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Salveta Richardson
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10/6/83
Date

2003 HOUSE HUMAN SERVICES

HCR 3066

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Yolanda Richardson
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10/16/03
Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3066

House Human Services Committee

Conference Committee

Hearing Date February 26, 2003

Tape Number	Side A	Side B	Meter #
2		X	29.6 - 38.9
Committee Clerk Signature <i>Sharon Leffrow</i>			

Minutes:

Rep. Sandvig appeared as prime sponsor with written testimony.

Dave Zentner, Director of Medical Services for the Dept. of Human Services appeared neutral on the bill with written testimony.

Rep. Sandvig: When Medicaid covers the premiums, do the people already have the insurance and then Medicaid just picks it up.

Answer: Yes, we just make sure that if its cost effective that they don't drop the insurance, that we pay the premium. If it shows that its not cost effective, then we will not pick it up.

Rep. Sandvig: This wouldn't help somebody that wouldn't have insurance in the first place.

Answer: That's correct, this is for people who already have coverage.

No Opposition.

Rep. Price: Some of the these states that are referenced here as having are definitely backing off on some of their coverage's.

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Page 2
House Human Services Committee
Bill/Resolution Number HCR 3066
Hearing Date February 26, 2003

In fact we've had one state report that they are so short of money overall, particularly in the Medicaid that they are cutting their school year by 20 days.

Rep. Sandvig: I thought this would put some pressure on the Department to check into some of these because I don't think they do everything they could do as far as going for waivers and things like that.

Rep. Pollert: I'm tired of people wanting to come after my income and moves a DO NOT PASS, second by Rep. Porter.

Rep. Sandvig: The idea was to partner with private insurance to get people covered, there is no program out there for those who don't have insurance.

Rep. Devlin noted we just studied this and there is no budget there for this.

Rep. Price: A lot of the States went into this in the just last 2 or 3 yrs and some of them are backing out of it. They are just not being able to fund some of these things.

Rep. Potter: I would be interested in something down the line when finances are better.

Vote: 10 - 3 - 0

Rep. Porter to carry the bill.

26
Date: February , 2003
Roll Call Vote #: 1

**2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HCR 3066**

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken DNP on Consent

Motion Made By Rep Pollert Seconded By Rep Porter

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price - Chair	✓		Rep. Sally Sandvig		✓
Rep. Bill Devlin, Vice-Chair	✓		Rep. Bill Amerman		✓
Rep. Robin Weisz	✓		Rep. Carol Niemeier		✓
Rep. Vonnie Pietsch	✓		Rep. Louise Potter	✓	
Rep. Gerald Uglem	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Gary Kreidt	✓				
Rep. Alon Wieland	✓				

Total (Yes) 10 No 3

Absent 0

Floor Assignment Rep Porter

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

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J. Costa Richardson 10/16/03
Operator's Signature Date

REPORT OF STANDING COMMITTEE (410)
February 27, 2003 10:19 a.m.

Module No: HR-35-3556
Carrier: Porter
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE
HCR 3066: Human Services Committee (Rep. Price, Chairman) recommends **DO NOT**
PASS (10 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). HCR 3066 was placed on
the Eleventh order on the calendar.

(2) DESK, (3) COMM

Page No. 1

HR-35-3556

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Richard Costa
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10/16/03
Date

12

2003 TESTIMONY

HCR 3066

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Calista Rickford
Operator's Signature

10/16/03
Date

HCR 3066

Testimony

Representative Sally Sandvig District 21, Fargo Study Resolution

**Madam Chairman Price and members of the
Human Services Committee:**

**For the record I am Representative Sally Sandvig
from District 21 in Fargo and I'm here as the
sponsor of this study resolution.**

**The purpose of this resolution is to look at the
possibility of the Insurance and Medicaid
Departments partnering with private insurance
agencies and agents to encourage people to buy
private health insurance. The state would set the
standards, review the products and rates, monitor
the program, and educate the public. The
insurance companies would collect the premiums
and pay the claims. This would allow people to use
private insurance before medicaid. Employers
could sponsor and pay health insurance for
employees that would not have insurance coverage
otherwise, and get incentive payments from the
state for providing this coverage. They could pay
50% and Medicaid would pay the rest with a federal
premium match. The private sector would be
subsidized. We could expand or enhance coverage
from savings in other programs. We could also use
an employer sponsored insurance rebate program**

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Sally Sandvig
Operator's Signature

10/16/03
Date

for providing a Family Health Insurance Assistance Program, or allow tax deductions for partnership policy. The money could come from unspent title 21 dollars, if available.

Another approach would be to reimburse the premiums for people who purchase cost effective insurance coverage. This could be done by using vouchers or subsidies, or allow people to buy into PERS.

States using some of these plans are Mississippi where businesses buy into a program to help employers cover more uninsured employees; Texas, Pennsylvania, and Missouri give small employers incentive payments for providing insurance up to 50% of the cost; Massachusetts where the insurance provider must meet certain standards; Iowa's Health Insurance Premium Payments or HIPP, for employer coverage that reimburses premiums for those not eligible for coverage and in which the private sector is subsidized; Oregon's state funded Family Health Assistance Plan, a subsidized program employer plan; also New Jersey and Wisconsin's Badger plan.

These plans provide subsidies for people who cannot afford health care, subsidize worker contributions, offer subsidies to small employers and to individuals and small firms to encourage purchasing of coverage, or provide subsidies or vouchers to use toward employer sponsored

coverage, or to directly buy insurance.

Idaho offers a state tax deduction for those who buy individual health care coverage, or on all expenditures for health insurance. New York indirectly subsidizes premiums by paying Healthy New York Insurers 90% of claims between \$30,000.00 and 100,000 dollars per member.

States pick up part of the cost of employer provided health insurance for workers who couldn't otherwise afford it. Some give tax credits if a person pays a large share of the premium and if funds are available up front to buy insurance.

Please give this resolution a due pass recommendation so we can study this issue.

Thank You.

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