



**2021 SB 2199**

**House Human Services Committee**

**Representative Robin Weisz, Chairman**

**March 10, 2021**

Chairman Weisz and members of the House Human Services Committee, I am Melissa Hauer, General Counsel for the North Dakota Hospital Association (NDHA). I am here to testify in support of Senate Bill 2199. I ask that you give this bill a **Do Pass** recommendation.

Currently, North Dakota and Minnesota each have statutes that allow for temporary behavioral health services to be provided across state lines, with the cost of the services to remain with the state in which the patient resides. The North Dakota Department of Human Services has a contract with the Minnesota Department of Health for such interstate services. This allows Minnesota (usually Moorhead or the immediate area) residents on emergency holds for mental illness to receive care at a Fargo hospital rather than having to be held in facilities much further from home.

With the change provided by this bill, when the Department of Human Services enters into one of these agreements with a bordering state, the agreement may, rather than must, enable the placement in North Dakota of individuals who require detoxification services, are on emergency holds, or who have been involuntarily committed as mentally ill or having a substance use disorder in a bordering state and enable the temporary placement in a bordering state of patients who require detoxification services or who are on emergency holds under our state mental health commitment law.

Hospitals support this change because these are supposed to be short-term services. If a patient needs long-term care, the patient is supposed to receive that care in Minnesota. The

agreement is not meant for Minnesota to place or leave patients on long-term commitment at a North Dakota hospital, consuming beds and resources that would otherwise be used by North Dakota patients. This can happen because Minnesota's statute states that contracts for interstate behavioral health services "may" allow placement of patients on out-of-state commitment in a Minnesota facility.

North Dakota's statute currently states that these contracts "must" enable placement in North Dakota of patients on out-of-state commitment. This bill puts North Dakota facilities on equal footing with Minnesota and allows us to have control over our patient flow. The current language places us in a position where we are used as a de facto arm of the Minnesota Department of Health to place patients on commitment, when Minnesota doesn't have any available beds in its state system. North Dakota residents would directly benefit by allowing us to better control our patient flow and avoid having scarce bed capacity occupied by patients in the Minnesota system, whose admission and discharge we cannot currently control. We believe the bill would place North Dakota in a more even position to manage out-of-state mental health commitments.

In summary, we ask that you give this bill a Do Pass recommendation. I would be happy to respond to any questions you may have. Thank you.

Respectfully Submitted,

Melissa Hauer, General Counsel/VP  
North Dakota Hospital Association