

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

1463

2007 HOUSE HUMAN SERVICES

HB 1463

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1463

House Human Services Committee

Check here for Conference Committee

Hearing Date: January 22, 2007

Recorder Job Number: 1581

Committee Clerk Signature

Judy Dehock

Minutes:

Chairman Price: calls the committee to order and open the hearing on HB 1463.

Representative Todd Porter, district 34 Mandan, ND: Having been involved in the CHIPS program since 1999. When it was first put together as a program, we were under some Federal guide lines and restrictions in regards on how the poverty level was going to be set. Doing that, we put it under net income. It has always been an issue of contention and confusion. We have new federal money available, and we should implement and put it into gross income, and move it to the 200% poverty.

Kathy Grafsgaard, Health Care Advocate of the ND Catholic Conference: See attached testimony.

Kayla Pulvermacher, representing members of ND Farmers Union: See attached testimony.

David Peske, with Medical Association: We would just like to add our support for this bill. Pediatricians and physicians have for many years supported an increase in a level of eligibility.

James Moench, Executive Director of the ND Disabilities Advocacy Consortium: See attached testimony.

Jack McDonald, on behalf of the Arc of ND. See attached testimony.

Tom Tupo, with the National Association of Social Workers of ND chapter: We too would like to add our support for 1463.

Maggie Anderson, Director of Medical Services for the Department of Human Services:

See attached testimony and information on the fiscal note, also attached.

The committee discusses with Ms Anderson that there were very few that fell off the plan if we went to 185 % gross, so now we are up to 80 kids still going 50% higher? The committee goes through what qualifies for deductions and a chart on the levels of poverty with Ms Anderson. You have to look at Medicaid every month, but Healthy Steps every year. Other programs that go on gross income would be WIC, meals, and those are child specific programs. Is there a way to write language on the 80 children who are currently enrolled? Representative Conrad questions why the two fiscal notes are so different, and Ms Anderson answers her questions.

Rod St. Aubyn, with Blue Cross, Blue Shield of ND: Blue Cross Blue Shield has a caring foundation that provides caring for children. I am assuming that would be everyone would be calculated based on gross verses net rather than just renewed additional people. We are changing our system as well because we are calculating this based on that.

Chairman Price: We have asked a couple of times to take a look at the tracking as premium increases. Have you been able to provide with some of the utilization data for the premiums?

Mr. St Aubyn: It is my understanding we have.

Chairman Price: Any other questions and testimony? We will close the hearing on HB 1463.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1463

House Human Services Committee

Check here for Conference Committee

Hearing Date: January 31, 2007

Recorder Job Number: 2457

Committee Clerk Signature

Judy Schock

Minutes:

Chairman Price: The CHIPS bill, I asked for the new chart on the federal poverty level. For healthy steps currently in order to qualify your monthly income for family of 3 of 1937 dollars, and that is net. We have two income levels for kids on Medicaid depending on their age. See attached diagram of proposed coverage. We could put more kids on Medicaid at less money than we pay for CHIPS. This would allow us to get more kids on CHIPS. We spend 110.94 a month on Medicaid and 207.31 for CHIPS premium. With that savings we could insure another 1400 kids. We have three issues in front of us. The first is the implications of changing the policy of Medicaid from 110 to 133 for that population. The second is going to 150% net and the third is the additional money. The goal is to cover more kids. You have proposed amendments before you. They were prepared by the department for me.

Margaret Mowery, Director for covering kids and families in ND: When we look at all of the options we look at the new number of children. We have a pretty good idea where those kids are. and what they are going through in order to be involved in Medicaid or CHIPS. When you have a family and the 0-5 year olds are on Medicaid and the 6-19 year olds on the S CHIP program. There is a difference in programs and a difference when you have and what you have to do to stay on those programs. If on Medicaid you have to do income reports. If you

are on Healthy steps it is yearly. They need to know what to do to stay enrolled. You may want to look at putting children on Medicaid longer than every month. That is what I want you to look at if you move children from CHIPS to Medicaid. That would have to be an education process.

Representative Conrad feels we should be looking at this longer. The public has a right to see them.

Representative Porter moves the amendments, seconded by **Representative Wesz**. The verbal vote is 11 yeas 1 nay and 0 absent. **Representative Weisz** moves a do pass as amended RR/Appropriations, seconded by **Representative Hatlestad**. The vote is 12 yeas, 0 nays, and 0 absent. **Representative Porter** will carry the bill to the floor.

FISCAL NOTE
Requested by Legislative Council
03/27/2007

Amendment to: Engrossed
 HB 1463

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$750,458	\$0	(\$467,381)
Expenditures	\$0	\$0	\$849,465	\$750,458	\$924,236	(\$467,381)
Appropriations	\$0	\$0	\$849,465	\$750,458	\$924,236	(\$467,381)

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$121,567	\$0	\$0	\$118,876	\$0	\$0

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill would raise the Medicaid eligibility for individuals from birth through age eighteen to 133% of poverty. This bill would also raise the state childrens' health insurance program eligibility to net income of 150% poverty.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 of this bill would result in 2,700 children becoming eligible for Medical Assistance. Of this, 2,450 children who are currently enrolled in Healthy Steps would become eligible for Medical Assistance.

Section 2 of this bill would result in 1,200 children becoming eligible for Healthy Steps.

If section 2 becomes effective and section 1 does not become effective, the Department will need the contingent appropriation listed in Section 3 to implement the Healthy Steps portion of the bill.

The Department is unable to estimate what the projected increase in caseload may be at the county level and which counties would be impacted. So without knowing the staffing levels and caseload capacities at the counties the Department is estimating that an additional full-time FTE would be needed at the county level.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

For the 2007-09 biennium \$750,458 in federal funds would be received if sections 1 and 2 become effective.

For the 2009-11 biennium the Department would receive \$467,381 less in federal funds if sections 1 and 2 become effective. This is because the Federal Matching Assistance Percentage (FMAP) is less for Medicaid than for Healthy Steps.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 2007-09 biennium a total of \$1,599,923 would be expended for salary and related costs of a half-time FTE, childrens' health insurance premium payments and medical assistance grants. \$849,465 would be general funds and \$750,458 would be federal funds if sections 1 and 2 become effective.

For the 2009-11 biennium a total of \$456,855 would be expended for salary and related costs of a half-time FTE, childrens' health insurance premium payments and medical assistance grants. \$924,236 would be general funds and (\$467,381) would be federal funds if sections 1 and 2 become effective. This is because the Federal Matching Assistance Percentage (FMAP) is less for Medicaid than for Healthy Steps.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

For the 2007-09 biennium the Department would need a general fund appropriation of \$849,465 and a federal fund appropriation of \$750,458 if sections 1 and 2 become effective.

Name:	Debra A. McDermott	Agency:	DHS
Phone Number:	328-3695	Date Prepared:	01/27/2007

FISCAL NOTE

Requested by Legislative Council

02/05/2007

Amendment to: HB 1463

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$750,458	\$0	(\$467,381)
Expenditures	\$0	\$0	\$849,465	\$750,458	\$924,236	(\$467,381)
Appropriations	\$0	\$0	\$849,465	\$750,458	\$924,236	(\$467,381)

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$121,567	\$0	\$0	\$118,876	\$0	\$0

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill would raise the Medicaid eligibility for individuals from birth through age eighteen to 133% of poverty. This bill would also raise the state childrens' health insurance program eligibility to net income of 150% poverty.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 of this bill would result in 2,700 children becoming eligible for Medical Assistance. Of this, 2,450 children who are currently enrolled in Healthy Steps would become eligible for Medical Assistance.

Section 2 of this bill would result in 1,200 children becoming eligible for Healthy Steps.

The Department is unable to estimate what the projected increase in caseload may be at the county level and which counties would be impacted. So without knowing the staffing levels and caseload capacities at the counties the Department is estimating that an additional full-time FTE would be needed at the county level.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

For the 2007-09 biennium \$750,458 in federal funds would be received.

For the 2009-11 biennium the Department would receive \$467,381 less in federal funds. This is because the Federal Matching Assistance Percentage (FMAP) is less for Medicaid than for Healthy Steps.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 2007-09 biennium a total of \$1,599,923 would be expended for salary and related costs of a half-time FTE, childrens' health insurance premium payments and medical assistance grants. \$849,465 would be general funds and \$750,458 would be federal funds.

For the 2009-11 biennium a total of \$456,855 would be expended for salary and related costs of a half-time FTE, childrens' health insurance premium payments and medical assistance grants. \$924,236 would be general funds and (\$467,381) would be federal funds. This is because the Federal Matching Assistance Percentage (FMAP) is less for Medicaid than for Healthy Steps.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

For the 2007-09 biennium the Department would need a general fund appropriation of \$849,465 and a federal fund appropriation of \$750,458.

Name:	Debra A. McDermott	Agency:	Dept of Human Services
Phone Number:	328-3695	Date Prepared:	02/05/2007

FISCAL NOTE
Requested by Legislative Council
01/17/2007

Bill/Resolution No.: HB 1463

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$4,550,601	\$0	\$8,387,600
Expenditures	\$0	\$0	\$1,534,761	\$4,550,601	\$2,828,126	\$8,387,600
Appropriations	\$0	\$0	\$1,534,761	\$4,550,601	\$2,828,126	\$8,387,600

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$198,442	\$0	\$0	\$193,059	\$0	\$0

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

If sufficient additional federal funding becomes available, this bill would increase the income eligibility standard for the children's health insurance program from 140% of the federal poverty level (net income) to 200% of the federal poverty level (gross income).

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The fiscal note is prepared based on the number of children who were denied Healthy Steps coverage for the period August 2005 - July 2006 whose family income was between 140% (net) and 200% (gross) of poverty, which is 2,040 children. The number of children that would actually be eligible could be much greater. However, the Department is unable to determine the exact number of children that would apply and be eligible. Based on information from the 2000 census, it is estimated there are 24,505 children in ND between 140-200% of poverty. The Department is unable to determine the number that currently have health coverage and/or the number that would actually apply.

This change would result in 80 children who are currently enrolled in Healthy Steps losing coverage.

There would be additional costs for system changes. However the Department is unable to estimate the cost at this time.

The Department is unable to estimate what the projected increase in caseload may be at the county level and which counties would be impacted. So without knowing the staffing levels and caseload capacities at the counties the Department is estimating that an additional 2 FTEs would be needed at the county level.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

For the 2007-09 biennium \$4,550,601 in federal funds would be received, if available.

For the 2009-11 biennium \$8,387,600 in federal funds would be received, if available.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 2007-09 biennium a total of \$6,085,362 would be expended, \$102,395 for salary and related costs of an additional FTE and \$5,982,967 in medical assistance grants. \$1,534,761 would be general funds and \$4,550,601 would be federal funds.

For the 2009-11 biennium a total of \$11,215,726 would be expended, \$99,704 for salary and related costs and \$11,116,022 in medical assistance grants. \$2,828,126 would be general funds and \$8,387,600 would be federal funds.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

If sufficient federal funds become available, for the 2007-09 biennium the Department would need a general fund appropriation of \$1,534,761 and a federal fund appropriation of \$4,550,601.

Name:	Debra A. McDermott	Agency:	Dept of Human Services
Phone Number:	328-3695	Date Prepared:	01/19/2007

Date: 4/31
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES HB 1463 Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken move Amendment

Motion Made By Rep Porter Seconded By Rep Weisz

Representatives		Yes	No	Representatives		Yes	No
Clara Sue Price - Chairman				Kari L Conrad			
Vonnie Pietsch - Vice Chairman				Lee Kaldor			
Chuck Damschen				Louise Potter			
Patrick R. Hatlestad				Jasper Schneider			
Curt Hofstad							
Todd Porter							
Gerry Uglem							
Robin Weisz							

Total (Yes) 4 "Click here to type Yes Vote" No 1 "Click here to type No Vote" Rep Conrad

Absent 0

Floor Assignment _____

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

Date: V31
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES HB 1463 Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass as Amended RR/APP.

Motion Made By Rep Weisz Seconded By Rep Hatlestad

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Kari L Conrad	✓	
Vonnie Pietsch - Vice Chairman	✓		Lee Kaldor	✓	
Chuck Damschen	✓		Louise Potter	✓	
Patrick R. Hatlestad	✓		Jasper Schneider	✓	
Curt Hofstad	✓				
Todd Porter	✓				
Gerry Uglem	✓				
Robin Weisz	✓				

Total (Yes) 12 "Click here to type Yes Vote" No 0 "Click here to type No Vote"

Absent 0

Floor Assignment Rep. Porter

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

REPORT OF STANDING COMMITTEE

HB 1463: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the Appropriations Committee (12 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1463 was placed on the Sixth order on the calendar.

Page 1, line 1, replace "section 50-29-05" with "subsection 3 of section 50-24.1-02.6 and section 50-29-04"

Page 1, line 2, after "to" insert "medical assistance eligibility for minors and"

Page 1, replace lines 4 through 21 with:

"SECTION 1. AMENDMENT. Subsection 3 of section 50-24.1-02.6 of the North Dakota Century Code is amended and reenacted as follows:

3. The department of human services shall establish income levels for minors, based on the age of the minors, at amounts, no less than required by federal law, that provide an income level for ~~all minors born before September 30, 1983,~~ individuals from birth through age eighteen equal to one hundredthirty-three percent of the federal poverty level in the month for which eligibility for medical assistance benefits is being determined ~~and that do not exceed legislative appropriations for that purpose.~~

SECTION 2. AMENDMENT. Section 50-29-04 of the North Dakota Century Code is amended and reenacted as follows:

50-29-04. Plan requirements. The plan:

1. Must be provided through private contracts with insurance carriers;
2. Must allow conversion to another health insurance policy;
3. Must be based on an actuarial equivalent of a benchmark plan;
4. Must incorporate every state-required waiver approved by the federal government;
5. Must include community-based eligibility outreach services; and
6. Must provide:
 - a. ~~An~~ A net income eligibility limit of one hundred~~forty~~ fifty percent of the poverty line;
 - b. A copayment requirement for each pharmaceutical prescription and for each emergency room visit;
 - c. A deductible for each inpatient hospital visit;
 - d. Coverage for:
 - (1) Inpatient hospital, medical, and surgical services;
 - (2) Outpatient hospital and medical services;
 - (3) Psychiatric and substance abuse services;

- (4) Prescription medications;
 - (5) Preventive screening services;
 - (6) Preventive dental and vision services; and
 - (7) Prenatal services; and
- e. A coverage effective date that is the first day of the month, following the date of application and determination of eligibility."

Renumber accordingly

2007 HOUSE APPROPRIATIONS

HB 1463

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1463

House Appropriations Committee

Check here for Conference Committee

Hearing Date: 2/8/07

Recorder Job Number 3242

Committee Clerk Signature

Kelly N. Savel

Minutes:

Chairman Svedjan opened the hearing for HB 1463. This deals with Medicaid and S CHIP.

Rep Price distributed handout regarding Medicaid and SCHIP (Attachment A). SCHIP was initiated in 1999. This program is to provide health insurance for the level of children above the current Medicaid poverty rate.

Rep. Price discussed the chart. Currently we have 2 levels of coverage for children. From 0 to 6 years old their covered at a 133% of poverty and from age 6 to 19 they are covered at 100% poverty. The bill in front of you makes it level across the board, so from 0 to 19 they are 133%. The reason the committee took a look at this is because we received feed back from the eligibility workers that there is a lot of confusion out there. The one level of poverty will clear some of this for them as you will have children from the same family with the same type of plans.

The second piece to this is that we did raise the poverty level from 140% to 150% for the children's Health Insurance Program. In doing these 2 things we will a net effect of covering an additional 1,450 children on health insurance. So what we will have done is we will have moved some of the children to Medicaid because of the increase of the poverty rate and we have added children to Healthy Step. After they are out of Healthy Step because of the level of poverty, there is a caring program that is sponsored by BCBS which is funded by private

donations that goes up to 200% of poverty. This is some very basic coverage and is not comprehensive coverage like Medicaid or CHIPS.

This will all be accomplished with the amount of \$849,000 of State Funds and we would access \$750,000 of Federal Funds. Currently we are pretty much using all of the Federal Funds that are available to us under CHIPS, under the current program but because we are moving some of the kids to Medicaid we would be free up a few more dollars which would allow us to add these children.

The other piece that is very important has been done in the Senate. This is to put in the money for continuous eligibility. Currently children in CHIPS only have to basically report or go through eligibility once every 12 months. A Medicaid kids have to do it every month and we loose a lot of children because of failure to report. There is a little bit of difference though, because if they would end up in the emergency room they really can go back 3 months for the coverage, so they can get picked up again.

It is cheaper to have a child on a Medicaid from the premium point of view because that is at \$110 a month where the CHIPS payment is \$207.00 per month. CHIPS reimbursement under the Federal payment is 78% and Medicaid is 64%.

Chairman Svedjan: The total number of newly insured children under this plan is how many?

Rep Price: The department supplied us with a number of 1,450.

Rep Wald: How many kids receive treatment that would be eligible? The eligibility being 100%, how many come forward to take advantage of CHIPS.

Rep Price: Are you saying how many are out there that are currently eligible for CHIPS that are not enrolled? This could be a guess. There was a difference of about 2,300 children that were turned down in the last year between the 2 poverty levels of 140 to 150 percent. We can't guess exactly how many children are out there. There was one point that Mr. Zentner told

us that between Medicaid and CHIPS there is a potential out there of about 5,000 children out there that were not enrolled. However that was before our out reach numbers had really increased.

Rep Wald: By outreach do you mean an awareness program?

Rep Price: It was a grant from Robert Wood Johnson and Dakota Medical Foundation is currently administrating that and is soon to run out. We have a discussion on that and have a meeting tomorrow morning at 10:30 on the continuation of that particular plan.

Rep Wald: Would you translate that perhaps 80% participation?

Rep Price: I couldn't even guess.

Rep Monson: What is the income of someone who is at poverty level of a family of 4? What is the earning of a family of 4 at poverty level?

Rep Price: With the program of CHIPS we went with net income.

For a family of 4 currently at 100% poverty is \$1667 a month.

For a family of 4 currently at 140% poverty is \$2,334 a month.

For a family of 4 currently at 133% poverty is \$2,217 a month. (Medicaid)

Rep Carlisle motioned for a Do Pass. Rep Kreidt seconded the motion. The motion carried by a roll call vote of 24 ayes, 0 nays and 0 absent and not voting. Rep Porter was designated to carry the bill.

Date: 2/8/07
 Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
 BILL/RESOLUTION NO. 1463

House Appropriations Full Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken No Pass as expressed

Motion Made By Carlisle Seconded By Kreidt

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
Vice Chairman Kempenich	✓				
Representative Wald	✓		Representative Aarsvold	✓	
Representative Monson	✓		Representative Gulieson	✓	
Representative Hawken	✓				
Representative Klein	✓				
Representative Martinson	✓				
Representative Carlson	✓		Representative Glassheim	✓	
Representative Carlisle	✓		Representative Kroeber	✓	
Representative Skarphol	✓		Representative Williams	✓	
Representative Thoreson	✓				
Representative Pollert	✓		Representative Ekstrom	✓	
Representative Bellew	✓		Representative Kerzman	✓	
Representative Kreidt	✓		Representative Metcalf	✓	
Representative Nelson	✓				
Representative Wieland	✓				

Total (Yes) 24 No 0

Absent 0

Floor Assignment Porter

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

REPORT OF STANDING COMMITTEE (410)
February 8, 2007 8:16 p.m.

Module No: HR-27-2625
Carrier: Porter
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1463, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman)
recommends **DO PASS** (24 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed HB 1463 was placed on the Eleventh order on the calendar.

2007 SENATE HUMAN SERVICES

HB 1463

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1463

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: March 5, 2007

Recorder Job Number: 4345, 4397

Committee Clerk Signature

Mary K Mouson

Minutes:

JOB #4345

Madame Chair Lee opened the hearing on HB 1463, a bill relating to medical assistance eligibility for minors and eligibility under the state children's health insurance program.

Representative Porter, District 34, introduced and spoke in support of HB 1463. This bill seeks to create a program that combines two ideas from the CHIPs program. Explanation regarding specific changes in the eligibility for medical assistance and the CHIPs program followed (meter 01:30). The fiscal note reflects 1458 new covered lives between the medical aid program and the SCHIPs program (02:22). Referred to chair (Attachment #1).

Senator Warner referenced the deletion of line 12 and asked about the significance of that.

Representative Porter referred Ms. Anderson to answer that question. That is an existing sub-section of the law that has been amended. The only changes made by the House were the age and percentages.

Senator Dever asked if the House changes were just to change the levels.

Representative Porter explained that this bill started out as an SCHIP bill. Specific explanation regarding the original bill and the fiscal impacts on the general fund was given (04:30). With the changes, children will be able to move off of SCHIP to Medicaid. It is a

shuffle of the children between the programs to free up the dollars to increase and pick up extra covered lives.

Discussion regarding the significant difference between fiscal notes followed (06:48).

Kathryn Graftsgaard, ND Catholic Conference, spoke and provided written testimony in support of HB 1463 (Attachment #2).

Caitlin McDonald, Arc of ND, spoke and provided written testimony in support of HB 1463 (Attachment #3).

Carlotta McCleary, Executive Director for the ND Federation of Families for Children's Mental Health (NDFFCMH), spoke and provided written testimony in support of HB 1463 (Attachment #4).

James Moench, Executive Director of the North Dakota Disabilities Advocacy Consortium (NDDAC), spoke and provided written testimony in support of HB 1463 (Attachment #5).

No opposing testimony.

Maggie Anderson, Director of Medical Services for the Department of Human Services, spoke and provided written testimony on a neutral position on HB 1463 (Attachment #6). Specific explanation of the Comparison of Health Care Coverage Options for Children (blue sheet in Attachment #6) was given (meter 20:30).

Madame Chair Lee asked about the funding in the original bill (meter 22:20).

Maggie Anderson explained that the original fiscal note included the expectations of county and medical services costs. Changes were made before that fiscal note was considered.

Senator Dever asked for clarification regarding how Healthy Steps works with federal and state.

Maggie Anderson explained that Medicaid is an entitlement and gave examples (meter 23:13). It is estimated that an additional 2700 children will be eligible. Explanation regarding

