2013 HOUSE HUMAN SERVICES

HB 1201

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1201
January 21, 2013
Job 17450

☐ Conference Committee

Kristi Hetzler

Explanation or reason for introduction of bill/resolution:
Relating to medical assistance services provided by physician assistants.

Minutes: Testimony 1,2

Chairman Weisz: Opened the hearing on HB 1201.

Rep. Todd Porter: Introduced and supported the bill.

Rep. Fehr: Do you know if there is a financial implication of the change of medical assistance to include the PA?

Rep. Porter: Would not put into place a duo billing situation. They can do the billing for those services rendered whereas right now in order for reimbursement it would have to go back to the Physician which would have to resubmit the bill under the PA, or it would get denied.

John Olson: Representing ND academy of Physicians Assistance. Right now PA can bill for Medicare services but can't for Medicaid. The Board of Medical Examiners supports this bill. Physician Assistance (PA) is an intracal part of a medical care provider team. They will be able to bill for services and get paid from Medicaid. This bill would help the rural areas by providing care through PA's. The payments will go to the clinics or hospitals they work for. I think HB 1094 went through this committee, it's similar. I'd like to introduce Scott Barry.

Rep. Fehr: Is the primary purposes for access to care beyond reimbursement, satellite/rural clinics?

Olson: I've been told that some facilities won't hire PA because of the lack of reimbursement capabilities, so yes access is on the table.

Scott Barry: A Physician Assistant and also the Chairman of the Legislative Committee for ND Academy of Physician Assistants testified in support of the bill. (See Testimony #1).

15:23 Rep. Mooney: Education factor? What is the difference between the role you play and a nurse practioner? Is there any medical schooling involved/

Barry: What we do is in two years that medical students do in 4. You can't compare to job descriptions. NP are trained under the nursing model, PA are trained under the medical model. The difference is the medical students are going into the nitty gritty, microorganisms.

Rep. Mooney: What is the difference between the two as far as billing is concerned?

Barry: Nothing.

Rep. Mooney: When you are talking reimbursement, are you saying the hospital doesn't get reimbursement?

Barry: Correct.

Rep. Mooney: The PA is getting paid from the hospital they are working for but the hospital is not get reimbursement for PA services?

Barry: Correct.

Rep. Kiefert: What is going to happen is that it will lessen the demand for doctors then. The PA will be able to provide a service and be paid for it, and then there is no more need for a doctor?

Barry: In theory that is correct, but you are still being supervised by a Physician, but he maybe in a different town. The physician can always be consulted with when PA is providing services. That technicality won't change, If it is a new problem with patient, they would need to travel to see the Doctor, I can't refer or be reimbursed for that.

Rep. Kiefert: We are moving towards then are the PA gathering symptoms and then the Doctor will be available to talk to on a TV screen?

Barry: Those are for the more complicated cases that we don't see every day, but yes.

Rep. Fehr: Most providers are under some kind of compensation based on the volume of services and/or incentive program. So the entity that the PA is affiliated with is eating the cost?

Barry: Correct. And by sending a Physician that would be getting reimbursed is still costly because of the compensation and the fact that he could me seeing a bigger volume of people then he would by going to rural areas.

Rep. Fehr: The alternative would be to not send anyone out then?

Barry: Correct:

Rep. Mooney: Have you heard form a doctors association, any input from the Doctors?

Chairman Weisz: We already heard that from Mr. Olson.

25:00 Erik Elkins: Assistant Director of Medical Services Division for DHS: provided information on the bill. (See Testimony #2). Clarification for reimbursement on PA services. A Physician Assistant has always been allowed to be reimbursed under the ND Medicaid program. Initially they needed to bill under the Physicians number with a modifier which told us it was the PA. Recently November 2012 we made the change that we allowed PA to enroll individual so they had their own Medicaid provider number therefore they would be getting reimbursed for Medicaid approved services.

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB1201
January 21, 2013
Job 17452

☐ Conference Committee

Kristie Hetzler

Explanation or reason for introduction of bill/resolution:

Relating to medical assistance services provided by physician assistants.

Minutes:

Chairman Weisz: Opened the meeting on HB 1201. We need to look at the bills we had hearings on.

Rep. Porter: I think it was pretty state forward. They are going live with MIS in April with the testing. They can make payment retro if need be.

Chairman Weisz: I question what difference it would it make?

Rep. Porter: Correct.

Rep. Porter: Do Pass.

Rep. Hofstad: Second.

Rep. Oversen: With their request to delay implementation, do we need change anything with what we are passing?

Chairman Weisz: If they are already allowing PA to be primary care providers and assigning numbers to them, I do not see a need to delay in the programming.

Mooney: When a PA can go through the referral process that in no way removes the Doctor from the process?

Chairman Weisz: Correct. They still work under a physician but would allow them to refer a patient without having to send them back to the supervising physician.

Rep Fehr: If passed does this bill take effect July 1 or August 1?

Chairman Weisz: August 1.

Yes: 12

No: 0

Absent: 1

Carried by: Rep. Anderson

Date: 1-21-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1201

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. PORTER Seconded By Rep. HOFSTAD

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. MOONEY	✓	
VICE-CHAIRMAN HOFSTAD	✓		REP. MUSCHA	✓	
REP. ANDERSON	✓		REP. OVERSEN	✓	
REP. DAMSCHEN	✓				
REP. FEHR	✓				
REP. KIEFERT	A				
REP. LANING	✓				
REP. LOOYSEN	✓				
REP. PORTER	✓				
REP. SILBERNAGEL	✓				

Total (Yes) 12 No 0

Absent 1

Floor Assignment Rep. Anderson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1201: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1201 was placed on the Eleventh order on the calendar.

2013 SENATE HUMAN SERVICES

HB 1201

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

1201
3/18/2013
20055

☐ Conference Committee

Committee Clerk Signature	

Explanation or reason for introduction of bill/resolution:

Relating to medical assistance services provided by physician assistants.

Minutes: See attached testimony.

Chairwoman J. Lee. Opens the public hearing for 1201

Rep. Porter District 34 introduces HB 1201 to the committee, and is in favor of the bill. This bill is to further correct how we bill medical assistance program. (Ends 3:30) **Chairwoman J. Lee** asks for clarification on reimbursement. There is discussion about physician's assistants and nurse practitioners. **Senator Dever** asked about rural settings.

John Olson ND academy of physician assistants, and with the ND board examiners. Testifies in favor of HB 1201. **Chairwoman J. lee** that there is no miss understanding with the way this bill is stated about the continuing need with a collaborative agreement with PA's and MD's.

Scott Berry testifies in favor HB 1201. See attached testimony **#**1. **Chairwoman J. lee**: asks about education program.

Cheryl Ulven: academy of physician assistance. Testifies in favor of HB 1201. We are trying not to work against each other or goal as provides work together in a joint effort to provide access to healthcare, in a timely manner, close to home. When we can't get reimbursement for primary problems it's difficult. We are not trying to be primary care provider and work alone we love our working relationship with our physicians. The ND Board of Medical Examiners is fully behind us. It's simply a financial situation for our health care systems that we work for. Ms. Ulven discusses reimbursement for services. . **Senator Larsen** asks for clarification on education.

There is no testimony for opposition to HB 1201

Erick Elkins Assistant Director of the Medical Services Division, for the Department of Human Services. Testified Neutral for HB 1201. See Attachment #2. **Senator Axness**, asked about the October 2013 date for the MMIS? **Chairwoman J. Lee**. Asked about their

Medicaid numbers being added to the system. **Senator Larsen**, asked about procedure billing.

There is no other testimony

J lee closes the public hearing on HB 1201

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

1201
3-19-2013
20191

☐ Conference Committee

Committee Clerk Signature	

Explanation or reason for introduction of bill/resolution:

"Click here to type reason for introduction of bill/resolution"

Minutes:

You may make reference to "attached testimony."

Chairwoman J. Lee opens committee discussion on HB 1201

Chairwoman J. Lee Discusses about retroactive payment if we waited until October 1st, but it's not that simple.

Erik Elkins DHS: Discusses about the claims and the system changes. **Senator Anderson** asks if there should be a specific date for implantation that says October 1.

There is a discussion about when the bill would go to effect, and the MMIS.

Maggie Anderson is recognized and Discusses having a specific date for MMIS system. Ms. Anderson also refers to effective language in Bill 2024.

There is discussion about proposed amendment and the date.

Senator Larsen motions to Adopt Amendment

Senator Anderson seconds.

There is more discussion about the language of the amendment, and the implementation date.

The amendment Passes 5-0

The committee looks and discusses the amendment.

Senator Anderson Motions for a Do Pass as Amended.

Senator Larsen Seconds

Do Pass as amended. 5-0-0

Senator Axness will carry.

13.0498.01001
Title.02000

Adopted by the Human Services Committee

March 19, 2013

3/19/13

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1201

Page 1, line 2, after "assistants" insert "; and to provide an effective date"

Page 1, after line 13, insert:

"**SECTION 2. EFFECTIVE DATE.** This Act becomes effective on the date the director of the department of human services certifies to the secretary of state and the legislative council that the department has completed implementation of the medicaid management information system."

Renumber accordingly

Date: 3-19-13
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1201

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen Larsen Seconded By Sen. Anderson

Senators	Yes	No	Senator	Yes	No
Chariman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Provide an Effective Date

Date: 3-19-13
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1201

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 13.0498.01001 Title 02000

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen Anderson Seconded By Sen. larsen

Senators	Yes	No	Senator	Yes	No
Chariman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent

Floor Assignment Sen Axness

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1201: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1201 was placed on the Sixth order on the calendar.

Page 1, line 2, after "assistants" insert "; and to provide an effective date"

Page 1, after line 13, insert:

"**SECTION 2. EFFECTIVE DATE.** This Act becomes effective on the date the director of the department of human services certifies to the secretary of state and the legislative council that the department has completed implementation of the medicaid management information system."

Renumber accordingly

2013 TESTIMONY

HB 1201

#1

North Dakota Physician Assistants becoming Medicaid Primary Care Providers

Madam Chairperson and Ladies and Gentlemen of the Committee,

My name is Scott Barry; I am a Physician Assistant (PA), and also the Chairman of the Legislative Committee for the North Dakota Academy of Physician Assistants (NDAPA). I am in favor of Bill HB1201. This bill is significant to maintain patient access to medical care in rural North Dakota and to provide reimbursement for services.

There is language as part of the Patient Protection and Affordable Care Act that suggests that all healthcare professionals who order or refer under a state Medicaid plan should be enrolled.

32 States have already approved bills permitting Physician Assistant's to be designated as Medicaid Primary Care providers. None of these states have altered the PA/Physician team relationship and/or supervisory role of the physician.

One aspect of HB1201 would make it possible for PA's to arrange referrals for patients, which they are not currently allowed to do, since they are not considered Medicaid Primary Care providers. PA's are currently not allowed to address new medical problems for Medicaid patients. This creates a decrease in access to medical care. These two situations currently burden patients by requiring them to wait for an appointment to see a physician; even if they routinely see a PA for

medical care. The problem has become so significant that Trinity (Minot), Sanford (System) and St. Alexis Healthcare Systems are noted to have significant reimbursement issues with Medicaid. Trinity has made the choice to not hire PA's due to the fact they are not reimbursed by Medicaid. *(See Email/discuss Cindy's Medicaid issue).

As evidenced by other states, HB1201 would not in any way affect the professional relationship between PA's and their Supervising Physician in North Dakota.

The average length of a PA education program is 24- 27 months. The first year is broad in basic sciences including anatomy and pathophysiology, medical principles with a focus on their clinical applicability, EKG interpretation, analyzing lab and radiology results, and pharmacology applications. The second year PA students complete over 2,000 supervised hours in various clinical rotations including outpatient and inpatient scenarios. These clinical rotations include family practice and internal medicine, obstetrics and gynecology, pediatrics, mental health, general surgery, and emergency medicine. This is not an all-inclusive list. Four-fifths of PA programs offer a Master's degree in the U.S, and by 2016 all PA programs will be Master's prepared. Currently there are approximately 290 practicing PA's in the state of North Dakota. 40% of these practicing PAs are in a rural setting.

Nurse Practitioners already have billing privileges; I would like to note that in the medical community, the Advanced Practice Providers (NP and PA's) have the same job description in the clinical setting. Health care systems advertise for NP/

PA's. Our roles are vital for providing quality medical care, and to ease the shortage of primary care medical providers in rural communities.

Thank you for your time and attention to this issue.

Respectfully Submitted,

Scott Barry, PA-C

Quoting "Shar M. Grigsby" <Shar.Grigsby@trinityhealth.org>:

Dustin Hager [mailto:dhager@medicine.nodak.edu]

"Hi Dustin - I wanted to make sure I got back with you even if its just an update. There are some reimbursement issues with Medicaid for services provided by PA's versus FNP's. We don't see this getting sorted out or changed in the near future. As a result, we have not been hiring PA's in our care system. However, we have required current data to determine just how much of the payor mix in Kenmare is Medicaid. As soon as I have a solid answer, I will be sure to contact you. In the mean time, if you would like to forward your wife's resume, please feel free to do so.

Shar Grigsby

701-857-7860"

Permission granted to use above information from Mr. Dustin Hager, copied as sent.

#2

Testimony
House Bill 1201 – Department of Human Services
House Human Services Committee
Representative Robin Weisz, Chairman
January 21, 2013

Chairman Weisz, members of the House Human Services Committee, I am Erik Elkins, Assistant Director of the Medical Services Division, for the Department of Human Services (Department). I am here today to provide information on House Bill 1201.

This bill would require the North Dakota Medicaid program to exercise the state option and allow physician assistants to be primary care case managers for North Dakota Medicaid recipients. Federal Regulations (42 CFR 438.2) currently allow physician assistants to serve as primary care case managers:

> (42 CFR 438.2) Definitions: Primary care case manager (PCCM) means a physician, a physician group practice, an entity that employs or arranges with physicians to furnish primary care case management services or, at State option, any of the following:
>
> (1) A physician assistant.
> (2) A nurse practitioner.
> (3) A certified nurse-midwife.

In order to accommodate the selection of a physician assistant, the Department would need to either modify the current (legacy) Medicaid Management Information System (MMIS) or delay implementation until the new MMIS is in production, which is scheduled for October 2013;

therefore, the Department is requesting a delayed implementation until the legacy MMIS changes can be made or until the new MMIS "goes live."

I would be happy to answer any questions that you may have.

North Dakota Physician Assistants becoming Medicaid Primary Care Providers

1

Madam Chairperson and Ladies and Gentlemen of the Committee,

My name is Scott Barry; I am a Physician Assistant (PA), and also the Chairman of the Legislative Committee for the North Dakota Academy of Physician Assistants (NDAPA). I am representing the NDAPA and we are in favor of Bill HB1201. This bill is significant to maintain patient access to medical care in rural North Dakota and to provide reimbursement for those services.

I believe an important part is that there is language as part of the Patient Protection and Affordable Care Act that suggests that all healthcare professionals who order or refer under a state Medicaid plan should be enrolled.

32 States have already approved bills permitting Physician Assistant's to be designated as Medicaid Primary Care providers. None of these states have altered the PA/Physician team relationship and/or supervisory role of the physician.

One aspect of HB1201 would make it possible for PA's to arrange referrals for patients, which they are not currently allowed to do, since they are not considered Medicaid Primary Care providers. PA's are currently not allowed to address and get reimbursed for a new medical problems or make referrals to specialists for Medicaid patients. This creates a decrease in access to medical care. These two

situations currently burden patients by requiring them to wait for an appointment to see a physician; even if they routinely see a PA for medical care.

As evidenced by other states, HB1201 would not in any way affect the professional relationship between PA's and their Supervising Physician in North Dakota. As John stated The Board of Medical Examiners fully support .our asking this bill to pass

The average length of a PA education program is 24- 27 months. The first year is broad in basic sciences including anatomy and pathophysiology, medical principles with a focus on their clinical applicability, EKG interpretation, analyzing lab and radiology results, and pharmacology applications. The second year PA students complete over 2,000 supervised clinical hours in various clinical rotations including outpatient and inpatient scenarios. These clinical rotations include family practice and internal medicine, obstetrics and gynecology, pediatrics, mental health, general surgery, and emergency medicine. This is not an all-inclusive list. Four-fifths of PA programs offer a Master's degree in the U.S, and by 2016 all PA programs will be Master's prepared. PA have 2000-2200 hrs of Lectures followed by 2000-2600 Clinical hrs. Nurse Practitioners have 500-1500 clinical hours and 800-1600 lecture hours.

Currently there are approximately 290 practicing PA's in the state of North Dakota. 40% of these practicing PAs are in a rural setting.

Nurse Practitioners are Medicaid Primary Care Providers; This in fact gives the NP's an advantage for jobs in the rural areas to the point of Trinity not hiring PAs as noted by the letter attached. I would like to note that in the medical community, the Advanced Practice Providers (NP and PA's) often do the same types of patient care and work and have the same type of job description in the clinical setting. Health care systems advertise for NP/ PA's. Our roles are vital for providing quality medical care, and to ease the shortage of primary care medical providers in rural communities. Thank you for your time and attention to this issue.

Respectfully Submitted,

Scott Barry, PA-C

1

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Shar Grigsby

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2)

Testimony
House Bill 1201 – Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman
March 18, 2013

Chairman Lee, members of the Senate Human Services Committee, I am Erik Elkins, Assistant Director of the Medical Services Division, for the Department of Human Services (Department). I am here today to provide information on House Bill 1201.

This bill would require the North Dakota Medicaid program to exercise the state option and allow physician assistants to be primary care case managers for North Dakota Medicaid recipients. Federal Regulations (42 CFR 438.2) currently allow physician assistants to serve as primary care case managers:

> (42 CFR 438.2) Definitions: Primary care case manager (PCCM) means a physician, a physician group practice, an entity that employs or arranges with physicians to furnish primary care case management services or, at State option, any of the following:
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In order to accommodate the selection of a physician assistant, the Department would need to either modify the current (legacy) Medicaid Management Information System (MMIS) or delay implementation until the new MMIS is in production, which is scheduled for October 2013; therefore, the Department is requesting a delayed implementation until the legacy MMIS changes can be made or until the new MMIS "goes live."

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