

2023 HOUSE HUMAN SERVICES

HB 1530

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1530
1/31/2023

A BILL for an Act to create and enact a new section to chapter 50-24.1 of the North Dakota Century Code, relating to covered services for medical assistance.

Chairman Weisz called the meeting to order at 9:37 AM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich.

Absent: Representative Davis

Discussion Topics:

- Services people want covered by Medicaid
- Rubric developed to access need
- Medicaid expansion
- ABA therapy for autism
- Strategies to support youth in need
- Dental care accessibility
- Applied behavior analysis (ABA)

Courtney Koebele, Chair of the Codes and Services Subcommittee, for ND Medicaid and Medical Advisory committee, testified in favor of HB 1530, #17999, #18000.

Rebecca Parisien, Behavior Analyst at Anne Carlson, testified in favor of HB 1530, #18045.

Vicki Peterson, Family Consultant for Family Voices of ND, testified in favor of HB 1530, #18124.

William Sherwin, ND Dental Association, spoke in favor of HB 1530.

Meagan Hoehn, Blue Cross Blue Shield of ND, spoke in opposition to HB 1530.

Additional written testimony:

Cristine Deaver, certified Behavioral Analyst, #18003, #18012, #18011

Katherine Terras, education consultant, Certification Central, #18065.

Chairman Weisz adjourned the meeting at 10:13 AM.

Phillip Jacobs, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1530
2/6/2023

Relating to covered services for medical assistance.

Chairman Weisz called the meeting to order at 4:12 PM

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

Discussion Topics:

- Committee action
- Amendment (23.1085.01001)

Representative Porter moves to amendment (23.1085.01001)

Representative Beltz seconds motion on HB 1530

Roll call vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	N
Representative Gretchen Dobervich	N
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion carries 12-2-0

Representative Beltz moved a do pass as amended and rereferred to appropriations.

Representative McLeod seconds motion

Roll call vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	N
Representative Karen M. Rohr	Y

Motion carries 13-1-0

Bill Carrier: Representative McLeod

Chairman Weisz adjourned the meeting at 4:27 PM

Phillip Jacobs, Committee Clerk By: Leah Kuball

23.1085.01001
Title.02000

Adopted by the House Human Services
Committee

February 6, 2023

AG
2-6-23
(1-1)

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1530

Page 1, remove lines 20 through 22

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1530: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (13 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). HB 1530 was placed on the Sixth order on the calendar.

Page 1, remove lines 20 through 22

Renumber accordingly

2023 HOUSE APPROPRIATIONS

HB 1530

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Brynhild Haugland Room, State Capitol

HB 1530
2/15/2023

Relating to covered services for medical assistance.
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9:07 AM Chairman Vigesaa- Meeting was called to order and roll call was taken:

Members present; Chairman Vigesaa, Representative Kempenich, Representative B. Anderson, Representative Brandenburg, Representative Hanson, Representative Kreidt, Representative Martinson, Representative Mitskog, Representative Meier, Representative Mock, Representative Monson, Representative Nathe, Representative J. Nelson, Representative O'Brien, Representative Pyle, Representative Richter, Representative Sanford, Representative Schatz, Representative Schobinger, Representative Strinden, Representative G. Stemen and Representative Swiontek.

Members not Present- Representative Bellew

Discussion Topics:

- Extending Medicaid Coverage
- Private Market

Representative Weisz- Introduces the bill.

Krista Fremming Interim Director Medical Services DHHS -Answers committee questions

Representative J. Nelson Move to remove Medicaid expansion in the bill.

Representative J. Nelson – Withdraws his motion, waiting for amendment.

9:25 AM Chairman Vigesaa Closed the meeting for HB 1530

Risa Berube, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee Brynhild Haugland Room, State Capitol

HB 1530
2/16/2023

Relating to covered services for medical assistance.

6:22 PM Chairman Vigesaa- Meeting was called to order and roll call was taken:

Members present; Chairman Vigesaa, Representative Kempenich, Representative B. Anderson, Representative Bellew, Representative Brandenburg, Representative Hanson, Representative Kreidt, Representative Martinson, Representative Mitskog, Representative Meier, Representative Mock, Representative Monson, Representative Nathe, Representative J. Nelson, Representative O'Brien, Representative Pyle, Representative Richter, Representative Sanford, Representative Schatz, Representative Schobinger, Representative Strinden, Representative G. Stemen and Representative Swiontek.

Discussion Topics:

- Amendment

Representative J. Nelson- Explains his amendment 23.1085.02001 (Testimony #21042)

Representative J. Nelson Move to adopt the amendment 23.1085.02001

Representative Kreidt Seconds the motion.

Committee discussion Roll call vote

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	A
Representative Bert Anderson	Y
Representative Larry Bellew	Y
Representative Mike Brandenburg	Y
Representative Karla Rose Hanson	Y
Representative Gary Kreidt	Y
Representative Bob Martinson	Y
Representative Lisa Meier	Y
Representative Alisa Mitskog	Y
Representative Corey Mock	Y
Representative David Monson	Y
Representative Mike Nathe	Y
Representative Jon O. Nelson	Y
Representative Emily O'Brien	Y
Representative Brandy Pyle	Y
Representative David Richter	Y

Representative Mark Sanford	Y
Representative Mike Schatz	Y
Representative Randy A. Schobinger	Y
Representative Greg Stemen	Y
Representative Michelle Strinden	Y
Representative Steve Swiontek	Y

Motion Carries 22-0-1

Representative J. Nelson -Move for a Do Pass as Amended

Representative Nathe- Seconds the motion.

Committee Discussion Roll call vote

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	A
Representative Bert Anderson	Y
Representative Larry Bellew	N
Representative Mike Brandenburg	Y
Representative Karla Rose Hanson	Y
Representative Gary Kreidt	Y
Representative Bob Martinson	Y
Representative Lisa Meier	Y
Representative Alisa Mitskog	Y
Representative Corey Mock	Y
Representative David Monson	Y
Representative Mike Nathe	Y
Representative Jon O. Nelson	Y
Representative Emily O'Brien	Y
Representative Brandy Pyle	Y
Representative David Richter	Y
Representative Mark Sanford	Y
Representative Mike Schatz	Y
Representative Randy A. Schobinger	Y
Representative Greg Stemen	Y
Representative Michelle Strinden	Y
Representative Steve Swiontek	Y

Motion Carries 21-1-1 Representative McLeod will carry the bill.

6:29 PM Chairman Vigesaa Closed the meeting for HB 1530.

Risa Berube, Committee Clerk

HA
2-16-23

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1530

Page 1, line 9, remove ", including Medicaid expansion,"

Page 1, after line 19, insert:

"5. The services identified in subsections 2, 3, and 4 do not apply to Medicaid expansion."

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1530, as engrossed: Appropriations Committee (Rep. Vigesaa, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (21 YEAS, 1 NAY, 1 ABSENT AND NOT VOTING). Engrossed HB 1530 was placed on the Sixth order on the calendar.

Page 1, line 9, remove ". including Medicaid expansion."

Page 1, after line 19, insert:

"5. The services identified in subsections 2, 3, and 4 do not apply to Medicaid expansion."

Renumber accordingly

2023 SENATE HUMAN SERVICES

HB 1530

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1530
3/14/2023

Relating to covered services for medical assistance.

2:42 PM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, and Hogan** are present.

Discussion Topics:

- Medicaid advisory committee
- Codes review
- Subcommittee
- Behavioral challenges
- Brain injuries
- Parenting training

2:43 PM **Courtney Koebele, Chair of the Codes and Services Subcommittee, North Dakota Medical Advisory Committee**, introduced HB 1530 and testified in favor. #24277, 24278

2:47 PM **Vicki Peterson, Family Consultant Family Voices of North Dakota**, testified in favor. #24944

2:56 PM **Rebecca Parisien, Board Certified Behavior Analyst, Anne Carlsen** testified in favor. #24556

3:04 PM **Holly Johnson, Member, North Dakota Association of Behavior Analysis**, testified in favor. #24786

3:14 PM **William Sherwin, Executive Director North Dakota Dental Association**, testified in favor verbally.

3:25 PM **Shelly Peterson, President North Dakota Long Term Association**, testified in favor verbally.

Additional Testimony:

Jordan Lill, Behavioral Health Manager, Pediatric Partners in favor #24453

Dr. Katherine Terras, Educational Consultant, Certification Central in favor #24759

Cristine Deaver, Special Education Program Coordinator, Board Certified Behavioral Analyst in favor #24769

3:27 PM **Madam Chair Lee** adjourned the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1530
3/22/2023

Relating to covered services for medical assistance.
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3:35 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, and Hogan** are present.

Discussion Topics:

- Expansion
- Family support

3:39 PM **Megan Houn, Vice President of Public Policy and Government Affairs, North Dakota Blue Cross and Blue Shield** provided information. No written testimony.

3:48 PM **Madam Chair Lee** adjourned the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1530
3/22/2023

Relating to covered services for medical assistance.

3:58 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston** were present. **Senator Hogan** was absent.

Discussion Topics:

- Diagnosis
- Family support
- Expansion

Senator Lee calls for discussion.

3:59 PM **Krista Freming, Interim Director Medical Services Division, North Dakota Health and Human Services**, provided information. #26373

4:10 PM **Madam Chair Lee** adjourned the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1530
3/27/2023

Relating to covered services for medical assistance.

9:26 AM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, and Hogan** are present.

Discussion Topics:

- Screening assessments
- Preventive
- Better outcomes

Senator Lee calls for discussion.

9:28 AM **Krista Fremming**, provided information, #26664.

9:42 AM **William Sherman, North Dakota Dental Association**, provided additional information verbally.

9:45 AM **Krista Fremming**, provided additional information verbally.

Senator Weston moved **DO PASS** and **RERFER** to **APPROPRIATIONS**.

Senator Clemens seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	N
Senator Kent Weston	Y

The motion passed 5-1-0.

Senator Cleary will carry HB 1530.

9:47 AM **Madam Chair Lee** adjourned the meeting.

Patricia Lahr, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1530, as reengrossed: Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). Reengrossed HB 1530 was rereferred to the **Appropriations Committee**. This bill does not affect workforce development.

2023 SENATE APPROPRIATIONS

HB 1530

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

HB 1530
3/30/2023

A BILL for an Act to create and enact a new section to chapter 50-24.1 of the North Dakota Century Code, relating to covered services for medical assistance.

3:19 PM Chairman Bekkedahl opened the hearing on HB 1530.

Members present: Senators Bekkedahl, Krebsbach, Burckhard, Davison, Dever, Dwyer, Erbele, Kreun, Meyer, Roers, Schaible, Sorvaag, Vedaa, Wanzek, Rust, and Mathern.

Discussion Topics:

- Medical assistance
- Covered expenses

3:19 PM Senator Mathern introduced the bill, testified in favor, no written testimony

3:25 PM Chairman Bekkedahl closed the hearing.

Kathleen Hall, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

HB 1530
4/4/2023

A BILL for an Act relating to covered services for medical assistance.

9:16 AM Chairman Bekkedahl opened the hearing on HB 1530.

Members present: Senators Bekkedahl, Krebsbach, Burckhard, Davison, Dever, Dwyer, Erbele, Kreun, Meyer, Roers, Schaible, Sorvaag, Vedaa, Wanzek, Rust, and Mathern.

Discussion Topics:

- Behavior treatment
- Dental screening
- Parent training program
- Medicaid codes
- Committee action

9:16 AM Senator Davison introduced the bill verbally.

9:18 AM Senator Dever provided additional information on the bill verbally.

9:20 AM Tim Eissinger, Chief Executive Officer Anne Carlson Center, testified in favor verbally.

9:22 AM Courtney Koebele, Lobbyist, ND Medical Association, testified in favor verbally.

9:25 AM Senator Davison moved DO PASS.
Senator Mathern seconded.

Roll call vote.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator David S. Rust	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y

Senate Appropriations Committee
HB 1530
April 4, 2023
Page 2

Motion passed. 16-0-0

Senator Beard will carry the bill.

9:26 AM Chairman Bekkedahl closed the hearing.

Justin Boone on behalf of Kathleen Hall, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1530, as reengrossed: Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **DO PASS** (16 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1530 was placed on the Fourteenth order on the calendar. This bill does not affect workforce development.

TESTIMONY

HB 1530

November 15, 2022

Members of the Appropriations and Human Services Committees
ND Legislative Assembly
North Dakota State Legislature
Bismarck, ND 58505

Dear Legislator:

Federal regulations establish a committee to advise the state's Medicaid agency and its Medicaid director on health and medical care services. The Medicaid Medical Advisory Committee (MMAC) must include board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income population groups and with the resources available and required for their care; members of consumers' groups, including Medicaid beneficiaries, and consumer organizations.

This year, North Dakota's MMAC reconvened its Codes/Services Review sub-committee to offer recommendations to Medicaid for additional coverage for applications for coverage of five different codes and services. That committee consisted of seven members from the MMAC. The MMAC codes and services sub-committee met four times over the course of the summer to review the codes submitted. The committee received expert presentations on all the issues and reviewed the detailed applications and attachments explaining the need for the services. The committee scored each service on seven factors: cost, number of patients impacted, whether it was covered by private insurance, proven efficacy, essential for health and well-being; whether it was a noncovered essential component of a service that is covered by Medicaid; and finally, whether the service is covered by other insurance or organizations.

The committee recommends all proposals be covered; however, they are listed here in rank order:

1. Family Adaptive Behavior Treatment;
1. Dental Screening and Assessment (Tied for First);
2. Dental Case Management
3. Asynchronous Teledentistry and
4. Applied Behavior Analysis Across the Lifespan and for Individuals with a Variety of Diagnoses

This letter is being submitted to you for your review to determine whether you would like to introduce a bill for the 2023 ND Legislative Session.

The committee recommended the following codes/services be approved:

1. Family Adaptive Behavior Treatment and Guidance (CPT code 97156)

Family Adaptive Behavior Treatment and Guidance is an essential component of the Applied Behavioral Analysis (ABA) which primarily serves children with Autism. The Family Adaptive Behavioral code allows providers to educate parents and caregivers to continue to carry out plans and recommendations of ABA providers are currently working on. Without this code it makes it difficult to meet with parents without the child present to review and educate parents and caregivers on the current programing. Parent involvement is a vital part of the ABA program which is directly related to our outcomes for our children with Autism. This code would be utilized one to two times per month for approximately two hours per visit. Currently Medicaid does cover all other codes related to ABA programing including the Assessment, Supervision, Program Modification and Direct Service. CPT code 97156 is covered by all other private insurance.

1. Dental Screening and Assessment of a Patient

Reimbursement for D0190 & D191 have been discussed by stakeholders for years as a strategy to identify individuals needs for additional assessment, diagnostic, and treatment services. D0190 is defined as the screening of a patient (screening, including state or federally mandated screenings) to determine an individual's need to be seen by a dentist for a diagnosis and D0191 includes assessment of a patient (limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury) and the potential need for referral for diagnosis and treatment. The dental office could send in a hygienist to perform preventive services such as; screen/assess, clean, apply sealants, and refer to a dental office the residence/children identified needing diagnosis/oral health treatment from a dentist. The screening and assessment in our communities is how a Dentist effectively incorporates more ND Medicaid patients into their practice, they must obtain reimbursement in their practices for the scale of their services provided.

2. Dental Case Management D9991-D9994

Access to dental care is critical for maintenance of optimal oral health for special populations, including elderly, special needs, medically-fragile, and children. Case management has been accepted as an effective preventive service for a variety of health services for many years. In dentistry, barriers to care can be breached by case management, which is a collaborative process of assessment, planning, facilitation, care coordination, and advocacy for options that has been shown to be a cost-effective tool to increase oral health in the Medicaid population. Currently, 7 state Medicaid programs reimburse for dental case management. Motivational interviewing, a key component of case management, has proven to be effective in not only improving dental outcomes, but also improving dental literacy with linkage to a dental home. Case management targets the 20% of the indigent population that does not have a dental

home, and who have the highest risk for dental disease. The process prevents costly dental treatment by linking high-risk patients to care where prevention is maximized.

3. Teledentistry (Asynchronous) D9996

Asynchronous teledentistry, also known as “store and forward” teledentistry, refers to patient/provider interactions that do not occur in real time. A common use of asynchronous interactions is when a health care provider reviews health information or records that have previously been gathered by another professional or allied professional at an earlier time and at a different place than where the records are reviewed. Records, including radiographs and photographs, can be captured directly to the cloud (internet-based servers) and accessed by individuals in multiple locations. Teledentistry can reduce barriers to dental care through outreach programs that connect patients in nursing homes, schools, and other public health locations to dental homes. It can also integrate oral health into general health care settings to identify and refer treatment needs. The establishment of the asynchronous teledentistry code will remove barriers to dental care for those dental patients that have the highest need but currently lowest utilization of dental services.

4. Applied Behavior Analysis Across the Lifespan and for Individuals with a Variety of Diagnoses

North Dakota Medicaid currently reimburses applied behavior analysis as a billable service for children diagnosed with autism spectrum disorder. The North Dakota Association of Behavior Analysis urges ND Medicaid to expand coverage to applied behavior analysis to both assess and treat common behavioral problems across the lifespan for individuals with a variety of psychological and medical diagnoses. Peer-reviewed research and case studies have demonstrated that the implementation of behavior analytic treatments have remediated, and effectively treated symptomatology related to developmental/dental/medical/psychological/cognitive disorders for pediatric, adult and geriatric populations.

Sincerely,

North Dakota Medicaid Medical Advisory Committee
Codes/Services Subcommittee

Donene Feist, Elizabeth Larson-Steckler, Bobbie Will, Joan Connell, MD, Stephen Olson, William Sherwin and Courtney Koebele (chair).

House Human Services Committee
HB 1530
January 31, 2023

Chairman Weisz and Committee Members, I am Courtney Koebele, the chair of the Codes and Services Subcommittee for the North Dakota Medicaid Medical Advisory Committee (MMAC).

Federal regulations established a committee to advise the state's Medicaid agency and its Medicaid director on health and medical care services. This committee is called the Medicaid Medical Advisory Committee (MMAC).

As in last session, this year, North Dakota's MMAC created a Codes and Services Review sub-committee to offer recommendations to Medicaid for additional coverage for applications for coverage of five different codes and services. That committee consisted of seven members from the MMAC. The MMAC codes and services sub-committee met four times over the course of the summer to review the codes submitted. The committee received expert presentations on all the issues and reviewed the detailed applications and attachments explaining the need for the services. The committee scored each service on seven factors: cost, number of patients impacted, whether it was covered by private insurance, proven efficacy, essential for health and well-being; whether it was a noncovered essential component of a service that is covered by Medicaid; and finally, whether the service is covered by other insurance or organizations.

The committee recommended all proposals be covered; however, they are listed here in rank order:

1. Family Adaptive Behavior Treatment;
1. Dental Screening and Assessment (Tied for First);
2. Dental Case Management
3. Asynchronous Teledentistry and
4. Applied Behavior Analysis Across the Lifespan and for Individuals with a Variety of Diagnoses

I have a letter attached to my testimony that addresses the details of each of the services.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

Chairman Weisz and House Human Services Committee,

I am Cristine Deaver, and I practice as a special education program coordinator and a licensed and board certified behavior analyst in the public school system. I am currently the President of North Dakota Association for Behavior Analysis. I'm in favor of HB 1530 because it provides reimbursement for the Medicaid required parent/caregiver training, it will support services to continue past the age of 21 and it allows Medicaid coverage of behavioral assessment and intervention to individuals with a variety of psychological and medical diagnoses.

Currently, ND Medicaid requires caregiver training but does not provide reimbursement for this service. I am also in support of providing support of behavior analytic services past the age of 21 and to provide Medicaid coverage of behavioral assessment and intervention to individuals with a variety of psychological and medical diagnoses.

While North Dakota Medicaid currently reimburses applied behavior analysis as a service for children diagnosed with Autism Spectrum Disorder, I would like to kindly provide additional information on the use of applied behavior analysis to both assess and treat common behavioral problems across the lifespan for individuals with a variety of psychological and medical diagnoses.

Peer-reviewed research and case studies have demonstrated that the implementation of behavior analytic treatments have effectively treated symptoms related to a variety of developmental, dental, medical, psychological, and cognitive disorders for pediatric, adult, and geriatric populations. Limiting reimbursement to children diagnosed with Autism Spectrum Disorder may prevent necessary and effective treatment that address symptoms related to specific disorders from being used with other populations (individuals with other diagnoses). Several peer-reviewed journals have published demonstrations of effective treatments utilizing behavior analytic principles and techniques to treat a wide-variety of disorders over the lifespan. Such journals include: *Journal of Applied Behavior Analysis*, *Behavior Modification*, *Behavioral Interventions*, *Analysis of Verbal Behavior*, *Autism*, *Autism Research*, *Behavior Analysis in Practice*, *Behavior Analysis: Research and Practice*, *Education and Training in Autism and Developmental Disabilities*, *Journal of Autism and Developmental Disorders*, *Journal of Behavioral Education*, *Journal of Experimental Analysis of Behavior*, *Perspectives on Behavior Science*, *Research in Autism Spectrum Disorders*, *Research in Developmental Disabilities*, and *Clinical Case Studies*.

Applied Behavior Analysis as a treatment has been supported by several organizations that represent individuals across the lifespan for a variety of disorders including *Association of Behavior Analysis International*, *Association of Professional Behavior Analysis*, *American Academy of Pediatrics*, *American Psychological Association*, *National Education Association*, and *Center for Disease Control*.

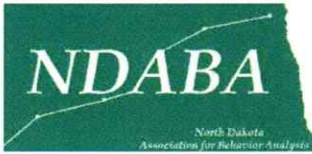
I believe that if age and diagnostic restrictions are removed, more North Dakotans would have access to peer-reviewed and evidence-based practices to learn new skills and enrich the lives of those who receive the service or are currently on waiting lists for services provided by other professionals. Recognizing that behavior analysts can provide effective services may reduce the number of individuals who are experiencing behavior health problems and not currently receiving services do to wait lists. Expanding the populations that could receive ABA services could also increase the urgency of developing, creating, and maintaining necessary training programs for potential behavior technicians,

paraeducators, nursing and dental assistants, general and special educators, and behavior analysts. In doing so, more professionals would be trained in effective behavioral interventions and in turn, North Dakotans would be able to access better behavioral health care.

I politely request that the State acknowledges the scope of behavior analysis as acknowledged by leading national professional organizations and move toward including ABA services across the lifespan and across a variety of populations.

Sincerely,

Cristine Deaver



North Dakota Association for Behavior Analysis

northdakotaaba@gmail.com

http://northdakotaba.org

The **North Dakota Association for Behavior Analysis** represent over 70 Board Certified Behavior Analysts, consumers, students, and healthcare professionals working together to provide behavior analytic services and education to individuals living in North Dakota. Our Membership provide and advocate for medically necessary services to children and adults in school, clinical, community, and home settings throughout North Dakota. Many individuals receiving behavior analytic services are also receiving Medicaid through the North Dakota Medicaid Administration (NDMA). The letter below summarizes specific issues identified by our Membership within the current NDMA fee schedules and billable therapeutic activities that are not comparable to those found in neighboring States and private insurers.

PROBLEM

- Our Membership has found that current NDMA reimbursement for CPT codes are not commensurate to those in neighboring States.
- Review of current reimbursement rates indicate that applied behavior analysis providers in North Dakota are reimbursed at 20% -100% less when compared to neighboring States, and between 20%-50% less than private insurers.
- Our Membership has also found that medically necessary CPT codes are not currently reimbursable, including 97156 and 97157 for Family Adaptive Behavior Treatment. These codes are essential in providing families training on individualized programming for their dependent/child.

SOLUTION

- Our Membership’s goal is to propose commensurate reimbursement rates for CPT covering applied behavior analysis.
 - We are requesting the following reimbursement rates:

	97151	97152	0362T		97153	97154	97155	97156	97157	97158	0373T
	per 15	per 15	per 15		per 15	per 15	per 15	per 15	per 15	per 15	per 15
Current	\$ 28.71	\$ 21.25			\$ 9.87	\$ 2.46	\$ 28.71	NA	NA	NA	\$ 11.75
Proposed	\$ 40.45	\$ 30.34			\$ 15.55	\$ 12.05	\$ 31.58	\$ 34.00	\$ 17.00	\$ 27.50	\$ 18.04
Change	29%	30%			40%	80%	10%	NA	NA	NA	35%

- Based on our Membership’s research, these rates would be commensurate to neighboring States Medicaid reimbursement rates for each CPT code used.
 - States include Minnesota, South Dakota, Montana, Nebraska, Iowa, and Wisconsin.
- Our Membership is also requesting inclusion of the Family Adaptive Behavior Treatment CPT codes (97156 and 97157) for providers in State to provide reimbursable parent training services to increase usage of effective strategies to teach dependents independent living, communication, leisure, and coping skills related to the referral problem.
 - Many insurers in North Dakota and throughout the Country cover these codes.
 - Without the Family Adaptive Behavior Treatment CPT codes there is an unnecessary barrier to care that makes it difficult to provide families vital information, training, and practice.
 - Common utilization of this code would be one or two one-hour visits per month.
- We as an Association believe strongly that its Membership can provide the medically necessary treatment to teach our clients skills that work toward independent living that will benefit the Citizens of North Dakota. NDABA and ABA providers throughout the State would be able to provide greater quality services for more North Dakotans, as well as continue to recruit and develop behavioral technicians and Board Certified Behavior Analysts that are essential to care.

Our Membership thanks you for reading our letter, considering our problems and solutions to remedy these problem areas. Our Membership looks forward to working with Representatives and Senators on finding solutions to these issues.

Respectfully,

The North Dakota Association for Behavior Analysis and Its Membership
 [Membership signatures attached.]

Medicaid Rate and Service Proposal

Easily customize this template to fit any event! Replace these instructions with additional details for your event, such as practice times and volunteer information.



NO.	DATE	NAME	ADDRESS	PHONE	BCBA LICENSE NUMBER	ND LICENSE NUMBER	SIGNATURE	
01	4/11/22	Jackie Traudman	1529 5th Ave SW Jamestown, ND	367-0956	L34	1-18-29443	Jackie Traudman	
02	4/11/22	Patrice Ken	4412 17th St S Mandan, ND	7013206796	L23	1-15-20709	Patrice Ken	
03	4/11/22	Dana Schlecht	4540 50 1/2 St SE Fargo, ND	701-680-2149	L48	1-19-37380	Dana Schlecht	
04	4/11/22	Mexis Berg	3625 20th St S Fargo, ND	701-724-0744	L76	1-21-48862	Mexis Berg	
05	4-11-22	Amber Brown	2501 S. Ridge Fargo, ND	701-537-8810	L014	1-09-5020	Amber Brown	
06	4/11/2022	Amy Sippel	514 Magne Ave St Paul ND	701-610-6396		1-17-2752	Amy Sippel	
07	4/11/22	Suzanne Cowan	1014 University Dr S Fargo, ND	701-580-3103	L08	1-20-45980	Suzanne Cowan	
08	4/11/22	Jacquelyn Mahoney	2100 Northwind Dr Bismarck, ND	701-580-0137	L37	1-16-23308	Jacquelyn Mahoney	
09	4/11/22							
10	4-11-22	Presley Wanner	4906 28th Ave S #325, Fargo, ND	701-306-2107		1-20-446622	Presley Wanner	
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12	4/11/22	Maria Leidhoff	605 18th St SW				Maria Leidhoff	
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14	4/11/22	Pachell Peter Sm	3105 20th St N Hawley, MN	507-491-4691			Pachell Peter Sm	
15	4/11/22	Skylar Keiff	765 Horizon Cir Grand Forks, ND	701-780-3833		1-19-3833	Skylar Keiff	
16	4/11/22	Jamie Walker-Fulker	374 McTish Ave White Earth, ND	253-387-1874	L73	1-21-48203	Jamie Walker-Fulker	
17	4/11/22	Rebecca Parisien	403 13th St NW Mandan, ND	701-880-0010	L85	1-21-51334	Rebecca Parisien	
18	4/11/22	Katie Olson	602 21st Ave S Fargo, ND	701-580-5554		58103	Katie Olson	
19	4/11/22	Ashley Weinlaender	15910 71st St NE Benton, ND				Ashley Weinlaender	
20	4/11/22	Maria Sippel	5149 West Plum Dr Grand Forks, ND			58203	Maria Sippel	
21	4/11/22	Angela Portvrett	736 48th St S Fargo, ND	701-730-4598		L3	Angela Portvrett	
22	4/11/22	Erin Stephany	5657th New West Fargo ND	701-580-2616		58078	Erin Stephany	
23	4/11/22	Paul D Kolsice, PhD	1004 Darwin Dr Grand Forks, ND	701-772-1331		701-333	Paul D Kolsice, PhD	
24	04/11/2022	Caroline Hanekamp	930 68th St NW Mundak, ND			L09	1-20-42989	Caroline Hanekamp
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Medicaid Rate and Service Proposal

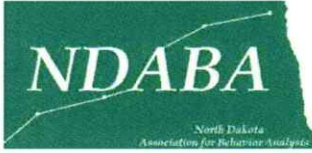
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NO.	DATE	NAME	ADDRESS	PHONE	BCBA LICENSE NUMBER	ND LICENSE NUMBER	SIGNATURE	
01	04/11/2022	Dr Jordan Lil	708 30th Ter E, WF, ND	515-231-8369	1-14-15668	L72		
02	4/11/22	Allison Smith	2405 W. G. Dr. S., Fargo, ND	701-238-3930	1-14-17127	L20		
03	4/11/22	Brandon Germain						
04	4/11/22	Erin Heck	1520 2nd Ave N, West Fargo		1-22-44751			
05	4/11/2022	Jolynn Lentz			1-22-58154			
06	4/11/2022	McKenzie Hustrad	1520 2nd Ave N West Fargo		1-22-58551			
07	4/11/2022	Matthew Ashburn	374 Spruce St Moorhead		1-21-51303	94		
08	4/11/22	Loren Hale	4518 E Calgary Ave Bismark, ND		1-21-48950	L77		
09	4/11/22	Kaitlyn Kudrna	2910 Hwy B3 Wilton ND		58579	1-14-38855	L54	
10	4/11/22	Jay Ann	1401 11th St Bismarck, ND		58501	1-15-19888	L77	
11	4/11/22	Cristine Deaver	11747 38th St SE Valley City, ND		701-710-0800	1-14-34687	L42	
12	4/11/22	Jenna Weisz	870 Pheasant Run Ave Dickinson, ND		58601			
13	4/11/22	Blake Peterson	664 N. 3rd St. Wahpeton, ND		58275	1-14-8551	L4	
14	4/11/22	Olyssa Sues	420 East Hill Court Williston ND		58601	1149538		
15	4/11/22	Teresa Ekren	1063 42nd Ave W West Fargo ND		1-14-36522			
16	4/11/22	Amanda Cross	764 3rd Ave SW Dickinson, ND			L70		
17	4/11/22	Ruth Sebarstam	6601 N. 7th St, Moorhead, MN	error				
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Medicaid Rate and Service Proposal

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NO.	DATE	NAME	ADDRESS	PHONE	BCBA LICENSE NUMBER	ND LICENSE NUMBER	SIGNATURE	
01	4-11-22	Morgan Braton	4924 47th St S Apt 107 Fargo ND	218-329-0034	1-18-29865	L32	<i>Morgan Braton</i>	
02	4-11-22	Cassandra Weatherly	1202 512th Grand Forks ND	763-257-3969	1-24-49202	L79	<i>Cassandra Weatherly</i>	
03	4-11-22	Alexandra Flynn	5729 Cavanna St GF ND	701-215-2112	1-21-48688	L80	<i>Alexandra Flynn</i>	
04	4-11-22	Hannah Korman	208 E Greenfield Bismarck ND	701-600-0207	1-14-10174	L16	<i>Hannah Korman</i>	
05	4/11/22	Toby Trantvet	2525 Chestnut St GF ND	701-491-2510			<i>Toby Trantvet</i>	
06	4/11/22	Britney Hansen	5824 58th St S GF ND	701-680-881	1-18-2975	L33	<i>Britney Hansen</i>	
07	4/11/22	Jenya Martell	1118 19th St N Fargo ND	701-766-0993			<i>Jenya Martell</i>	
08	4-11-22	Kim Odegaard	3155 49th St S Fargo ND	58104	701-429-8022		<i>Kim Odegaard</i>	
09	4/11/22	Jelisa Phyllipi	1611 18th St S Moorhead MN		1-17-28640	L36	<i>Jelisa Phyllipi</i>	
10	4/11/22	Jarrod Erdman	221 38th Ave Cir S, Mhd MN		1-19-39460	-	<i>Jarrod Erdman</i>	
11	4-11-22	Evan Borisikoff	2813 Grey Eagle Pass Minot ND	701-240-9595		L29	<i>Evan Borisikoff</i>	
12	11-11-22	Holly Johnson	1129 42nd St SE, Minot, ND		1-14-15198	L15	<i>Holly Johnson</i>	
13	4-11-22	Heidi Schultz	87 5th St E Haza, ND	58047	218-282-0373	1-18-33229	L41	<i>Heidi Schultz</i>
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North Dakota Association for Behavior Analysis

northdakotaaba@gmail.com

<http://northdakotaba.org>

While North Dakota Medicaid currently reimburses applied behavior analysis as a billable service for children diagnosed with autism spectrum disorder, the **North Dakota Association of Behavior Analysis** and its Membership are writing to kindly provide additional information on the usage of applied behavior analysis to both assess and treat common behavioral problems across the lifespan for individuals with a variety of psychological and medical diagnoses.

Peer-reviewed research and case studies have demonstrated that the implementation of behavior analytic treatments have remediated, and effectively treated symptomology related to developmental/dental/medical/psychological/cognitive disorders for pediatric, adult, and geriatric populations. Limiting reimbursement to children diagnosed with autism spectrum disorder may prevent medically-necessary and efficacious treatment that address improvement of symptomology related to specific disorders. Several peer-reviewed journals have published demonstrations of efficacious treatment utilizing behavior analytic principles and techniques to treat a wide-variety of disorders over the lifespan. Such journals include: *Journal of Applied Behavior Analysis*, *Behavior Modification*, *Behavioral Interventions*, *Analysis of Verbal Behavior*, *Autism*, *Autism Research*, *Behavior Analysis in Practice*, *Behavior Analysis: Research and Practice*, *Education and Training in Autism and Developmental Disabilities*, *Journal of Autism and Developmental Disorders*, *Journal of Behavioral Education*, *Journal of Experimental Analysis of Behavior*, *Perspectives on Behavior Science*, *Research in Autism Spectrum Disorders*, *Research in Developmental Disabilities*, and *Clinical Case Studies*. Applied behavior analysis as a treatment has been supported by several organizations that represent individuals across the lifespan for a variety of disorders including *Association of Behavior Analysis International*, *Association of Professional Behavior Analysis*, *American Academy of Pediatrics*, *American Psychological Association*, *National Education Association*, and *Center for Disease Control*.

The **North Dakota Association of Behavior Analysis** and its Membership believe that if age and diagnostic restrictions are removed, thousands of North Dakotans would have access to peer-reviewed and evidence-based practices to habilitate, rehabilitate, and enrich the lives of those who receive the service. Expanding the populations that could receive ABA services could also increase the urgency of developing, creating, and maintaining necessary training programs for potential behavior technicians, paraeducators, nursing and dental assistants, general and special educators, and behavior analysts.

We urgently ask the State to review the scope of behavior analysis and move toward including ABA services across the lifespan and across a variety of diagnoses.

Respectfully,

The North Dakota Association for Behavior Analysis and Its Membership
[Membership signatures attached.]

Applied Behavior Analytic Service Across the Lifespan

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NO.	DATE	NAME	ADDRESS	PHONE	BCBA LICENSE NUMBER	ND LICENSE NUMBER	SIGNATURE	
01	04/11/2022	Jordan Lill	708 30th Ter E, WF, ND	515-237-8369	1-14-15665	L72		
02	4/11/22	Allison Smith	2405 W. Co. Dr. S., Fargo, ND	701-238-3930	1-14-17127	L20		
03	4/11/22	Pruekhan	44121 17th St S, Moorhead, MN	701-320-6746	L23	1-15-20707		
04	4/11/22	McKenzie Hastad	1520 2nd AVE N West Fargo		1-22-58551			
05	4/11/22	Erica Heck	1520 2nd Ave N, West Fargo		1-20-44751			
06	4/11/22	Garrick Leith	304 23rd Ave S, Fargo ND		1-20-4478			
07	4/11/22	Jolynn Lentz			1-22-58154			
08	4/11/22	LOREN Houck	4518 E Calgary Ave, Bismarck, ND	58503	L77	1-21-48950		
09	4/11/22	Taylor Hill	1421 N. 17th St Bismarck ND,	58501	701-885-9096	1-15-14888	L27	
10	4/11/22	Kaitlyn Kudma	2910 Hwy 83 Williston ND	58579	701-527-7709,	1-19-38855	L54	
11	4/11/22	Matthew Ashburn	324 Spruce St Mopleton, ND	58505	1-21-54303	94		
12	4/11/22	Cristine Deaver	11747 38th St SE		1-09-6409	L4		
13	4/11/22	Bruce Peterson	604 N. 32nd St		1-14-4551	L1		
14			Wahpeton, ND 58075					
15	4/11/22	Sara Adams	1421 Stevens Rd SE Osaka, MN 56360		1-19-36580			
16	4/11/22	Jenna Weisz	870 Pleasant Run Ave		1-19-34687	L42		
17	4/11/22	Alyssa Swess	4120 2nd Hillcourt Dickinson, ND 58601		1-14-9538	L56		
18	4/11/22	Teresa Ekron	1063 42nd Ave W West Fargo		1-19-36522	L43		
19	4/11/22	Amanda Cross	764 3rd Ave SW Dickinson, ND	58601	1-20-020	L70		
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Applied Behavior Analytic Service Across the Lifespan

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02	4-11-2022	Alexandra Flynn	5929 L.W. Ann St. Fargo ND	701-215-2112	1-21-48688	L80	<i>Alexandra Flynn</i>
03	4-11-2022	Casandra Weathers	1202 S 12th St Corona Park S ND	763-257-3764	1-21-49202	L79	<i>Casandra Weathers</i>
04	4-11-22	Dana Schlacht	4440 50th St SE Fargo ND	701-600-2499	1-19-37380	L48	<i>Dana Schlacht</i>
05	4-11-22	Brian Hansen	3170 44th Ave S Fargo ND	701-600-8801	1-18-29275	L33	<i>Brian Hansen</i>
06	4/11/22	Toby Tronct	2500 Chestnut St Fargo ND	701-491-2510	1-14-10174	L16	<i>Toby Tronct</i>
07	4/11/22	Jenya Martell	1118 19th St N Fargo ND	(218) 766-0993	1-19-37744	L49	<i>Jenya Martell</i>
08	4/11/22	Jamie Walker-Fuller	317 McAnish Ave White Earth, ND	253-389-1874	1-21-48203	L73	<i>Jamie Walker-Fuller</i>
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10	4/11/22	Rachael Peterson	2105 27th St N Hawley ND	218-740-4274		L69	<i>Rachael Peterson</i>
11	4/11/22	Katie Okon	602 1st Ave S Fargo ND	58103		L-9	<i>Katie Okon</i>
12	4/11/22	Ashley Weindacker	15910 71st St Grafton ND				<i>Ashley Weindacker</i>
13	4-11-22	Evan Borisinkoff	2013 Grey Eagle Pass Minot ND			L-27	<i>Evan Borisinkoff</i>
14	4-11-22	Angela Kortvredt	736 46th St S Fargo ND	701-730-4598	N/A	L-3	<i>Angela Kortvredt</i>
15	4-11-22	Heidi Schultz	975th St E Hector ND	218-282-373	1-18-38229	L41	<i>Heidi Schultz</i>
16	4-11-22	Holly Johnson	1129 42nd St SE Minot ND	701-240-9595	1-14-15980	L15	<i>Holly Johnson</i>
17	4/11/22	Paul Kolshen	1004 Darwin Rd Fargo ND	701-772-1331		Psy 333	<i>Paul Kolshen</i>
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Applied Behavior Analytic Service Across the Lifespan

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01	4/11/22	Jackie Trautman	1529 5th Ave SW Jamestown, ND	307-0456	1-18-29443	L34	<i>Jackie Trautman</i>	
02	4.11.22	Presley Wanner	4906 20th Ave S #325 Fargo, ND		701-306-2101	L71	<i>Presley Wanner</i>	
03					1-20-46622	L71		
04	4/11/22	Alexis Berg	3025 20th St S Fargo ND	58104	320-424-0796	L76	<i>Alexis Berg</i>	
05	4-11-22	Ambur Burn	2511 Purdue St SD	57106	1-69-8020	L014	<i>Ambur Burn</i>	
06	4/11/22	Suzanne Carroll	1014 University Dr S Fargo, ND	58103	1-20-45986	L68	<i>Suzanne Carroll</i>	
07	4/11/22	Jacquelyn Mahoney	2100 North Dakota Bismarck, ND	58501	1-16-23308	L37	<i>Jacquelyn Mahoney</i>	
08	4/11/22	Skyler Reiff	765 Horizon Cir	Grand Forks	ND	1-19-30333	<i>Skyler Reiff</i>	
09	4/11/22	Rebecca Parsien	403 13th Street NW Mandan ND	58554	701-880-0010	1-21-51334	L85	<i>Rebecca Parsien</i>
10	4/11/22	Jelisa Philipp	1611 18th St	Moorhead MN		1-17-28640	L36	<i>Jelisa Philipp</i>
11	4/11/22	Jarrod Erdman	221 30th Ave Cir S	Mhd MN		1-9-39460	-	<i>Jarrod Erdman</i>
12	4-11-22	Kim Odegaard	3155 49th St S	Fgo ND	58104	L18	<i>Kim Odegaard</i>	
13	4-11-22	Erin Stephany	505 7th Ave W	West Fargo ND	58078	L30	<i>Erin Stephany</i>	
14	4/11/22	Shelby Lund	2828 Dakota Park Cir S	Fargo, ND	58107	L80	<i>Shelby Lund</i>	
15	4-11-22	Ruth Sedstrom	6665 N. 9th St.	Moorhead mn	56560		<i>Ruth Sedstrom</i>	
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HB 1530
House Human Services Committee
Tuesday, January 31, 2023

Chair Weisz and members of the Human Services Committee, my name is Rebecca Parisien. I am a Board Certified Behavior Analyst (BCBA) at Anne Carlsen in Bismarck. Anne Carlsen provides a variety of services in eight communities in North Dakota, and Bismarck is one of five of Anne Carlsen's eight communities where Applied Behavior Analysis (ABA) therapy is provided. I am providing this testimony in support of HB 1530 which advocates for Medicaid reimbursement of the Family Adaptive Behavior Treatment Guidance code or CPT code 97156. Currently, ND Medicaid (EPSDT) programs require regular parent training meetings with the Board Certified Behavior Analyst (BCBA) present, however, ND Medicaid does not provide reimbursement for the service.

Applied Behavior Analysis is a research based scientific approach to understanding behavior. ABA is based on a set of principles that focus on how behaviors change, or are affected by the environment, as well as how learning takes place. ABA therapy provided by Behavior Analysts like me occurs primarily in an outpatient clinic setting. When a child is referred for Applied Behavior Analysis therapy, an evaluation is completed by the Behavior Analyst and goals are identified that include the parent or guardians input in addition to the evaluation results. The individuals we serve then work with Registered Behavior Technicians, who are supervised by Behavior Analysts.

The purpose of ABA therapy is not for the child to perform the behavior in isolation in a clinic, but rather for him/her to be able to perform the behaviors/social skills naturally in the environments they engage in daily. The intended outcome is for the child to be successful in their home, daycare, school, and other environment. Skills or behaviors may need to be taught in isolation in clinical settings, but the long-term goal is performance of the behavior in natural settings. ABA techniques need to be performed and reinforced by natural supports in natural environments. For this to occur, the people in the natural environment (i.e., parents) must be trained to carry out ABA programming. This requires including others who are important in the individual's life, like parents, grandparents, or even siblings.

I would like to provide you with some real-life examples of Family Adaptive Behavior Treatment Guidance, or better known as parent training. Think about needing a gallon of milk on your way home and you cannot stop at the store because your child with autism cannot tolerate walking into the store without trying to run away. In a situation like this, parent training included accompanying the parent to the store and modeling the use of visuals and verbal cues to help the child walk beside and hold onto a cart. This scenario had a wonderful outcome as the parent is now able to go to the store with her child for short errands and he will stay beside the cart. The parent carried out the visual and verbal cuing as taught by the BCBA. She also uses the same strategies for other community outings and has experienced success. This has been a life changer for the whole family.

Another example of parent training is coaching a parent to model language and motor actions to increase their child's vocal language during natural times of the day such as play, meals, and bath time. In this scenario, the parents learned so much and had so much success that they

wanted to be sure to continue the parent training sessions while on vacation over the Christmas holiday.

During parent training, Behavior Analysts model for the families and are there to help them while they practice and refine their skills. This is important as individuals grow and mature over time as there will always be new concerns and challenges that arise. A child who was seen in outpatient therapy at the age of 8 may have much different needs when they reach the age of 13. The ABA therapy activities and goals are constantly being modified by the Behavior Analyst to meet the needs of the individual served. The child's progress, new goals and therapy programming are discussed during parent meetings and parent training sessions. If proper parent or caregiver training is completed, parents are better equipped to apply those strategies taught when new issues arise.

Parent training is vital in reducing the amount and magnitude of clinical ABA sessions required over time. Transitioning individuals out of intensive ABA occurs more smoothly and rapidly if parents and teachers can continue the program after clinic-based ABA is no longer required. Supporting parents and others to continue programming will also reduce the need to resume intensive ABA therapy in the future. Parent training is vital to continued success after discharge from outpatient ABA therapy by providing parents with ideas, strategies, and suggestions to help them to continue to support their loved one as he or she becomes more independent.

The definition of CPT code 97156 also includes support to parents with troubleshooting difficult situations or problems after clinic-based therapy has ended. In fact, it would be beneficial and recommended that the last care plan for an individual contain an increase for authorized parent training units to allow the BCBA to start the transition and provide the parents with higher levels of supports as they take over as the primary implementers of programming. Parent training

through Applied Behavior Analysis is an evidence-based strategy that is not only covered, but required, by Commercial Insurances. The reason for that is simple. It is because it is extremely effective and can reduce the length and overall cost of treatment needed due to the carryover of skills at home and in the community.

Providing funding for parent training also would add an option available to people in our rural areas who are currently unable to travel to the clinic for their child to receive services. There is a need in most areas of North Dakota for clinic-based ABA therapy for individuals. The lack of both BCBA's and RBT's inhibits the ability for clinics to accept more clients, resulting in long wait lists for services. This has resulted in some families in North Dakota traveling great distances to receive services. Parent training via telehealth would also allow current ABA providers the ability to extend services to a larger geographic region.

In summation, I am in full support of HB1530 and the ability to include parent training as a service for recipients of Medicaid in North Dakota. Additionally, I support the recommendations for increased and expanded coverage for Applied Behavior Analysis therapy in the State of North Dakota.

Thank you for your consideration of my testimony, and I would be happy to address any questions you might have.

Rebecca Parisien
Board Certified Behavior Analyst
Anne Carlsen Center
Email: rebecca.parisien@annecenter.org
Office: (701) 751-3732

Certification Central

ND's 1st Alternative Educator Preparation Program

Box 322, McVille, ND 58254

701.322.4429

www.certificationcentral.education



Written Testimony in Support of HB 1530

Chairman Weisz and House Human Services Committee,

For the record, my name is Dr. Katherine Terras, and I practice as an educational consultant in North Dakota. I primarily work in schools with students whose behavior is often violent toward themselves, others, and property. I strongly support HB 1530.

The behavioral needs of students are increasing across all ages and grade levels, even in preschool. Currently, Medicaid reimbursement for applied behavior analysis (hereafter ABA) is only for individuals with autism spectrum disorder. The students whom I work with in the field include those with developmental disabilities, intellectual disabilities, emotional disturbances, other health impairments (e.g., ADHD, Tourette's syndrome), and traumatic brain injury. Applied behavior analysis is a research-based treatment proven effective across psychological and medical diagnoses, as well as across the lifespan. The claim that applied behavior analysis is only effective for treating Autism is simply inaccurate and cannot be supported with current, peer reviewed data.

To illustrate further, university training programs that lead to licensure as applied behavior analysts must maintain a training program that focuses on applied behavior analysis for individuals across a lifespan and with diverse behavioral needs, conditions, and diagnoses. I know this firsthand because Ms. Cristine Deaver and I started the graduate ABA program at the University of North Dakota.

Lastly, I am asked repeatedly by parents and group homes if I can come into their homes to help implement the behavioral interventions showing positive results in the school. My scope of practice is to support the child/youth in the school setting. With expanded Medicaid reimbursement in place to educate parents and caregivers, individuals in need of treatment would be supported across environments for a more expeditious and lasting behavioral change.

I strongly encourage a **Do Pass for HB 1530**. This concludes my testimony, and I will now stand for questions.

Testimony

HB1530

01/31/2023

Chairman Representative Weisz and Members of the House Human Services Committee.

My name is Vicki Peterson and I am a Family Consultant for Family Voices of ND. Family Voices of ND is the Family-to-Family Health Information Network in ND, a non-profit that works with families, professionals and self-advocates of children and youth with disabilities, special healthcare needs and chronic health condition

I am providing my testimony today in favor of HB1530 that would enable several services to be covered under ND Medicaid; family adaptive behavior treatment and guidance, dental screenings and assessments, dental case management for specific populations, Teledentistry, and Applied Behavior Analysis for all individuals whom qualify not specific to one disability.

- The aim of family adaptive behavior treatment guidance is to teach parents and/or caregivers to properly use treatment procedures designed to teach new skills and reduce challenging behaviors. The undeniable rise in mental and behavior health is not just limited to school time or work time. Parents and caregivers need to be able to have the strategies and tools in the home to address the maladaptive behaviors. These could include activities of face to face instruction and developing a plan to reduce the behavior or skill deficit. In my work as a Family Consultant, many times I listen to parents and caregivers that the need for support and strategies in the home is number one priority. The need for wrap-around-services and family tools and supports is key to keeping families together, healthy and whole. If a child/youth is receiving services in school, which many are not, most often those strategies are not be carried over in the home as the environment may be completed different. This would give parents and caregivers the strategies to work in their specific environment and unique needs.
- Dental screenings and assessments and teledentistry are not in my scope of any expertise, but as a member of the the ND Oral Health Coalition I have learned and listened to many about the need for these to be covered under ND Medicaid. Dental care can be something that is often neglected until there is pain or another issue that someone is experiencing, so teledentistry makes casual visits more accessible. Dental care isn't always as available in rural areas, and for some, a dentist visit can be very expensive and not at all within the budget. With teledentistry, dentists are able to improve access to oral health care and dental care. Overall this could lower costs and lower the amount of time that a patient needs to be seen.

- **Medicaid beneficiaries have lower rates of dental visits and higher rates of dental disease compared with the rest of the population. (Journal of American Dental Association, 2022).** Dental case management could recruit dentists to participate in the Medicaid program, arrange training in billing procedures, resolve payment problems, educates clients about the use of dental services and keeping appointments, links clients to dental offices, identifies potential barriers to care and helps clients obtain transportation to appointments. These are to name just a few things I hear from families who have children with special health care needs that dental cases management could eliminate some of those barriers including just connecting families to financial resources.
- Lastly to speak to Applied Behavior Analysis to be open to a variety of diagnosis and not limited to autism spectrum disorders. Many families and professionals I work with daily are in search of treatment for behavior challenges, this reaches for beyond the autism spectrum. Benefits of Applied Behavior Analysis are designed to promote healthy, positive behaviors that otherwise may be disruptive to the mental and social health of individuals. ABA has been found helpful for those with ADHD, posttraumatic stress disorder, traumatic brain disorders, even in substance abuse disorders, or a result from a significant injury. We should look at those that would benefit and not just at a diagnosis.

I thank you for your time and consideration and urge a do pass on all areas to be added and covered by ND Medicaid.

Vicki L Peterson

Family Voices of ND

vicki@fvnd.org

701-258-2237

23.1085.02001
Title.

Prepared by the Legislative Council staff for
Representative Nelson
February 15, 2023

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1530

Page 1, line 9, remove "including Medicaid expansion."

Page 1, after line 19, insert:

"5. The services identified in subsections 2, 3, and 4 do not apply to Medicaid expansion."

Renumber accordingly

Senate Human Services Committee
HB 1530
March 14, 2023

Chair Lee and Committee Members, I am Courtney Koebele, the chair of the Codes and Services Subcommittee for the North Dakota Medicaid Medical Advisory Committee (MMAC).

Federal regulations established a committee to advise the state's Medicaid agency and its Medicaid director on health and medical care services. This committee is called the Medicaid Medical Advisory Committee (MMAC).

As in last session, this year, North Dakota's MMAC created a Codes and Services Review sub-committee to offer recommendations to Medicaid for additional coverage for applications for coverage of five different codes and services. That committee consisted of seven members from the MMAC. The MMAC codes and services sub-committee met four times over the course of the summer to review the codes submitted. The committee received expert presentations on all the issues and reviewed the detailed applications and attachments explaining the need for the services. The committee scored each service on seven factors: cost, number of patients impacted, whether it was covered by private insurance, proven efficacy, essential for health and well-being; whether it was a noncovered essential component of a service that is covered by Medicaid; and finally, whether the service is covered by other insurance or organizations.

The committee recommended all proposals be covered; however, they are listed here in rank order:

1. Family Adaptive Behavior Treatment;
1. Dental Screening and Assessment (Tied for First);
2. Dental Case Management
3. Asynchronous Teledentistry and
4. Applied Behavior Analysis Across the Lifespan and for Individuals with a Variety of Diagnoses

I have a letter attached to my testimony that addresses the details of each of the services.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

November 15, 2022

Members of the Appropriations and Human Services Committees
ND Legislative Assembly
North Dakota State Legislature
Bismarck, ND 58505

Dear Legislator:

Federal regulations establish a committee to advise the state's Medicaid agency and its Medicaid director on health and medical care services. The Medicaid Medical Advisory Committee (MMAC) must include board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income population groups and with the resources available and required for their care; members of consumers' groups, including Medicaid beneficiaries, and consumer organizations.

This year, North Dakota's MMAC reconvened its Codes/Services Review sub-committee to offer recommendations to Medicaid for additional coverage for applications for coverage of five different codes and services. That committee consisted of seven members from the MMAC. The MMAC codes and services sub-committee met four times over the course of the summer to review the codes submitted. The committee received expert presentations on all the issues and reviewed the detailed applications and attachments explaining the need for the services. The committee scored each service on seven factors: cost, number of patients impacted, whether it was covered by private insurance, proven efficacy, essential for health and well-being; whether it was a noncovered essential component of a service that is covered by Medicaid; and finally, whether the service is covered by other insurance or organizations.

The committee recommends all proposals be covered; however, they are listed here in rank order:

1. Family Adaptive Behavior Treatment;
1. Dental Screening and Assessment (Tied for First);
2. Dental Case Management
3. Asynchronous Teledentistry and
4. Applied Behavior Analysis Across the Lifespan and for Individuals with a Variety of Diagnoses

This letter is being submitted to you for your review to determine whether you would like to introduce a bill for the 2023 ND Legislative Session.

The committee recommended the following codes/services be approved:

1. Family Adaptive Behavior Treatment and Guidance (CPT code 97156)

Family Adaptive Behavior Treatment and Guidance is an essential component of the Applied Behavioral Analysis (ABA) which primarily serves children with Autism. The Family Adaptive Behavioral code allows providers to educate parents and caregivers to continue to carry out plans and recommendations of ABA providers are currently working on. Without this code it makes it difficult to meet with parents without the child present to review and educate parents and caregivers on the current programing. Parent involvement is a vital part of the ABA program which is directly related to our outcomes for our children with Autism. This code would be utilized one to two times per month for approximately two hours per visit. Currently Medicaid does cover all other codes related to ABA programing including the Assessment, Supervision, Program Modification and Direct Service. CPT code 97156 is covered by all other private insurance.

1. Dental Screening and Assessment of a Patient

Reimbursement for D0190 & D191 have been discussed by stakeholders for years as a strategy to identify individuals needs for additional assessment, diagnostic, and treatment services. D0190 is defined as the screening of a patient (screening, including state or federally mandated screenings) to determine an individual's need to be seen by a dentist for a diagnosis and D0191 includes assessment of a patient (limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury) and the potential need for referral for diagnosis and treatment. The dental office could send in a hygienist to perform preventive services such as; screen/assess, clean, apply sealants, and refer to a dental office the residence/children identified needing diagnosis/oral health treatment from a dentist. The screening and assessment in our communities is how a Dentist effectively incorporates more ND Medicaid patients into their practice, they must obtain reimbursement in their practices for the scale of their services provided.

2. Dental Case Management D9991-D9994

Access to dental care is critical for maintenance of optimal oral health for special populations, including elderly, special needs, medically-fragile, and children. Case management has been accepted as an effective preventive service for a variety of health services for many years. In dentistry, barriers to care can be breached by case management, which is a collaborative process of assessment, planning, facilitation, care coordination, and advocacy for options that has been shown to be a cost-effective tool to increase oral health in the Medicaid population. Currently, 7 state Medicaid programs reimburse for dental case management. Motivational interviewing, a key component of case management, has proven to be effective in not only improving dental outcomes, but also improving dental literacy with linkage to a dental home. Case management targets the 20% of the indigent population that does not have a dental

home, and who have the highest risk for dental disease. The process prevents costly dental treatment by linking high-risk patients to care where prevention is maximized.

3. Teledentistry (Asynchronous) D9996

Asynchronous teledentistry, also known as “store and forward” teledentistry, refers to patient/provider interactions that do not occur in real time. A common use of asynchronous interactions is when a health care provider reviews health information or records that have previously been gathered by another professional or allied professional at an earlier time and at a different place than where the records are reviewed. Records, including radiographs and photographs, can be captured directly to the cloud (internet-based servers) and accessed by individuals in multiple locations. Teledentistry can reduce barriers to dental care through outreach programs that connect patients in nursing homes, schools, and other public health locations to dental homes. It can also integrate oral health into general health care settings to identify and refer treatment needs. The establishment of the asynchronous teledentistry code will remove barriers to dental care for those dental patients that have the highest need but currently lowest utilization of dental services.

4. Applied Behavior Analysis Across the Lifespan and for Individuals with a Variety of Diagnoses

North Dakota Medicaid currently reimburses applied behavior analysis as a billable service for children diagnosed with autism spectrum disorder. The North Dakota Association of Behavior Analysis urges ND Medicaid to expand coverage to applied behavior analysis to both assess and treat common behavioral problems across the lifespan for individuals with a variety of psychological and medical diagnoses. Peer-reviewed research and case studies have demonstrated that the implementation of behavior analytic treatments have remediated, and effectively treated symptomatology related to developmental/dental/medical/psychological/cognitive disorders for pediatric, adult and geriatric populations.

Sincerely,

North Dakota Medicaid Medical Advisory Committee
Codes/Services Subcommittee

Donene Feist, Elizabeth Larson-Steckler, Bobbie Will, Joan Connell, MD, Stephen Olson, William Sherwin and Courtney Koebele (chair).



888.875.5262 | pediatricpartnersclinic.com

March 13, 2023

Members of the Appropriation and Human Services Committees,

North Dakota Legislative Assembly
North Dakota State Legislature
Bismarck, ND 58505

Applied behavior analysis (ABA) is a research- and evidence-based treatment for autism spectrum disorder. ABA uses positive reinforcement strategies to teach learners with autism necessary communication, social, and daily living skills that are aimed at increasing the learner’s independence. ABA services are a billable service in the State of North Dakota through private insurers and North Dakota Medicaid.

Currently, rates of reimbursement are not at par with neighboring States that provide similar services with a greater rate of reimbursement. Continuation of current rates may negatively impact providers’ ability to provide medically necessary treatment of autism which could exclude thousands of children with autism who do not have private insurance from ABA services.

There are six CPT codes that are billable through NDMA, while Board Certified Behavior Analyst and Licensed Behavior Analysts, and Registered Behavior Technicians provide services that would be covered by seven CPT codes. To date, parent training sessions are not a billable service through NDMA. Although this service is generally required by private insurers (e.g., Blue Cross/Blue Shield ND, Tri-Care) it still not reimbursable as a service by NDMA. Parent training is both cost-effective and clinically effective in the treatment of autism.

We are respectfully requesting that parent training Family Adaptive Behavior Treatment and Guidance (CPT code 97156) be included as part of the Medicaid expansion and reimbursed at commensurate rates found within our region. Average rates based on the rates found in Iowa, Montana, Nebraska, South Dakota, and Wisconsin suggest a unit cost of \$31.08. We are requesting a 10% increase of this rate to account for inflation at a unit cost of \$34.18.

We are respectfully requesting an increase for all CPT code rates that are used to pay for behavior analytic services to help increase capacity, recruitment, and retention of ABA services. Improvement of rates will also allow North Dakota providers the ability to provide a greater quality service to those North Dakotans who are in need. Increased rates of reimbursement could help prevent staff attrition, and to attract and retain talented providers. Increased rates of reimbursement could be used to build

FARGO 3060 Frontier Way S. Fargo ND, 58104 Phone: (701) 232-2340 Fax: (701) 232-2330	BISMARCK 4530 Northern Sky Dr. Bismarck, ND 58503 Phone: (701) 751-6336 Fax: (701) 751-6337	NEUROBEHAVIORAL HEALTH 3401 45 TH St. S. Fargo, ND 58104 Phone: (701) 356-4384 Fax: (701) 356-4383	EARLY INTERVENTION 3060 Frontier Way S. Fargo ND, 58104 Phone: (701) 364-3945 Fax: (701) 364-3946	GRAND FORKS 2600 Demers Ave. #101 Grand Forks, ND 58201 Phone: (701) 757-3045 Fax: (701) 757-3046	THIEF RIVER FALLS 310 Red Lake Blvd., Suite B Thief River Falls, MN 56701 Phone: (218) 416-1482 Fax: (218) 416-1483
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and improve training systems in addition to attracting talent outside the state while retaining talented clinicians within the State.

We proposing the following rate increases per CPT code:

	97151	97152	97153	97155	97156	0373T
	per 15	per 15	per 15	per 15	per 15	per 15
Current	\$ 28.71	\$ 21.25	\$ 9.87	\$ 28.71	NA	\$ 11.75
Proposed	\$ 40.45	\$ 30.34	\$ 15.55	\$ 31.58	\$ 34.00	\$ 18.04
Change	29%	30%	40%	10%	NA	35%

97151 and 97152 are assessment codes that Board Certified Behavior Analysts and Registered Behavior Technicians use to assess the severity of symptoms of autism then create individualized treatment plans to be implemented by Registered Behavior Technicians. 97153 is the code used to bill for the implementation of treatment plans. 97155 is the codes used to evaluate the effectiveness of the treatment plan, modify treatment components, and supervision of the Registered Behavior Technician implementing the plans. 97156 is the code used to bill for parent training sessions that provide the family with specific training on their learner’s treatment plan so that the family can continue using effective strategies at home. 0373T is an intensive treatment code that is used when two or more technicians are needed to implement a treatment plan.

The rate increases proposed across all CPT codes will allow North Dakota providers to be more aligned with regional rates, thus making North Dakota providers more likely to stay and recruit talented clinicians to provide a medically necessary service to North Dakotans in need.

Respectfully,

The Behavioral Health Leadership of Pediatric Partners



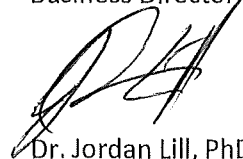
Jill Stroup, MS, OTR/L
Program Clinical Director



Kelli Guhlke
Business Director



Jamie Anderson, M.Ed., LPCC-S
Program Director of Mental and Behavioral Health



Dr. Jordan Lill, PhD, LBA, BCBA-D
Behavioral Health Manager



HB 1530
Senate Human Services Committee
Tuesday, March 14, 2023

Chair Lee and members of the Senate Human Services Committee, my name is Rebecca Parisien. I am a Board Certified Behavior Analyst (BCBA) at Anne Carlsen in Bismarck. Anne Carlsen provides a variety of services in eight communities in North Dakota, and Bismarck is one of five of Anne Carlsen's eight communities where Applied Behavior Analysis (ABA) therapy is provided. I am providing this testimony in support of HB 1530 which advocates for Medicaid reimbursement of the Family Adaptive Behavior Treatment Guidance code or CPT code 97156. Currently, ND Medicaid (EPSDT) programs require regular parent training meetings with the Board Certified Behavior Analyst (BCBA) present, however, ND Medicaid does not provide reimbursement for the service.

Applied Behavior Analysis is a research based scientific approach to understanding behavior. ABA is based on a set of principles that focus on how behaviors change, or are affected by the environment, as well as how learning takes place. ABA therapy provided by Behavior Analysts like me occurs primarily in an outpatient clinic setting. When a child is referred for Applied Behavior Analysis therapy, an evaluation is completed by the Behavior Analyst and goals are identified that include the parent or guardians input in addition to the evaluation results. The individuals we serve then work with Registered Behavior Technicians, who are supervised by Behavior Analysts.

The purpose of ABA therapy is not for the child to perform the behavior in isolation in a clinic, but rather for him/her to be able to perform the behaviors/social skills naturally in the environments they engage in daily. The intended outcome is for the child to be successful in their home, daycare, school, and other environment. Skills or behaviors may need to be taught in isolation in clinical settings, but the long-term goal is performance of the behavior in natural settings. ABA techniques need to be performed and reinforced by natural supports in natural environments. For this to occur, the people in the natural environment (i.e., parents) must be trained to carry out ABA programming. This requires including others who are important in the individual's life, like parents, grandparents, or even siblings.

I would like to provide you with some real-life examples of Family Adaptive Behavior Treatment Guidance, or better known as parent training. Think about needing a gallon of milk on your way home and you cannot stop at the store because your child with autism cannot tolerate walking into the store without trying to run away. In a situation like this, parent training included accompanying the parent to the store and modeling the use of visuals and verbal cues to help the child walk beside and hold onto a cart. This scenario had a wonderful outcome as the parent is now able to go to the store with her child for short errands and he will stay beside the cart. The parent carried out the visual and verbal cuing as taught by the BCBA. She also uses the same strategies for other community outings and has experienced success. This has been a life changer for the whole family.

Another example of parent training is coaching a parent to model language and motor actions to increase their child's vocal language during natural times of the day such as play, meals, and bath time. In this scenario, the parents learned so much and had so much success that they

wanted to be sure to continue the parent training sessions while on vacation over the Christmas holiday.

During parent training, Behavior Analysts model for the families and are there to help them while they practice and refine their skills. This is important as individuals grow and mature over time as there will always be new concerns and challenges that arise. A child who was seen in outpatient therapy at the age of 8 may have much different needs when they reach the age of 13. The ABA therapy activities and goals are constantly being modified by the Behavior Analyst to meet the needs of the individual served. The child's progress, new goals and therapy programming are discussed during parent meetings and parent training sessions. If proper parent or caregiver training is completed, parents are better equipped to apply those strategies taught when new issues arise.

Parent training is vital in reducing the amount and magnitude of clinical ABA sessions required over time. Transitioning individuals out of intensive ABA occurs more smoothly and rapidly if parents and teachers can continue the program after clinic-based ABA is no longer required. Supporting parents and others to continue programming will also reduce the need to resume intensive ABA therapy in the future. Parent training is vital to continued success after discharge from outpatient ABA therapy by providing parents with ideas, strategies, and suggestions to help them to continue to support their loved one as he or she becomes more independent.

The definition of CPT code 97156 also includes support to parents with troubleshooting difficult situations or problems after clinic-based therapy has ended. In fact, it would be beneficial and recommended that the last care plan for an individual contain an increase for authorized parent training units to allow the BCBA to start the transition and provide the parents with higher levels of supports as they take over as the primary implementers of programming. Parent training

through Applied Behavior Analysis is an evidence-based strategy that is not only covered, but required, by Commercial Insurances. The reason for that is simple. It is because it is extremely effective and can reduce the length and overall cost of treatment needed due to the carryover of skills at home and in the community.

Providing funding for parent training also would add an option available to people in our rural areas who are currently unable to travel to the clinic for their child to receive services. There is a need in most areas of North Dakota for clinic-based ABA therapy for individuals. The lack of both BCBA's and RBT's inhibits the ability for clinics to accept more clients, resulting in long wait lists for services. This has resulted in some families in North Dakota traveling great distances to receive services. Parent training via telehealth would also allow current ABA providers the ability to extend services to a larger geographic region.

In summation, I am in full support of HB 1530 and the ability to include parent training as a service for recipients of Medicaid in North Dakota.

Thank you for your consideration of my testimony, and I would be happy to address any questions you might have.

Rebecca Parisien
Board Certified Behavior Analyst
Anne Carlsen Center
Email: rebecca.parisien@annecenter.org
Office: (701) 751-3732

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Written Testimony in Support of HB 1530

Chairman Lee and Senate Human Services Committee,

For the record, my name is Dr. Katherine Terras, and I practice as an educational consultant in North Dakota. I primarily work in schools with students whose behavior is often violent toward themselves, others, and property. I strongly support HB 1530 as it was initially introduced, which includes the reinsertion of the following:

5. Applied behavioral analysis to provide coverage to both assess and treat common behavioral problems across the lifespan of individuals with a variety of psychological and medical diagnoses.

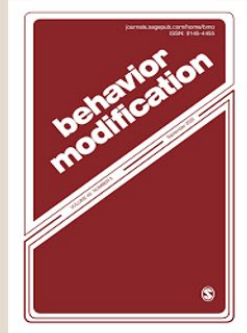
The behavioral needs of students are increasing across all ages and grade levels, even in preschool. Currently, Medicaid reimbursement for applied behavior analysis (hereinafter ABA) is only for individuals with autism spectrum disorder. The students whom I work with in the field include those with developmental disabilities, intellectual disabilities, emotional disturbances, other health impairments (e.g., ADHD, Tourette's syndrome), and traumatic brain injury. Applied behavior analysis is a research-based treatment proven effective across psychological and medical diagnoses, as well as across the lifespan. The claim that applied behavior analysis is only effective for treating Autism is simply inaccurate and cannot be supported with current, peer reviewed research. On page 2, you will find examples of scientific journals that would report the efficacy of ABA across the lifespan for individuals with a variety of psychological and medical diagnoses.

To illustrate further, university training programs that lead to licensure as applied behavior analysts must maintain a training program that focuses on applied behavior analysis for individuals across a lifespan and with diverse behavioral needs, conditions, and diagnoses. I know this firsthand because Ms. Cristine Deaver and I started the graduate ABA program at the University of North Dakota.

Lastly, I am asked repeatedly by parents and group homes if I can come into their homes to help implement the behavioral interventions showing positive results in the school. My scope of practice is to support the child/youth in the school setting. With expanded Medicaid reimbursement in place to educate parents and caregivers, individuals in need of treatment would be supported across environments for a more expeditious and lasting behavioral change.

I strongly encourage a **Do Pass for HB 1530**. This concludes my testimony, and I will now stand for questions.

ABA Research



Testimony
House Bill 1530 – Relating to covered services for medical assistance
Senate Human Services Committee
Senator Judy Lee, Chairwoman
March 14, 2023

Chairwoman Lee and Senate Human Services Committee,

I am Cristine Deaver, and I practice as a special education program coordinator and a licensed and board certified behavior analyst in the public school system. I am currently the President of North Dakota Association for Behavior Analysis. I'm in favor of HB 1530 amended back to its original form, to include:

“Applied behavior analysis to provide coverage to both assess and treat common behavioral problems across the lifespan of individuals with a variety of psychological and medical diagnoses.”

This bill will provide reimbursement for the Medicaid required parent/caregiver training. Currently, ND Medicaid requires caregiver training but does not provide reimbursement for this service. For business that provide ABA services, the lack of reimbursement is creating a financial hardship that may impact their ability to continue to provide services to children and families.

I am also in support of providing support of behavior analytic services past the age of 21 and to provide Medicaid coverage of behavioral assessment and intervention to individuals with a variety of psychological and medical diagnoses. While North Dakota Medicaid currently reimburses applied behavior analysis as a service for children diagnosed with Autism Spectrum Disorder, I would like to kindly provide additional information on the use of applied behavior analysis to both assess and treat common behavioral problems across the lifespan for individuals with a variety of psychological and medical diagnoses.

Peer-reviewed research and case studies have demonstrated that the implementation of behavior analytic treatments have effectively treated symptoms related to a variety of developmental, dental, medical, psychological, and cognitive disorders for pediatric, adult, and geriatric populations. Limiting reimbursement to children diagnosed with Autism Spectrum Disorder may prevent necessary and effective treatment that address symptoms related to specific disorders from being used with other populations (individuals with other diagnoses).

Applied Behavior Analysis as a treatment has been supported by several organizations that represent individuals across the lifespan for a variety of disorders including *Association of Behavior Analysis International, Association of Professional Behavior Analysis, American Academy of Pediatrics, American Psychological Association, National Education Association, and Center for Disease Control.*

I believe that if age and diagnostic restrictions are removed, more North Dakotans would have access to peer-reviewed and evidence-based practices to learn new skills and enrich the lives of those who

receive the service or are currently on waiting lists for services provided by other professionals. Recognizing that behavior analysts can provide effective services may reduce the number of individuals who are experiencing behavior health problems. Other professionals, such as psychologist, clinical counselors, etc., currently have waitlists that are detrimentally impacting individuals and families from receiving behavioral services in a timely manner. Allowing behavior analysts to practice within their scope of practice and area of competence allows for additional professionals to provide services to well established group of individuals.

I politely request that the State acknowledges the scope of behavior analysis as acknowledged by leading national professional organizations and move toward including ABA services across the lifespan and across a variety of populations.

Sincerely,

Cristine Deaver

Testimony
House Bill 1530 – Relating to covered services for medical assistance
Senate Human Services Committee
Senator Judy Lee, Chairwoman

March 14, 2023

Chairwoman Lee and Members of the Senate Human Services Committee:

I am Holly Johnson, Licensed Board Certified Behavior Analyst in Minot, a founding member and Past President of the North Dakota Association for Behavior Analysis (NDABA). NDABA's mission is supporting and growing the field of behavior analysis in North Dakota and is known for being the top applied behavior analysis (ABA) resource for ND. I am here testifying on the behalf of NDABA and its membership relating to the applied behavior analysis portion of HB 1530.

This bill would give Medicaid beneficiaries access to CPT® codes 97156 & 97157, called 'family adaptive behavioral treatment and guidance' or better known as parent/caregiver training. These medically necessary billing codes **are not** currently covered as a reimbursable service, yet skills training for caregivers is **required** in current ND Medicaid Autism ABA Service policy and has been since July 2017. Additionally, HIPAA rules require any health plan that allows electronic submission of claims to recognize and utilize all available Category I CPT® codes. These same codes **are** a reimbursable service under the private insurance sector; yet we've denied this service to family/caregivers or forced providers to eat the cost of covering this service, which, as behavior analysts, we are ethically bound to provide. NDABA and its membership is in favor of this component of HB 1530.

The ND Medicaid Medical Advisory Council (MMAC) recommended and identified a fifth component in the original version of this bill: expansion of ABA services across the lifespan and with a variety of psychological and medical expenses. Currently in ND, ABA is only covered for private clinicians serving children who hold an autism spectrum disorder (ASD) diagnosis. In April 2022, NDABA and 48 of its individual practitioners petitioned to include having ABA services in ND covered across the lifespan and across a variety of diagnoses.

NDABA and its membership is asking that this Committee amend HB 1530 back to include, as in the original version:

'Applied behavioral analysis to provide coverage to both assess and treat common behavioral problems across the lifespan of individuals with a variety of psychological and medical diagnoses.'

While the original fiscal note had a seemingly hefty price tag for this fifth component of the bill, realistically it would not be as costly as predicted:

- Paying for ABA services now will make more severe and intense behavioral problems less burdensome in the future, by giving thousands of North Dakotans access to an additional source of evidence-based clinical practices to habilitate, rehabilitate, and improve their quality of life.
- This expansion would not be identifying any new populations of individuals needing behavioral health services. Rather, those needs are already identified, and there are lengthy waitlists of citizens seeking counseling services, psychological services, and the like. ABA would be an additional group of professionals who can provide behavioral health services; and thus, could alleviate the overload felt by other groups of

professionals, while giving struggling citizens access to treatment while they wait for waitlists to open up.

- ND Health Tracks (EPSDT) specifically allows medically necessary treatment or care, that includes preventative measures, to reduce or ameliorate mental, developmental, or behavioral effects of an illness, condition, injury, or disability, whether or not such services are covered under the state Medicaid plan. ABA fits all of the EPSDT criteria, yet limiting our practice contributes to higher costs long-term.
- Not all behavior analysts are trained specific to ASD. At a national level, approximately 72% of Board Certified Behavior Analysts practice primarily in the autism service sector (www.bacb.com). In ND, that equates to approximately 68 of our 94 licensed behavior analysts practicing in the autism service sector, leaving 26 of us practicing in other sectors. We can apply the same scientific behavior principles to a myriad of areas such as: behavioral gerontology, brain injury rehabilitation, education, sustainability, public health, or the treatment of substance abuse disorders, to name a few (see more here: <https://www.bacb.com/about-behavior-analysis/#ABAFactSheets>).

I have worked collaboratively with individuals, their caregivers, and their teams of professionals for clients with acute and chronic mental illness (e.g., mood, anxiety, personality, and psychotic disorders) as well as acute and chronic medical illness (e.g., severe seizure disorders, rare chromosomal abnormalities, feeding disorders and post-surgical rehabilitation), all of which occur comorbidly with developmental and/or intellectual disability. I am fortunate to be able to serve people of any age with those diagnoses, but I'm only able to do this if the person holds an Intellectual Disability diagnosis and/or an ASD diagnosis. I can't even begin to tell you the number of times over my professional career that I've been asked to consult for people with

dementia in nursing homes, for a child diagnosed only with ADHD who is disrupting the entire classroom, or an adult with anxiety which prevents them from going grocery shopping. In all of those instances, I must decline to provide services because ABA in ND isn't currently covered across the lifespan for a variety of diagnoses. And that's not fair to our citizens, and it's not fair to limit and silo a professional discipline who ultimately wants to help people.

In summary, NDABA and its membership is:

- 1) in favor of including family adaptive behavioral treatment (parent/caregiver training) as a reimbursable service under ND Medicaid; and,
- 2) asks that you please consider re-amending HB 1530 back to include expansion of ABA services across the lifespan for a variety of diagnoses.

All opinion expressed here is my own and is on behalf of NDABA. These opinions in no way represent the Department of Health & Human Services or the Life Skills and Transition Center, all of which I am actively involved with, adding to my unique perspective contained in this testimony. This testimony has been provided on my personal time.

Thank you for your time and consideration of this testimony. Please contact me at holly.johnson.bcba@outlook.com, if I can be of assistance. This concludes my testimony. I'd be happy to answer any questions.

Sincerely,
Holly Johnson, MS, BCBA, LBA
Board Certified Behavior Analyst #1-14-15198
ND Licensed Behavior Analyst #L15

Testimony

HB1530

03/14/2023

Chairwoman Senator Lee and Members of the Senate Human Services Committee.

My name is Vicki Peterson and I am a Family Consultant for Family Voices of ND. Family Voices of ND is the Family-to-Family Health Information Network in ND, a non-profit that works with families, professionals and self-advocates of children and youth with disabilities, special healthcare needs and chronic health condition

I am providing my testimony today in favor of HB1530 that would enable several services to be covered under ND Medicaid; family adaptive behavior treatment and guidance, dental screenings and assessments, dental case management for specific populations, Tele-dentistry. I am also requesting you to consider including Applied Behavior Analysis for all individuals whom qualify not specific to one disability, which was removed in the House.

- The aim of family adaptive behavior treatment guidance is to teach parents and/or caregivers to properly use treatment procedures designed to teach new skills and reduce challenging behaviors. The undeniable rise in mental and behavior health is not just limited to school time or work time. Parents and caregivers need to be able to have the strategies and tools in the home to address the maladaptive behaviors. These could include activities of face to face instruction and developing a plan to reduce the behavior or skill deficit. In my work as a Family Consultant, many times I listen to parents and caregivers that the need for support and strategies in the home is number one priority. The need for wrap-around-services and family tools and supports is key to keeping families together, healthy and whole. If a child/youth is receiving services in school, which many are not, most often those strategies are not be carried over in the home as the environment may

be completed different. This would give parents and caregivers the strategies to work in their specific environment and unique needs.

- Dental screenings and assessments and teledentistry are not in my scope of any expertise, but as a member of the the ND Oral Health Coalition I have learned and listened to many about the need for these to be covered under ND Medicaid. Dental care can be something that is often neglected until there is pain or another issue that someone is experiencing, so teledentistry makes casual visits more accessible. Dental care isn't always as available in rural areas, and for some, a dentist visit can be very expensive and not at all within the budget. With teledentistry, dentists are able to improve access to oral health care and dental care. Overall, this could lower costs and lower the amount of time that a patient needs to be seen.
- ***Medicaid beneficiaries have lower rates of dental visits and higher rates of dental disease compared with the rest of the population.(Journal of American Dental Association, 2022).*** Dental case management could recruit dentists to participate in the Medicaid program, arrange training in billing procedures, resolve payment problems, educates clients about the use of dental services and keeping appointments, links clients to dental offices, identifies potential barriers to care and helps clients obtain transportation to appointments. These are to name just a few things I hear from families who have children with special health care needs that dental cases management could eliminate some of those barriers including just connecting families to financial resources.
- Lastly to speak to Applied Behavior Analysis to be open to a variety of diagnosis and not limited to autism spectrum disorders. This was removed in the House and I am requesting you to considering adding this back in to this important bill. Many families and professionals I work with daily are in search of treatment for behavior challenges, this reaches for beyond the autism spectrum. Benefits of Applied Behavior Analysis are designed to promote healthy, positive behaviors that

otherwise may be disruptive to the mental and social health of individuals. ABA has been found helpful for those with Down Syndrome, ADHD, posttraumatic stress disorder, traumatic brain disorders, even in substance abuse disorders, or a result from a significant injury. We should look at those that would benefit and not just at a diagnosis. I have listed a few peer review efficacy publications:

Applied Behavior Analysis for children with Neurogenetic Disorders such as Down Syndrome; Will and Hepburn; 2015; Foundational Treatment for Children with Attention Deficit Hyperactivity Disorder with Applied Behavior Analysis, Leonardi and Rubono 2020;

I have also attached a fact sheet on Applied Behavior Analysis and Traumatic Brain Injury. In fact, it is one of the most perpetuated myths of Applied Behavior Analysis is that this scientifically-backed therapy is only used to treat Autism Spectrum Disorders. While it's true that Applied Behavioral Analysis therapy is a scientifically-recognized method for treating Autism Spectrum Disorders, children with other conditions can see improvement with Applied Behavior Analysis. Widely used strategies that qualified ABA therapists are trained in can promote positive behavior even as a classroom management technique for neurotypical students with no diagnosed behavioral or cognitive disorders at all.

I thank you for your time and consideration and urge a do pass on all areas to be added and covered by ND Medicaid.

Vicki L Peterson

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OVERVIEW

Brain injuries can result in lifelong physical, cognitive, and behavioral changes, which can slow progress toward rehabilitation goals and independent living. Behavior analysts add value to interdisciplinary teams for patients with a brain injury by developing both skill-acquisition and behavior-reduction programs throughout the continuum of care (i.e., acute, post-acute, long term). Common goals for skill-acquisition programs include improved social interactions and the ability to return to work. Common goals for behavior-reduction programs include decreased aggression and inappropriate vocalizations.

Symptoms following brain injury are highly idiosyncratic, which makes behavior analysts' use of single-subject designs particularly useful for evaluating rehabilitative outcomes (e.g., monitoring behavior following medication changes). Given rising healthcare costs and the reduced availability of rehabilitation services, behavior analysts' focus on measurement, accountability, and evidence-based treatment makes them integral to a patient's success.

LEARN MORE

Initial Publication

Boyle, M. E., & Greer, R. D. (1983). Operant procedures and the comatose patient. *Journal of Applied Behavior Analysis*, 16, 3-12.

Recommended Reading

Heinicke, M. R., & Carr, J. E. (2014). Applied behavior analysis in acquired brain injury rehabilitation: A meta-analysis of single-case design intervention research. *Behavioral Interventions*, 29, 77-105.

Jacobs, H. E. (2000). Behavioral contributions to brain-injury rehabilitation. In J. Austin & J. E. Carr (Eds.), *Handbook of applied behavior analysis* (pp. 211-230). Oakland, CA: New Harbinger Publications.

Kolakowsky-Hayner, S. A., Reyst, H., & Abashian, M. C. (Eds.). (2016). *The essential brain injury guide* (5th ed.). Vienna, VA: Brain Injury Association of America.

Additional Resources

- ▶ [ABA Rehab Special Interest Group](#)
- ▶ [Brain Injury Association of America](#)
- ▶ [Cambridge Center for Behavioral Studies](#)
- ▶ [North American Brain Injury Society](#)
- ▶ [Brainline: All About Brain Injury and PTSD](#)

Wolf, Sheldon

From: Fremming, Krista R. <krfremming@nd.gov>
Sent: Tuesday, March 14, 2023 4:05 PM
To: Wolf, Sheldon
Subject: HB 1530 - original fiscal note

Hi Sheldon,

Hoping you can pass along some information to the committee regarding HB 1530 and the reason why the original fiscal note was \$34 million (of which \$29.6 million was for ABA across the lifespan and for a broad range of diagnoses).

We used diagnosis codes provided to us by the North Dakota Association for Behavior Analysis, which are listed below. Using incurred claims from recent years, we estimated that 22,855 individuals covered under both Traditional Medicaid and Medicaid Expansion have a diagnosis from the list below. Of the 22,855, we estimated that 15% or 3,480 of the individuals would receive services and based the utilization assumptions on what our existing ABA members receive on average.

We and Blue Cross Blue Shield, our Medicaid Expansion managed care organization, have concerns that ABA is not backed by evidence for some of the diagnoses on the list. Also, we know that children with autism are not always able to access ABA due to workforce shortages and geography. Let me know if you have any questions. Thanks.

ICD-10 Code	ICD-10 Descriptor	DSM-5 Code	DSM-5 Descriptor
F01-F09	Dementia	294.1x; 331.83 (G31.84)	Major and Mild Neurocognitive Disorders
F50.8	Other eating disorders	307.59	Avoidant/restrictive food intake disorder
F63.1	Pyromania	312.33	Pyromania
F63.2	Kleptomania	312.32	Kleptomania
F70-F79	Intellectual disabilities	317-318.2	Intellectual disabilities
F81.0-F81.81	Specific developmental disorders	315.0-315.2	Specific learning disorders
F84.0-F84.9	Pervasive developmental disorders	299.00	Autism spectrum disorder
F88	Global developmental delay or other specified neurodevelopmental disorder	315.8	Global developmental delay

ICD-10 Code	ICD-10 Descriptor	DSM-5 Code	DSM-5 Descriptor
F89	Unspecified disorder of psychological development	315.9	Unspecified neurodevelopmental disorder
F90-F90.9	Attention deficit-hyperactivity disorders	314.00-314.01	Attention deficit-hyperactivity disorders
F91.0-F91.2	Conduct disorders	312.81-312.82	Conduct disorders
F91.3	Oppositional defiant disorder	313.81	Oppositional defiant disorder
F91.8-F91.9	Other or unspecified conduct disorders	312.89	Other specified disruptive, impulse-control, and conduct disorders
F92.8-F92.9	Mixed disorders of conduct and emotions		No DSM-5 equivalent
F93.0	Separation anxiety disorder of childhood	309.21	Separation anxiety disorder
F94.0	Selective mutism	312.23	Selective mutism
F95.0-F95.9	Tic disorders	307.20-307.23	Tourette and tic disorders
F98.0	Enuresis not due to a substance or known physiological condition	307.6	Enuresis
F98.1	Encopresis not due to a substance or known physiological condition	307.7	Encopresis
F98.21	Rumination disorder of infancy	307.53	Rumination disorder
F98.3	Pica of infancy and childhood	307.52	Pica
F98.4	Stereotyped movement disorders	307.3	Stereotypic movement disorder
G47.00	Insomnia	780.52	Insomnia disorder
I63.9	Cerebral infarction, unspecified (stroke)	290.40 (F01.50); 331.83 (G31.84)	Major or Mild Vascular Neurocognitive Disorder
R41.9	Unspecified symptoms and signs involving cognitive functions and awareness	799.59	Unspecified neurocognitive disorder
R63.3	Feeding difficulties		No DSM-5 equivalent
S06.0-S06.9	Intracranial Injury	294.11	Major Neurocognitive Disorder Due to Traumatic Brain Injury

Krista Fremming

Interim Director, Medical Services



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HB 1530 – Fiscal Estimate – Coverage of Applied Behavioral Analysis (ABA) Services for Adults with Autism

	General	Federal	Total
Traditional Medicaid	\$1,284,327	\$1,448,283	\$2,732,610

Assumptions

- Traditional Medicaid – 451 unique adult members with autism would use the service in a biennium.
- Medicaid Expansion already covers ABA for adults with autism.