

1999 HOUSE HUMAN SERVICES

HCR 3070

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3070

House Human Services Committee

Conference Committee

Hearing Date February 24, 1999

Tape Number	Side A	Side B	Meter #
1	X		8.5 - 21.0
1		X	25.1 - 27.5
2	X		0.0 - 4.3

Committee Clerk Signature *Susann Lindteigen*

Minutes:

Rep. MICK GROSZ, District 8, introduced the resolution for Mr. Howard Anderson, Chairman, State Health Council. It will see if there is any unnecessary duplication of medical services in the state. Also, to see if medical services are being provided to all areas of the state.

HOWARD ANDERSON, Chairman, ND Health Council, testified (Testimony attached). My intention was to bring a partnership between the Legislature and the Health Council so that we could look at these things together and share information. We think of North Dakota as a rural state, however, we are considered urban now because most of our people live in cities of 2500 or more. The problem in health care is things are driven by the reimbursement care. When Medicare came up with DRG's, the insurance companies adopted DRG's, we thought we had a handle on costs. We have to hire consultants all the time to determine what is the best way to get the most revenue out of Medicare, Medicaid, or the insurance system. One of my concerns is

that we get the people's input into this. We should hold our hearings around the state. We need to help all of us understand that whatever health care services are provided to us, we all have to pay for those. It's not always someone else's money.

Rep. ROXANNE JENSEN asked for an example of the meaning of the final sentence in paragraph three of your testimony. HOWARD ANDERSON related the incident of the nursing home patient who ordered medication with the understanding they were covered by Medicaid. We sent the medication to the nursing home with a note that the medication was generally not covered by Medicaid. Then the patient said, "I don't want to pay for it; so I don't need it." Also, our son went to the emergency room. We received a bill from the hospital emergency room and the clinic. We wondered, do we ask for an itemized billing or just let the insurance company pay it? One thing the federal government decided on the best way to deal with Medicare fraud is to hold forums around the country to train consumers to recognize inappropriate charges on the bill.

Rep. CLARA SUE PRICE asked how many other people will have to travel when the four health council meetings are held? HOWARD ANDERSON stated it depends on the agenda. But, typically, we would have the state health officer and the secretary who does the minutes. We usually meet more than four times per year, about every two months. We already pay for the health council members to come from all over the state. Rep. CLARA SUE PRICE asked what kinds of publicity would be used so that the average citizen would be there? HOWARD ANDERSON stated there are a couple of things: (1) the Health Council gets good publicity from the press now so through that avenue we can inform the public; (2) we could use some targeted information, contact local people in the community. I don't think we would spend a lot of money but we would need some money. I am exploring some outside funding for public forums.

Rep. RALPH METCALF asked will information come out at the forums about not receiving a bill when we have medical work done? We only receive a notice of what they are going to pay and what they're not going to pay. HOWARD ANDERSON stated we hear that often that all people get is the notification of benefits. There again, if you don't get the bill, how can you evaluate and say if you really got those services or not? That is a very good suggestion.

OPPOSITION

None

Hearing closed.

Committee Discussion.

Rep. CAROL NIEMEIER requested "may" be inserted on line 10.

Rep. CLARA SUE PRICE explained proposed amendment 93135.0101, title 0200.

Rep. SALLY SANDVIG expressed concern for people without health insurance and the economic burden this would create.

Rep. CLARA SUE PRICE explained the high cost of health insurance is why less people carry coverage.

Rep. ROXANNE JENSEN moved to ADOPT AMENDMENT 93135.0101.

Rep. AMY KLINISKE second the motion.

VOICE ROLL CALL VOTE #2: 15 yeas, 0 nays, 0 absent

Rep. TODD PORTER moved DO PASS As AMENDED.

Rep. ROXANNE JENSEN second the motion.

VOICE ROLL CALL VOTE #3: 15 yeas, 0 nays, 0 absent

CARRIER: Rep. AMY KLINISKE

VR
2/24/99

HOUSE AMENDMENTS TO HOUSE CONCURRENT RESOLUTION NO. 3070 HUMSER 2/25/99

Page 1, line 4, after "care" insert "including health care insurance"

Page 1, line 10, replace "includes" with "may include"

Page 1, after line 11, insert:

"WHEREAS, continual increases in health care insurance premiums create an economic burden upon the citizens of this state; and"

Page 1, line 18, after "care" insert "including health care insurance"

Renumber accordingly

Date: 2-24-99
Roll Call Vote #: 2

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 3070

House Human Services Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number 93135.0101

Action Taken Adopt Amendment

Motion Made By Jensen Seconded By 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	X		Sally M. Sandvig	X	
Roxanne Jensen	X				
Amy N. Kliniske	X				
Chet Pollert	X				
Todd Porter	X				
Blair Thoreson	X				

Total Yes 15 No 0
Absent 0

Floor Assignment _____

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

Date: 2-24-99
 Roll Call Vote #: 3

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
 BILL/RESOLUTION NO. 3070

House Human Services Committee

Subcommittee on _____
 or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass as Amended

Motion Made By Porter Seconded By Jensen

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	X		Sally M. Sandvig	X	
Roxanne Jensen	X				
Amy N. Kliniske	X				
Chet Pollert	X				
Todd Porter	X				
Blair Thoreson	X				

Total Yes 15 No 0
 Absent 0

Floor Assignment Amy Kliniske

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

REPORT OF STANDING COMMITTEE

HCR 3070: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE PLACED ON THE CONSENT CALENDAR** (15 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HCR 3070 was placed on the Sixth order on the calendar.

Page 1, line 4, after "care" insert "including health care insurance"

Page 1, line 10, replace "includes" with "may include"

Page 1, after line 11, insert:

"WHEREAS, continual increases in health care insurance premiums create an economic burden upon the citizens of this state; and"

Page 1, line 18, after "care" insert "including health care insurance"

Re-number accordingly

1999 SENATE HUMAN SERVICES

HCR 3070

1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR3070

Senate Human Services Committee

Conference Committee

Hearing Date MARCH 17, 1999

Tape Number	Side A	Side B	Meter #
1	X		4,070
3/22/99 1	X		2,514
Committee Clerk Signature <i>David Kalodziejchuk</i>			

Minutes:

The hearing on HCR3070 was opened.

REPRESENTATIVE MICK GROSZ, sponsor, introduced the bill. This is a study of health care delivery system; if there are duplications or if health care needs are being met. If they are not how can we improve.

HOWARD ANDERSON, Chairman of the State Health Council, supports bill in written testimony. SENATOR THANE: Why don't we consider wellness programs? MR.

ANDERSON stated that part of this is wellness. It is trying to prevent sickness. We need to heighten the awareness of the whole picture. SENATOR DEMERS asked if the focus was on insurance or financial. MR. ANDERSON answered that it will be broad based. Find where we spend the big dollars and even it out.

No opposition.

Page 2

Senate Human Services Committee

Bill/Resolution Number HCR3070

Hearing Date MARCH 17, 1999

The hearing was closed.

Discussion resumed 3/22/99. SENATOR LEE moved a DO PASS and PLACE ON THE
CONSENT CALENDAR. SENATOR FISCHER seconded it. Roll call vote carried 6-0-0.
SENATOR MUTZENBERGER will carry the bill.

Date: 3/22/99
Roll Call Vote #: 1

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HCR 3070

Senate HUMAN SERVICES COMMITTEE Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass & placed on Consent Calendar

Motion Made By Sen Lee Seconded By Sen Fischer

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 22, 1999 3:47 p.m.

Module No: SR-51-5323
Carrier: Mutzenberger
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HCR 3070, as engrossed: 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). Engrossed HCR 3070 was placed on the Tenth order on the calendar.

1999 TESTIMONY

HCR 3070

HOUSE CONCURRENT RESOLUTION No. 3070
Wednesday - February 24, 1999- 9:00 AM - Fort Union Room
House Human Services Committee

Chairman Price, members of the House Human Services Committee. For the record I am Howard C. Anderson, Jr., R.Ph. current Chairman of the State Health Council.

The idea for this resolution was arrived at in consultation with Murray Sagsveen, the State Health Officer. It has not been voted on or reviewed in detail by the State Health Council. I have discussed it with the State Health Council in general terms on two different occasions. At the last meeting I asked for and received their consensus support to proceed. Over the last few years, the State Health Council has discussed ways we could be pro-active in planning ahead to better serve our responsibilities under the legislative mandates for the Council and to serve the public of North Dakota by helping to set the direction for the future of health care in our state.

Many of you will remember the North Dakota Health Task Force, which during an apparent crisis period in health care both locally and nationally, we attempted to bring providers and the public together to resolve some of the issues. We might look at this as a Task Force II, but as an attempt to look ahead instead of trying to solve a current crisis. It is also my objective to involve the public, when the public can be found, as much as possible in determining what health care they see for themselves in the future as well as helping us determine the payor for those services. I believe it needs to be clear to each of us, that whatever health care services we receive need to be paid for, by all of us. Mechanisms for payment and services have often become convoluted and separated from the actual recipient of those services.

The partnership between the Legislature, through your interim studies of long term care and the Health Council through the State Health Departments hearings and rule making procedures relative to long term care has worked very well. Over the past four years we have been able to arrive at some legislative solutions, which seem to serve most of us pretty well. Only through careful study and public input can we arrive at these decisions. An 80 day legislative session is seldom long enough to flesh out complex issues, unless we have spent some time preparing the data and getting the input prior to working legislation through the process.

We have in this legislative session a legislative council rural hospital study in HCR No. 3046; a legislative council study of swing beds in HCR No. 3004; and a legislative council study of the feasibility of requiring health plan coverage for periodic physical examinations. Each of these studies may have merit, but if the study of rural hospitals was a part of a larger study of access to care; including primary care providers; including nursing homes and the alternative

of community based services, as well as, for example, access to emergency medical services. It might develop more helpful information for the Health Council and the Legislative Council as they consider what actions may be appropriate in light of demographic changes and changes in the deliver of health care services.

Another factor, which is a personal goal of mine, is to insure through HCR No: 3070, we explicitly call for public input on these issues. I realize that the legislature is elected by the public and gets a pretty good pulse on the public's perception of issues. My suggestion is that we hold four Health Council Meetings a year at various locations around the state of North Dakota. During these meetings we would handle our regular business and we would invite the public to come in, sit down with the Health Council and discuss some of these issues they feel important in their local area.

We have some excellent staff within the Health Department who can help us with the evaluation and gathering of background data to assist in the study and in your future decisions.

We would study both the private and public aspects of health care services, including the role the Health Department and the public health providers of the state.

If you perceive that the language is too strong in the duplication of services, I would encourage you to amend it to indicate there "*may be* duplication", rather than "*is* duplication". My original language was not nearly so strong. But, when the legislative council drafted it, the language became more pointed than was my original intent.

In summary, it is my intent to create a partnership between the State Health Council and the Legislature to look at health care in North Dakota in a pro-active, forward seeking mode to help us make better decisions as the future arrives.

Thank you.

HOUSE CONCURRENT RESOLUTION No. 3070
Wednesday – March 17th, 1999- 9:00 AM - Red River Room
Senate Human Services Committee

Chairman Thane, members of the Senate Human Services Committee. For the record I am Howard C. Anderson, Jr., R.Ph. current Chairman of the State Health Council.

The idea for this resolution was arrived at in consultation with Murray Sagsveen, the State Health Officer. I have discussed it with the State Health Council in general terms on three different occasions. At the January meeting I asked for and received their consensus support to proceed. They were presented the version you have now at our recent meeting on March 9th, 1999. Over the last few years, the State Health Council has discussed ways we could be pro-active in planning ahead to better serve our responsibilities under the legislative mandates for the Council and to serve the public of North Dakota by helping to set the direction for the future of health care in our state.

Many of you will remember the North Dakota Health Task Force, which during an apparent crisis period in health care both locally and nationally, we attempted to bring providers and the public together to resolve some of the issues. We might look at this as a Task Force II, but additionally as an attempt to look ahead instead of trying to solve a current crisis. It is also my objective to involve the public, when the public can be found, as much as possible in determining what health care they see for themselves in the future as well as helping us determine the payor for those services. I believe it needs to be clear to each of us, that whatever health care services we receive needs to be paid for, by all of us. Mechanisms for payment and services have often become convoluted and separated from the actual recipient of those services.

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Thank you.



**The North Dakota
Healthcare Association**

(NDHA)

**Glossary of
Healthcare Terms**