

1999 HOUSE HUMAN SERVICES

HCR 3053

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3053

House Human Services Committee

Conference Committee

Hearing Date February 15, 1999

Tape Number	Side A	Side B	Meter #
1	X		0.0 - 7.6
1	X		56.7 - 58.7
Committee Clerk Signature <i>Susan Lindteigen</i>			

Minutes:

Chairman Rep. CLARA SUE PRICE called the committee to order. Present were Reps. Clara Sue Price, Robin Weisz, William Devlin, Pat Galvin, Roxanne Jensen, Amy Kliniske, Chet Pollert, Todd Porter, Blair Thoreson, Bruce Eckre, Ralph Metcalf, Carol Niemeier, Wanda Rose, and Sally Sandvig. Representative Dale Henegar was absent due to illness.

Rep. ROXANNE JENSEN, District 17, introduced and testified in support of the bill.

KAREN ROMIG LARSON, Director, Mental Health and Substance Abuse, Department of Human Services, testified (Testimony attached).

MICHAEL MULLEN, Department of Health, testified the department of health concurs with the testimony of the department of human services in support of this legislation.

ROSE STOLLER, Executive Director, ND Mental Health Association, testified we support this resolution and will offer assistance to the committee in determining the statistics and data needed

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House Human Services Committee

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to make this a workable plan. As you know, parity has been studied for many years in various parts of the country. We agree with the department of human services testimony that now is the time to take a look at it.

CARIN HOFFMAN on behalf of TERESA LARSON, Executive Director, Protection and Advocacy Project, testified (Testimony attached).

Sister MARGARET ROSE, ND Catholic Conference, testified we are in favor of this, HCR 3053, because we believe in the parity of the treatment of mental illness. The Pope has urged us to recognize and celebrate the divine image in the human person with actions of support and serve all those who find themselves in a condition of mental illness and substance abuse. They are still human beings. Mentally ill, who like the poor, lack political power and receive a low priority sometimes in our state budget. If this study will aid in the treatment of the mentally ill and those with substance abuse, we urge the passage of this bill, HCR 3053.

OPPOSITION

None.

Hearing closed.

Committee Discussion

Rep. PAT GALVIN moved DO PASS.

Rep. AMY KLINISKE second the motion

ROLL CALL VOTE #1: 13 yeas, 0 nays, 2 absent

CARRIER: Rep. AMY KLINISKE

Date: 2-15-99
 Roll Call Vote #: /

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
 BILL/RESOLUTION NO. 3053

House Human Services Committee

Subcommittee on _____

or

Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Pat Galvin Seconded By Amy Kliniske

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairwoman	X		Bruce A. Eckre	X	
Robin Weisz - Vice Chairman	X		Ralph Metcalf	X	
William R. Devlin	X		Carol A. Niemeier	X	
Pat Galvin	X		Wanda Rose	X	
Dale L. Henegar			Sally M. Sandvig	X	
Roxanne Jensen	X				
Amy N. Kliniske	X				
Chet Pollert	X				
Todd Porter	X				
Blair Thoreson					

Total Yes 13 No 0

Absent 2

Floor Assignment Amy Kliniske

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

REPORT OF STANDING COMMITTEE (410)
February 15, 1999 3:36 p.m.

Module No: HR-30-3019
Carrier: Kliniske
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HCR 3053: Human Services Committee (Rep. Price, Chairman) recommends DO PASS and BE PLACED ON THE CONSENT CALENDAR (13 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). HCR 3053 was placed on the Tenth order on the calendar.

1999 SENATE HUMAN SERVICES

HCR 3053

1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR3053

Senate Human Services Committee

Conference Committee

Hearing Date MARCH 15, 1999

Tape Number	Side A	Side B	Meter #
1		X	2,495
Committee Clerk Signature <i>Carol Kolodejchuk</i>			

Minutes:

The hearing was opened on HRC3053.

KAREN ROMIG-LARSON, Dept of Human Services, supports bill and presented it for Rep. Jensen. (written testimony) SENATOR KILZER asked if this was from a single study. MS. ROMIG-LARSON said no, it was a compilation of studies.

ROSE STOLLER, ND Mental Health Assoc., supports bill. One in five children experience mental health disorders. Depression is the second most disabling disease after heart disease by the year 2020. A study like this will lead to better understanding of the parody issues, current mandates, mental health disorders, and reduction of stigma for those who suffer. Please support this resolution and we stand ready to assist during the interim.

The hearing was closed on HCR3057.

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Senate Human Services Committee

Bill/Resolution Number HCR3053

Hearing Date MARCH 15, 1999

SENATOR DEMERS moved a DO PASS and Place on the Consent Calendar. SENATOR

KILZER seconded it. Roll call vote carried 6-0-0. SENATOR MUTZENBERGER will carry

the bill.

Date: 3/15/99
Roll Call Vote #: 1

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 3053

Senate HUMAN SERVICES COMMITTEE Committee

- Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken No Pass & placed on consent calendar

Motion Made By Sen DeMers Seconded By Sen Kilzer

Senators	Yes	No	Senators	Yes	No
Senator Thane	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Lee	✓				
Senator DeMers	✓				
Senator Mutzenberger	✓				

Total 6 (yes) 0 (no)

Absent 0

Floor Assignment Sen Mutzenberger

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

REPORT OF STANDING COMMITTEE (410)
March 15, 1999 3:22 p.m.

Module No: SR-46-4824
Carrier: Mutzenberger
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HCR 3053: Human Services Committee (Sen. Thane, Chairman) recommends **DO PASS** and **BE PLACED ON THE CONSENT CALENDAR** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HCR 3053 was placed on the Tenth order on the calendar.

1999 TESTIMONY
HCR 3053

**TESTIMONY
HOUSE HUMAN SERVICES COMMITTEE
REP. CLARA SUE PRICE, CHAIR
FEBRUARY 12, 1999
HCR 3053**

Representative Price, members of the Committee: For the record, my name is Karen Romig Larson, Director of the Division of Mental Health and Substance Abuse in the Department of Human Services. I appear before you today to speak in support of HCR 3053.

As some of you may recall, the issue of parity for mental health and substance abuse was addressed via a study resolution during the 1995-1997 biennium with somewhat mixed results. At that time there was little data available to truly study the impact of mental health and substance abuse parity. Very few states had implemented parity; as a result the fear of greatly increased premiums was not supported nor negated by fact or data. However, with the passage of the National Mental Health Parity Act of 1996; additional states have adopted some form of parity legislation; and more data relative to costs and utilization rates is available. The availability of more information makes a second study of this issue timely and appropriate.

North Dakota has had an excellent Mental Health Mandate in law for a number of years. It is the result of many hours of effort by advocacy groups, consumers, providers, and insurance carriers. It represents thoughtful response to a group of illnesses too often ignored in the health care arena. As utilization and measurement of effectiveness for a much broader variety of services for both mental illness and substance abuse have become available, we are continually challenged to readdress that mandate so as not to limit the choice of effective services to consumers. As a result, the opportunity to study the existing mandate as compared to implementing parity is an important one. It should allow us to closely and clearly examine the most beneficial approach to assuring insurance coverage for these illnesses.

With this study, we are offered an opportunity to learn of the approaches taken by other states. For instance, the states of Ohio and Texas have implemented parity for their state employees' health plans as a mechanism for determining the impact of parity. Other states, such as South Dakota, have identified parity for the brain disorders of schizophrenia, manic depressive disease, and clinical depression. As is mentioned in HCR 3053, a number of studies have been conducted to determine both costs of premiums and effects on utilization as a result of parity.

I thank you for your consideration of this resolution and urge your favorable action on it. It will allow for much needed study, debate, and consideration for adequate coverage for effective and appropriate care for persons experiencing mental illness and /or addictive disease in our state.

House Concurrent Resolution No. 3053
House Human Services
February 15, 1999

Testimony of Teresa Larsen, Executive Director
Protection and Advocacy Project

Good afternoon Chairperson Price and members of the Committee. The Protection and Advocacy Project is a State agency that advocates for individuals with disabilities, including those with mental illnesses. As such, I ask that you consider the importance of the study resolution before you and that you recommend its passage.

As consumers, family members and advocates, we work hard to nullify the stigma of mental illness. We stress that mental illness should not be viewed or treated differently from physical disabilities and yet, as a society, we allow discrimination to continue. One form of such discrimination is that mental health benefits are treated differently from that of other health care benefits.

Passage of the Mental Health Parity Act in 1996 was a step in the right direction. Nineteen states now have mental health legislation in place to address the issue of parity. Thirteen more states have legislation pending.

Studies show that state parity laws have had a small effect on premiums. Predictions were that increases due to mental health/substance abuse parity would range from 3.2% to 11.4%. Updated figures show that full parity for mental health and substance abuse services is estimated to increase premiums by 3.6%, on the average. This is not out of reach.

Our agency has an advisory council that provides direction to our governing board and staff on issues of relevance to persons with mental illnesses. The nine members of the council have prioritized parity as one of two vital issues. They also support this study resolution.

Thank you for your consideration.

TESTIMONY
SENATE HUMAN SERVICES COMMITTEE
SEN. RUSSELL THANE, CHAIR
MARCH 15, 1999
HCR 3053

Senator Thane, Members of the Committee: For the record, my name is Karen Romig Larson, Director of the Division of Mental Health and Substance Abuse in the Department of Human Services. I appear before you today to speak in support of HCR 3053.

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