578 of the 2011 Special Session Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation approved under section 54-44.1-11 for continuation into the 2013-15 biennium

- 1 and then the 2015-17 biennium are available for the completion of the modification of the
- 2 eligibility systems project during the biennium beginning July 1, 2017, and ending June 30,
- 3 2019.
- 4 **SECTION 7. EXEMPTION.** The amount appropriated for the development of the electronic
- 5 health records system in chapter 12 of the 2013 Session Laws is not subject to the provisions of
- 6 section 54-44.1-11. Any unexpended funds from this appropriation approved under section
- 7 54-44.1-11 for continuation into the 2015-17 biennium are available for the completion of the
- 8 electronic health records system during the biennium beginning July 1, 2017, and ending
- 9 June 30, 2019.
- 10 **SECTION 8. ESTIMATED INCOME.** Of funds appropriated in section 1 of this Act,
- 11 \\ \frac{\$16,000,000}{\$37,779,159} \) is from the tobacco prevention and control trust fund for the purpose
- of defraying expenses in the medical services division of the department of human services, for
- the biennium beginning July 1, 2017, and ending June 30, 2019.
- 14 **SECTION 9. ESTIMATED INCOME.** Of funds appropriated in section 1 of this Act.
- 16 long-term care services programs, for the biennium beginning July 1, 2017, and ending June
- 17 | 30, 2019.
- 18 SECTION 10. ESTIMATED INCOME. Of funds appropriated in section 1 of this Act,
- \$18,000,000 is from the community health trust fund for the purpose of defraying expenses in
- the medical services division, for the biennium beginning July 1, 2017, and ending June 30,
- 21 2019.
- 22 **SECTION 11. APPROPRIATION 2015-17 BIENNIUM.** There is appropriated out of special
- funds derived from federal funds, not otherwise appropriated, the sum of \$9,000,000, or so
- 24 much of the sum as may be necessary, to the department of human services for the purpose of
- defraying medical assistance grant costs, for the period beginning with the effective date of this
- 26 Act and ending June 30, 2017.
- 27 SECTION 12. APPROPRIATION 2015-17 BIENNIUM REBASING AND, OPERATING
- 28 MARGINS, AND INCENTIVES. There is appropriated out of any moneys in the general fund in
- the state treasury, not otherwise appropriated, the sum of \$329,636\$417,010, or so much of the
- 30 sum as may be necessary, and from special funds derived from federal funds and other income,
- the sum of \$329,636\$417,010, or so much of the sum as may be necessary, to the department

of human services for the purpose of adjusting long-term care facility rates relating to rebasing and, operating margins, and incentives, for the period beginning June 1, 2017, and ending June 30, 2017.

SECTION 13. APPROPRIATION - 2015-17 BIENNIUM - SUBSTANCE USE DISORDER

VOUCHER PROGRAM. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$200,000, or so much of the sum as may be necessary, to the department of human services for the purpose of defraying the expenses of the substance use disorder voucher program, for the period beginning with the effective date of this Act, and ending June 30, 2017.

SECTION 14. LEGISLATIVE INTENT - SUBSTANCE USE DISORDER VOUCHER

PROGRAM - MEDICATION ASSISTED TREATMENT. It is the intent of the sixty-fifth legislative assembly that the department of human services include medication assisted treatment as an allowable service under the substance use disorder voucher program. It is also the intent that payments for medication dispensed as part of the treatment be established quarterly, based on the Medicaid allowed amount, plus a weekly dispensing and administration fee of no more than the dispensing fee established under the state's medical assistance program.

SECTION 15. LEGISLATIVE INTENT - RESTORATION FUNDING FOR BASIC CARE. It is the intent of the sixty-fifth legislative assembly that the funding appropriated to the department of human services for the restoration of basic care provider rates be prioritized in the following order:

21 1. Operating margin;

- 2. Medical leave days; and then
- 3. Increase to limits.

SECTION 16. LEGISLATIVE INTENT - MEDICAID EXPANSION - FEE SCHEDULE. It is the intent of the sixty-fifth legislative assembly that the one-time funding of \$226,000,000, of which \$13,300,000 is from the tobacco prevention and control trust fund, provided for defraying a portion of the expenses of the Medicaid expansion program be used for establishing the provider fee schedule at the maximum level possible without exceeding the current levels of

SECTION 17. LEGISLATIVE INTENT - POLICY CHANGES AND CLARIFICATION

RELATED TO HOME HEALTH. It is the intent of the sixty-fifth legislative assembly that the

reimbursement for the Medicaid expansion contracted providers.

- department of human services adopt rules in accordance with the Medicaid program, faceto-face requirements for home health services; policy changes and clarifications related to
 home health final rule published by the centers for Medicare and Medicaid services on
 February 2, 2016; title 42, Code of Federal Regulations, part 440. It is further the intent of the
 legislative assembly that the department require certified home health agencies to ensure a
 face-to-face visit occurred between a physician and Medicaid beneficiary before initiating home
 health services, and to ensure a face-to-face visit between a physician or nonphysician provider
- health services, and to ensure a face-to-face visit between a physician or nonphysician provider occurred before providing medical equipment, supplies, and appliances. It is further the intent of the legislative assembly that the department adopt rules to define medical equipment, supplies, and appliances and specify allowable time frames for the face-to-face visits.

SECTION 18. LEGISLATIVE INTENT - CARE COORDINATION AGREEMENTS. It is the intent of the sixty-fifth legislative assembly that the department of human services establish requisite agreements with tribal health care organizations that will result in one hundred percent federal funding for eligible medical assistance provided to American Indians through care coordination agreements for the biennium beginning July 1, 2017, and ending July 30, 2019.

SECTION 19. CARE COORDINATION AGREEMENTS - HEALTH CARE TRUST FUND DEPOSITS. The department of human services shall deposit any federal funding received in excess of the state's regular federal medical assistance percentage resulting from the department establishing requisite agreements with tribal health care organizations in the health care trust fund for the biennium beginning July 1, 2017, and ending June 30, 2019. The department shall maintain a separate account within the health care trust fund for this funding.

PLAN AMENDMENT. It is the intent of the sixty-fifth legislative assembly that the department of human services apply for a include services for individuals with a brain injury as part of the comprehensive assessment for a Medicaid 1915(i) state plan amendment for traumatic brain injury services. The department may utilize an existing 0.5 full-time equivalent position and funding available in the department's budget for this purposeenhancing services through a Medicaid 1915(i) state plan amendment for individuals with a brain injury for the biennium beginning July 1, 2017, and ending June 30, 2019.

SECTION 21. LEGISLATIVE INTENT - GRAFTON JOB SERVICE NORTH DAKOTA

BUILDING PURCHASE. It is the intent of the sixty-fifth legislative assembly that the department

1 of human services purchase the Grafton job service North Dakota building using donated funds 2 for the use of the life skills and transition center, but only if anticipated revenues generated from 3 use of the building will be sufficient to provide for the operating and maintenance costs of the 4 building. 5 SECTION 22. CONVEYANCE OF LAND AUTHORIZED - LIFE SKILLS AND TRANSITION 6 **CENTER.** The state of North Dakota by and through the department of human services may 7 convey real property containing 3.46 acres, more or less, associated with the life skills and 8 transition center in Grafton. The department may convey a parcel of land described as follows: 9 the north fifty-eight feet of said north half of the southeast quarter of section twenty-five less the 10 railroad right-of-way and the south forty feet of the north ninety-eight feet of the west one 11 hundred twenty-three feet of said north half of the southeast quarter of section twenty-five less 12 the railroad right-of-way on the terms and conditions determined appropriate by the department 13 and the attorney general. Section 54-01-05.2 and 54-01-05.5 do not apply to this conveyance. 14 SECTION 23. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES CASE 15 MANAGEMENT. It is the intent of the sixty-fifth legislative assembly that the department of 16 human services provide case management services for individuals with a developmental 17 disability within the ratio provided pursuant to North Dakota Administrative Code for the 18 biennium beginning July 1, 2017, and ending June 30, 2019. If case management services for 19 individuals with a developmental disability exceed the ratio requirement provided in the North 20 Dakota Administrative Code, the department may hire temporary staff or the department may 21 propose a change to North Dakota Administrative Code to meet the ratio requirement. 22 SECTION 24. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES -23 PROGRAMMATIC AND ADMINISTRATIVE REQUIREMENTS. It is the intent of the sixty-fifth 24 legislative assembly that the department of human services report all new programmatic and 25 administrative requirements to the centers for Medicare and Medicaid services and seek 26 waivers of the same unless the director finds immediate full compliance necessary for 27 individuals with disabilities. 28 SECTION 25. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES - CONFLICT-29 FREE CASE MANAGEMENT. It is the intent of the sixty-fifth legislative assembly that the 30 department of human services request waivers or delays of implementation of conflict-free case 31 management rules and requirements for individuals with a developmental disability.

SECTION 26. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES - VARIANCE. It is the intent of the sixty-fifth legislative assembly that during the 2017-19 biennium, the department of human services may authorize a treatment or care center's variance request relating to the treatment or care center's bedrooms or bathrooms, if the department determines the variance does not pose a health or safety risk. It is also the intent that the department of human services adopt rules to establish a variance process that allows the department to grant a variance if the variance will not pose a danger to the health or safety of an individual served by the treatment or care center.

SECTION 27. LEGISLATIVE INTENT - PROCESS AND OUTCOME MEASURES. It is the intent of the sixty-fifth legislative assembly that behavioral health service providers that receive

SECTION 28. LEGISLATIVE INTENT - TELEPHONE SUPPORT AND DIRECTORY

SERVICES. It is the intent of the sixty-fifth legislative assembly that the vendor of telephone and directory services, under contract with the department of human services, include private behavioral health service providers in the vendor's directory at no cost to the private behavioral health service providers.

funding from the department of human services submit process and outcome measures to the

department for programs and services supported by state funding.

SECTION 29. REPORTING REQUIREMENTS - YOUTH ACCESS TO TOBACCO. The operating expenses line item in subdivision 2 of section 1 of this Act includes \$75,000 from the tobacco prevention and control trust fund for costs of complying with youth access to tobacco reporting requirements under title 45, Code of Federal Regulations, part 96, section 130, for the biennium beginning July 1, 2017, and ending June 30, 2019. The state department of health and local public health units shall collect and disclose all required data reporting elements to the department of human services.

SECTION 30. ROBINSON RECOVERY CENTER FUNDING. Notwithstanding the designation of funding for the Robinson recovery center in the appropriation for the department of human services in section 1 of this Act, the department of human services may utilize other providers for substance use disorder treatment services if the current contractor is unable to provide the full capacity of services anticipated under the current contract for the biennium beginning July 1, 2017, and ending June 30, 2019.

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SECTION 31. LEGISLATIVE INTENT - OPERATING EXPENSES. It is the intent of the sixty-fifth legislative assembly that the department of human services analyze its budgetary needs and allocate up to \$650,000 from the general fund included in the operating expenses line item in subdivision 1 of section 1 of this Act to other line items in subdivisions 1, 2, and 3 within section 1 of this Act based on the department's priorities resulting from its analysis.

SECTION 32. LEGISLATIVE MANAGEMENT STUDY - STATE MEDICAL ASSISTANCE PROGRAMS.

- During the 2017-18 interim, the legislative management shall consider studying options to operate the state medical assistance program and other related programs, as managed care. The study must:
 - a. Identify and review populations to consider for managed care, including individuals eligible under traditional medical assistance, Medicaid expansion, the children's health insurance program, and individuals receiving services through the long-term care and developmental disabilities programs.
 - b. Consider the needs of individuals receiving services from managed care programs in similar-sized states, and the alignment of benefit packages.
 - c. Review populations covered by the program of all-inclusive care for the elderly in other states.
 - d. Consider options for including services under a managed care arrangement.
 - e. Consider developing a proposed plan, cost estimates, and potential timeline for implementing the managed care options identified.
 - f. Consider preparing and distributing a request for information from managed care organizations regarding the managed care options identified.
- The legislative management shall report its findings and recommendations, together
 with any legislation necessary to implement the recommendations, to the sixty-sixth
 legislative assembly.

SECTION 33. LEGISLATIVE MANAGEMENT STUDY - BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES SERVICES. During the 2017-18 interim, the legislative management shall consider studying state and federal laws and regulations relating to the care and treatment of individuals with developmental disabilities or behavioral health needs.

1. The study must include a review of the following:

1		a.	The state's services and delivery systems, including whether changes are
2			necessary to maintain compliance with state and federal laws and regulations;
3		b.	Efforts by other states to comply with the 1999 Olmstead v. L.C. case, including
4			the planning and implementation process for any new programs;
5		C.	Community- and non-community-based services, including the costs and
6			effectiveness of services;
7		d.	Noncompliance with state and federal laws and regulations, including a review of
8			the fees and penalties for noncompliance;
9		e.	A comparison of voluntary and involuntary compliance with state and federal laws
10			and regulations, including a review of long-term costs and effectiveness;
11		f.	The impact of implementation and expansion of selected programs that were
12			added to address unmet needs, including the impact on costs and effectiveness
13			of new programs;
14		g.	Needed changes to address noncompliance and a timeline for completing
15			changes;
16		h.	Data on the number of individuals who would be impacted by voluntary
17			compliance efforts, and data on the type of services that may need changing,
18			including housing, peer counseling, outpatient treatment, crisis line access, and
19			transportation services; and
20		i.	An evaluation of the funding, mission, and caseload at the life skills and transition
21			center, including the center's transition plan and number of clients eligible for
22			community placement.
23	2.	The	legislative management shall report its findings and recommendations, together
24		with	any legislation necessary to implement those recommendations, to the sixty-sixth
25		legis	slative assembly.
26	SEC	ΓΙΟΝ	34. LEGISLATIVE MANAGEMENT STUDY - DEPARTMENT OF HUMAN
27	SERVICE	S D	ELIVERY SYSTEM. During the 2017-18 interim, the legislative management shall
28	consider	conc	lucting a comprehensive study of the department of human services.
29	1.	The	study must include:
30		a.	A review of the continuum of services for each population served, the delivery
31			methods for those services, and the efficiency and effectiveness of the services.

- b. The involvement of federal, state, and local governments and for-profit and nonprofit entities in the provision and funding of services.
- c. An analysis of the funding levels for the programs and services included in the delivery system.
- d. Consideration of the appropriate role for each of the entities involved in the delivery system.
- e. The development of a comprehensive master structure for the system.
- The legislative management shall report it's findings and recommendations, together
 with any legislation required to implement the recommendations, to the sixty-sixth
 legislative assembly.

SECTION 35. LEGISLATIVE MANAGEMENT STUDY - NURSING FACILITY RATES.

During the 2017-18 interim, the legislative management shall consider studying the nursing facility rate components to determine the adequacy of reimbursement and evaluate the efficiency of nursing facility operations. The study must identify and review potential quality measures relating to nursing facilities and consider the feasibility and desirability of using quality measures as a component of reimbursement. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-sixth legislative assembly.

SECTION 36. AMENDMENT. Subsection 1 of section 23-09.3-01.1 of the North Dakota Century Code is amended and reenacted as follows:

- 1. Basic care beds may not be added to the state's licensed bed capacity during the period between August 1, 20152017, and July 31, 20172019, except when:
 - a. A nursing facility converts nursing facility beds to basic care;
 - An entity licenses bed capacity transferred as basic care bed capacity under section 23-16-01.1;
 - c. An entity demonstrates to the state department of health and the department of human services that basic care services are not readily available within a designated area of the state or that existing basic care beds within a fifty-mile [80.47-kilometer] radius have been occupied at ninety percent or more for the previous twelve months. In determining whether basic care services will be readily available if an additional license is issued, preference may be given to an

- entity that agrees to any participation program established by the department of human services for individuals eligible for services under the medical assistance program under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.]; or
- d. The state department of health and the department of human services grant approval of new basic care beds to an entity. The approved entity shall license the beds within forty-eight months from the date of approval.

SECTION 37. AMENDMENT. Subsection 1 of section 23-16-01.1 of the North Dakota Century Code is amended and reenacted as follows:

Notwithstanding sections 23-16-06 and 23-16-10, except when a facility reverts basic care beds to nursing facility beds or relicenses nursing facility beds delicensed after July 31, 2011, nursing facility beds may not be added to the state's licensed bed capacity during the period between August 1, 20152017, and July 31, 20172019. A nursing facility may not delicense nursing facility bed capacity, relicense nursing facility bed capacity, relicense nursing facility bed capacity, convert licensed nursing bed capacity to basic care bed capacity, revert licensed basic care bed capacity back to nursing facility bed capacity, or otherwise reconfigure licensed nursing facility bed capacity more than one time in a twelve-month period.

SECTION 38. AMENDMENT. Section 50-24.1-37 of the North Dakota Century Code is amended and reenacted as follows:

50-24.1-37. (Effective January 1, 2014, through July 31, 20172019) Medicaid expansion <u>- Legislative management report</u>.

- The department of human services shall expand medical assistance coverage as
 authorized by the federal Patient Protection and Affordable Care Act [Pub. L. 111-148],
 as amended by the Health Care and Education Reconciliation Act of 2010 [Pub.
 L. 111-152] to individuals under sixty-five years of age with income below one hundred
 thirty-eight percent of the federal poverty level, based on modified adjusted gross
 income.
- 2. The department of human services shall inform new enrollees in the medical assistance program that benefits may be reduced or eliminated if federal participation decreases or is eliminated.

1	3.	Effe	ctive January 1, 2018, medical assistance expansion program applicants and	
2		<u>reci</u>	pients who are at least nineteen but less than twenty-one years of age must	
3		rece	ive coverage through traditional medical assistance.	
4	<u>4.</u>	_The	department shall implement the expansion by bidding through private carriers or	٢
5	1	utili	ring the health insurance exchange.	
6	<u>5.4.</u>	The	contract between the department and the private carrier must:	
7		a.	Provide a reimbursement methodology for all medications and dispensing fees	
8			which identifies the minimum amount paid to pharmacy providers for each	
9			medication. The reimbursement methodology, at a minimum, must:	
10			(1) Be available on the department's website; and	
11			(2) Encompass all types of pharmacy providers regardless of whether the	
12			pharmacy benefits are being paid through the private carrier or contractor	or
13			subcontractor of the private carrier under this section.	
14		b.	Provide full transparency of all costs and all rebates in aggregate.	
15		C.	Allow an individual to obtain medication from a pharmacy that provides mail ord	ler
16	1		service; however, the contract may not require mail order to be the sole method	ł
17			of service and must allow for all contracted pharmacy providers to dispense any	<u>/_</u>
18			and all drugs included in the benefit plan and allowed under the pharmacy	
19			provider's license.	
20		d.	Ensure that pharmacy services obtained in jurisdictions other than this state and	d
21			its three contiguous states are subject to prior authorization and reporting to the	,
22			department for eligibility verification.	
23		e.	Ensure the payments to pharmacy providers do not include a required payback	
24			amount to the private carrier or one of the private carrier's contractors or	
25			subcontractors which is not representative of the amounts allowed under the	
26			reimbursement methodology provided in subdivision a.	
27		f.	Any	
28	6. 5.	<u>The</u>	contract between the department and the private carrier must provide the	
29		<u>dep</u>	artment with full access to provider reimbursement rates. The department shall	
30		con	sider provider reimbursement rate information in selecting a private carrier under	_

this section. Before August first of each even-numbered year, the department shall

submit a report to the legislative management regarding provider reimbursement rates under the medical assistance expansion program. This report may provide cumulative data and trend data but may not disclose identifiable provider reimbursement rates.

7.6. Provider reimbursement rate information received by the department under this section and any information provided to the department of human services or any audit firm by a pharmacy benefit manager under this section is confidential under section 44-04-17.1, except the department may use the reimbursement rate information to prepare the report to the legislative management as required under this section.

SECTION 39. AMENDMENT. Subsection 1 of section 54-27-25 of the North Dakota Century Code is amended and reenacted as follows:

- There is created in the state treasury a tobacco settlement trust fund. The fund consists of the tobacco settlement dollars obtained by the state under subsection IX(c) (1) of the master settlement agreement and consent agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Except as provided in subsection 2, moneys received by the state under subsection IX(c)(1) must be deposited in the fund. Interest earned on the fund must be credited to the fund and deposited in the fund. The principal and interest of the fund may be appropriated to the attorney general for the purpose of enforcing the master settlement agreement and any disputes with the agreement. All remaining principal and interest of the fund must be allocated as follows:
 - a. Transfers to a community health trust fund to be administered by the state department of health. The state department of health may use funds as appropriated for community-based public health programs and other public health programs, including programs with emphasis on preventing or reducing tobacco usage in this state. Transfers under this subsection must equal tenfifty-five percent of total annual transfers from the tobacco settlement trust fund of which a minimum of eighty percent must be used for tobacco prevention and control.