

FISCAL NOTE
Requested by Legislative Council
12/20/2014

Bill/Resolution No.: HB 1115

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$495,000		\$660,000	
Appropriations					\$660,000	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This Bill creates a state behavioral health professional loan repayment program to be administered by the Department of Health (DoH).

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 provides for state loan repayment to those professionals practicing in behavioral health. The fiscal impact of the legislation is dependent upon the number of recipients selected by the State Health Council to participate in the program which is further dependent upon the amount appropriated each legislative session.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*
- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Each clinical psychologist selected to participate is limited to a ninety thousand dollar maximum loan repayment to be paid over a two-year period.

Each licensed social worker, licensed professional counselor, licensed addiction counselor, advanced practice registered nurse, registered nurse, specialty practical nurse, or licensed practical nurse practicing in the behavioral health field selected to participate is limited to a sixty thousand dollar maximum loan repayment to be paid over a two-year period.

For the 2015 – 2017 - 1 participant each year of the biennium has been included in the DoH's appropriation bill for a

clinical psychologist at an expense of \$135,000.

For the 2015 – 2017 - 4 participants each year of the biennium have been included in the DoH's appropriation bill for the remaining disciplines at an expense of \$360,000.

The expenditures are included in the grants line item.

The estimate for the 2017 – 2019 biennium includes the second payment for those loans selected in year 2 of the 2015-17 biennium along with the same number of participants anticipated to be funded as was included in the 2015-17 biennium.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

Funding for the number of participants as outlined in Section 3B has been included the Department's appropriation bill (HB 1004.)

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Agency: Department of Health

Telephone: 328-4542

Date Prepared: 01/02/2015

2015 HOUSE HUMAN SERVICES

HB 1115

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1115
1/12/2015
21851

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to a state behavioral health professional loan repayment program.

Minutes:

Testimony #1 & 2

Chairman Weisz opened the hearing on HB 1115.

Brenda Weisz: Read the testimony of Mary Amundson, ND Dept. of Health. Testified in support of the bill. (See Testimony #1)

Chairman Weisz: (4:30) How much did you state is in the budget?

Brenda Weisz: \$495,000

Chairman Weisz: That is for four of the other professions and one clinical psychologist each year?

Brenda Weisz: That is correct for a total of ten. The first year, the first recipients receive two years of funding. The second year they would receive their first year with a commitment into the next biennial period.

Alex C. Schweitzer, Field Services Director for the Dept. of Human Services: You heard there is a shortage statewide for behavioral health professionals. We have 44 openings in the Dept. of Human Services for behavioral health professionals. Thirty-four of those are in our eight Human Service Centers statewide. Eighteen of those openings are in the west, northwest, and north central regions. Statewide we have seven licensed addiction counselor openings. Four of those are in the west. We also have ten openings at the state hospital for behavioral health professionals. We believe this loan repayment bill will assist us in recruitment.

Chairman Weisz: Do you see a similarity between this and the previous bill?

Alex C. Schweitzer: On HB 1049, in Section 5 the department would administer a program but it is for private providers.

Brad Hawk, Administrator of Indian Health Systems representing ND Indian Affairs Commission testified in support of the bill. (8:10) (See Testimony #2)

Chairman Weisz: Is the scholarship program open to students who are not Native Americans?

Brad Hawk: It is mainly for Native American students.

Jerry Jurena, President of ND Hospital Association: (14:17) Stated his support of the bill.

No Opposition

Chairman Weisz closed the hearing on HB 1115.

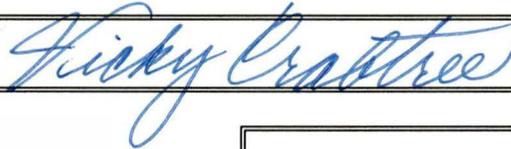
2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1115
2/23/2015
Job 24246

- Subcommittee
 Conference Committee

Committee Clerk Signature



Minutes:

Chairman Weisz: Took up 1115.

Rep. Hofstad: I Motion a Do Not Pass.

Rep. D. Anderson: Second.

Chairman Weisz: Everything that was in 1115 was taken care of in and put in 1396.

ROLL CALL VOTE: 13 y 0 n 0 absent.

MOTION CARRIED

Bill Carrier: Rep. Hofstad.

Date: 2-23-15
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1115

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Rep. Hofstad Seconded By Rep. D. Anderson

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓	✓	Rep. Mooney	✓	✓
Vice-Chair Hofstad	✓	✓	Rep. Muscha	✓	✓
Rep. Bert Anderson	✓	✓	Rep. Oversen	✓	✓
Rep. Dick Anderson	✓	✓			
Rep. Rich S. Becker	✓	✓			
Rep. Damschen	✓	✓			
Rep. Fehr	✓	✓			
Rep. Kiefert	✓	✓			
Rep. Porter	✓	✓			
Rep. Seibel	✓	✓			

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Hofstad

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

REPORT OF STANDING COMMITTEE

HB 1115: Human Services Committee (Rep. Weisz, Chairman) recommends DO NOT PASS (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1115 was placed on the Eleventh order on the calendar.

2015 TESTIMONY

HB 1115

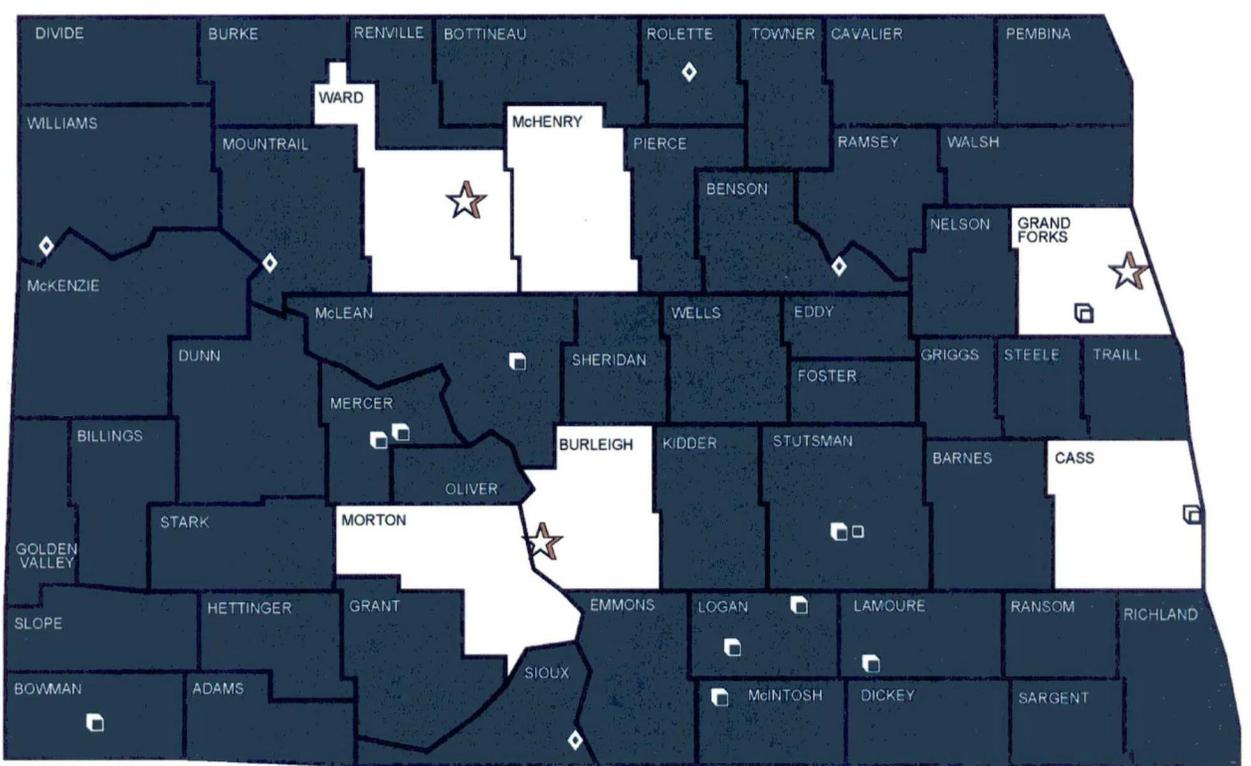
#1
by Brenda Weisz

Testimony
House Bill 1115
House Human Services Committee
Monday, January 12, 2015; 10:30 a.m.
North Dakota Department of Health

Good morning Chairman Weisz and members of the Human Services Committee. My name is Mary Amundson, representing the North Dakota Department of Health (NDDoH) as Director of the Office of Primary Care. I am here today to provide testimony in support of House Bill 1115.

House Bill 1115 creates a new chapter of the North Dakota Century Code (NDCC) to establish a state loan repayment program for behavioral health professionals. Currently 96 percent (51/53) of the counties are partially or fully designated Mental Health Professional Shortage Areas (HPSA).

North Dakota Mental Health Professional Shortage Areas



- Mental Health Professional Shortage Area
- ★ Designated Health & Human Service Centers not located within a current geographic area/region
- ◆ Automatic designated mental health facilities
- ◆ Automatic designated IHS facilities
- ⊕ Designated Correctional Facility
- Designated State Mental Health Facility



9/14

These HPSAs are mostly based on the ratio of psychiatrists to the population. According to North Dakota Board of Medical Examiners licensure data, as of January 2015, only the cities of Dickinson, Minot, Bismarck, Devils Lake, Jamestown, Grand Forks, Fargo and West Fargo are listed as having psychiatrists. Eighty-seven percent of the counties in North Dakota (46/53) have no practicing psychiatrists. Currently 44 vacancies for mental/behavioral health providers exist just within the Department of Human Services. The growing population in Western North Dakota and the disruption of service caused by the closing of some mental health inpatient services at area hospitals has placed a strain on behavioral health services. The goal of establishing this new chapter of NDCC is to place behavioral health care professionals in the areas of greatest need. Loan repayment is an incentive that has proven to be helpful in recruiting health care providers to serve in rural and underserved areas of the state.

The program would extend a maximum loan repayment of \$90,000 to be paid over a two year period for a clinical psychologist. Additionally, the program would allow for a maximum loan repayment of \$60,000 to be paid over a two year period to the following professionals practicing in behavioral health:

- Licensed social worker
- Licensed professional counselor
- Licensed addiction counselor
- Advanced practice registered nurse
- Registered nurse
- Specialty practical nurse
- Licensed practical nurse

To be eligible for the program, the behavioral health professional must be a graduate of an accredited program located in the United States or Canada, must be licensed or registered to practice in this state in the behavioral health profession for which the applicant is applying, and must commit to a minimum of two years of service in the community in which they have submitted their application to serve.

Priority will be given to applicants who have graduated from an accredited program located in the state or are North Dakota residents who graduated from an accredited program in another state or Canada, and who will be practicing in a community that has a population of not more than 15,000.

The fiscal impact of this legislation is dependent upon the number of recipients selected by the State Health Council to participate in the program, which is further dependent upon the amount appropriated each Legislative Session.

The current Executive Budget for the NDDoH contained in House Bill 1004 includes an appropriation of \$495,000. This amount will provide funding for one participant each year of the biennium for a clinical psychologist at an overall expense of \$135,000 along with 4 participants each year of the biennium for the remaining disciplines at an overall expense of \$360,000.

This concludes my presentation. I am happy to answer any questions you may have.

Testimony
House Bill 1115
House Human Services Committee
Monday, January 12, 2015; 10:30 a.m.
North Dakota Indian Affairs Commission

Good morning Chairman Weisz and members of the Human Services Committee. My name is Brad Hawk, representing the ND Indian Affairs Commission as Indian Health Systems Administrator. I am here today to provide testimony in support of House Bill 1115.

The Indian Health Service Great Plains Area (formerly Aberdeen Area) currently has 15 mental health/social service programs and 29 substance abuse programs. The Area has one Youth Regional Treatment Center, an Adult Drug Dependency Unit (DDU), and an Inpatient Psychiatric Unit. The administration of these three facilities, as well as direction for the Area Behavioral Health Program, occurs under the supervision of the Deputy Area Director for Behavioral Health, Great Plains Area Office. Personnel for these programs include psychologists, social workers, mental health specialists, alcohol and drug counselors, psychiatric nurse practitioners, mental health technicians, social service representatives, and support staff. This gives you a basic idea of what the Indian Health Service is currently doing to try and meet the behavioral health needs.

There are some good projects going on in the IHS system to help fill the need for behavioral health. Many times this is not enough. Tribal communities have demonstrated that the need for additional health care services is needed for their communities. Funding for all health care services is drastically lower than other groups in the US. Behavioral health needs in Indian Country is substantial. I feel that a loan repayment program will help students strive to achieve a behavioral health professional degree.

Based on previous testimony there is a need for behavioral health professionals throughout the state. Tribal communities also have a need for behavioral health

professionals. Many of the Tribal communities are rural and it is difficult to attract quality professionals in multiple areas. Each Tribe has different issues that makes it difficult to keep professionals. With Medicaid/Medicaid Expansion there is more ways to get reimbursement for behavioral health services, and this would allow the IHS facilities to get third party funding to help attract more professionals.

I have recently talked with a former colleague that has graduated from the Indians into Psychology program from the University of North Dakota. I want to talk about the different options for a Native American student to reach for a behavioral health degree. I asked this individual to explain the program and what it has cost her to attain a doctorate degree. There are different funding sources that a student can apply for and help offset some of the costs to attend college.

One option would be to utilize the Indian Health Service scholarships. The program is open to multiple health care fields. This program has some stipulations. If a student decides to apply for this scholarship and is awarded, the first year that a student is awarded a scholarship means that this student will have to work 2 years in the IHS system. Each year after, will be an additional year. The person I talked with explained that it is a good scholarship program but many times this can be a turn off for students to not have the freedom to choose where they would like to work after they graduate.

The next option could be a Tribal Higher Education scholarship funds, but each Tribe has different funding levels and rules. Many times the funding for post graduate students is not available and they get left behind because funding maybe allocated to undergraduate students.

Another area is working during their education experience. There are some graduate assistant positions at the university, but getting one of these is not a guarantee. The UND program requires the students to work at a worksite placement to gain experience. If a student in this program wants to work in a Tribal community they will have to travel to Red Lake Nation in MN, Spirit Lake Nation in Fort Totten, or Turtle Mountain Band of

Chippewa in Belcourt, ND to gain this experience. Many times the student will have to cover expenses.

For each Tribal student looking to attend a behavioral health advanced degree will have some options for funding, but a lot of the time they will use student loans to pay.

I hope this gives you an idea of what a Native American student may have to work with to get an advanced degree in the behavioral health program. The funding for a student is limited and if this loan repayment program becomes a reality, I believe that this would make it more attractive for prospective students to choose the behavioral health field. More professionals in the state of ND will also increase the number of providers that could potentially work in our rural communities.

This concludes my presentation. I am happy to answer any questions you may have.