

2009 SENATE EDUCATION

SB 2081

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2081

Senate Education Committee

Check here for Conference Committee

Hearing Date: January 14, 2009

Recorder Job Number: 6790 & 6980

Committee Clerk Signature

Minutes:

Chairman Freborg opened the hearing on SB 2081

Bruce Levi, Executive Director of the North Dakota Medical Association, testified in favor of SB 2081. (See attachment #1)

Pat Seaworth, Legal Counsel for the North Dakota State Board of Education, testified to clarify legal language in Section 15-52-04, claiming North Dakota State Board of Education is not subject to the Advisory Council. Made reference to 15-52-02 with regards to the North Dakota State Constitution.

Bruce Levi presented an amendment written by, but not introduced by **Representative Berg**, who is a member of the Advisory Council and acting as an individual and not as Representative.

Senator Taylor made a motion to incorporate **Berg** amendment 98103.0101 to SB 2081,

Senator Flakoll seconded the motion. 5-0

Senator Flakoll made a motion to Do Pass as Amended SB 2081. **Senator Bakke** seconded the motion. 5-0

Senator Bakke will carry SB 2081

January 9, 2009

PROPOSED AMENDMENTS TO SENATE BILL NO. 2081

Page 3, line 6, remove "Subject to policies of"

Page 3, replace lines 7 through 18 with:

1. The advisory council, in consultation with the school of medicine and health sciences and the other agencies, associations, and institutions represented on the advisory council, shall study and make recommendations regarding the strategic plan, programs, and facilities of the school of medicine and health sciences.
2. Biennially, the school of medicine and health sciences shall submit a report, together with its recommendations, to the agencies, associations, and institutions represented on the advisory council, to the university of North Dakota, and to the legislative council.
3. a. The report must include recommendations for implementing strategies through the school of medicine and health sciences or other agencies and institutions, which will:
 - (1) Address the health care needs of the people of the state; and
 - (2) Provide information regarding the state's health care workforce needs.
- b. The recommendations required under subdivision a may address:
 - (1) Medical education and training;
 - (2) The recruitment and retention of physicians and other health care professionals;
 - (3) Factors influencing the practice environment for physicians and other health care professionals;
 - (4) Access to health care;
 - (5) Patient safety;
 - (6) The quality of health care and the efficiency of its delivery; and
 - (7) Financial challenges in the delivery of health care.
4. The council may consult with any individual or entity in performing its duties under this section."

Renumber accordingly

*Ref. Part as a member to
Advisory Council*

REPORT OF STANDING COMMITTEE

SB 2081, as amended, Education Committee (Sen. Freborg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2081, as amended, was placed on the Sixth order on the calendar.

Page 3, line 6, remove "Subject to policies of"

Page 3, replace lines 7 through 18 with:

- "1. The advisory council, in consultation with the school of medicine and health sciences and the other agencies, associations, and institutions represented on the advisory council, shall study and make recommendations regarding the strategic plan, programs, and facilities of the school of medicine and health sciences.
2. Biennially, the advisory council shall submit a report, together with its recommendations, to the agencies, associations, and institutions represented on the advisory council, to the university of North Dakota, and to the legislative council.
3. a. The report must describe the advisory council's recommendations regarding the strategic plan, programs, and facilities of the school of medicine and health sciences as developed under subsection 1. The recommendations for implementing strategies through the school of medicine and health sciences or other agencies and institutions must:
 - (1) Address the health care needs of the people of the state; and
 - (2) Provide information regarding the state's health care workforce needs.

b. The recommendations required under subdivision a may address:

 - (1) Medical education and training;
 - (2) The recruitment and retention of physicians and other health care professionals;
 - (3) Factors influencing the practice environment for physicians and other health care professionals;
 - (4) Access to health care;
 - (5) Patient safety;
 - (6) The quality of health care and the efficiency of its delivery; and
 - (7) Financial challenges in the delivery of health care.
4. The council may consult with any individual or entity in performing its duties under this section."

Renumber accordingly

2009 HOUSE EDUCATION

SB 2081

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2081

House Education Committee

Check here for Conference Committee

Hearing Date: March 3, 2009

Recorder Job Number: 10058

Committee Clerk Signature

Carmen Hart

Minutes:

Bruce Levi, Executive Director, North Dakota Medical Association, appeared. (See Attachment 1.)

Rep. Bob Hunsakor: On page 3b, it says the recommendations required may address and up in 3a, it talks about must or shall. Those are some pretty important arenas—station safety and access to health care. What is the thinking on the may instead of shall?

Bruce Levi: Again, this was an amendment that came from the senate side. It wasn't included in the original bill. I believe the understanding was that in a, those were the two main categories of recommendations that the biennial report would be required to include addressing the healthcare needs of the people of the state and addressing the workforce needs in the state. It was felt, I believe, that the list that was included in b was intended to provide an illustration of the different areas that could be included not to be an exhaustible list but to include the areas that at least the legislature felt ought to be included but didn't want to hamstring in the future the advisory council in terms of what might be particularly important in any particular biennium in the future that they would address these issues. The senate felt that these were sort of land to gamble in terms of healthcare issues in the state. Two areas would have to be addressed in any biennium and that is basically the healthcare needs and the workforce needs of the state.

Rep. Phillip Mueller: I do not see much of a connection maybe to rural hospitals, more specifically on your advisory council. How do you deal with that? I am not seeing much representation on that board from those kinds of hospitals. How do you transfer this information back out to hospitals in terms of some of the needs that the medical school finds in dealing with health in North Dakota?

Bruce Levi: There are a couple of areas. Initially, starting with the composition of the advisory council and how it operates. One of the things that the advisory council does is provide substantial staff support. There is representation particularly from the standpoint of staff support from the Center for Rural Health. Hospitals themselves are represented on the advisory council and the work of the advisory council is translated back through the hospital representatives as well as the associations which include the hospital association and the healthcare association in North Dakota. I think in the context of the language that is being proposed, there are a number of areas in the listing that refer not necessarily specifically to but would bring in the rural hospitals in terms of the issues particularly the access issues that are identified specifically in one of the areas of listing what the biennial report needs to address. I think it is addressed in the context of the language.

Rep. David Rust: A number of years ago every college in North Dakota had a teacher placement bureau and the state of North Dakota had a teacher placement bureau as well. Those places compiled lists of people who were looking for jobs as well as schools that were seeking applicants. In the name of centralizing and doing things better, it all kind of fell to Job Service North Dakota. As a result, I always felt that it has been more difficult sometime to find teachers and that along with some of the confidentiality records that prohibited people from releasing names unless they allowed them to. There is something awfully nice about having a list and there is something awfully nice about that being designated and well that somebody

does that so that it doesn't get lost because for those individuals who are looking for those rural hospitals, it must be helpful for them to be on a list or to have a list. Getting back to my own situation, sometimes when I look at this list and teacher placement bureau, if I knew somebody else was looking for the same teacher, I would call and ask if they received any applicants. Would you have a problem with probably after page 3, line 21 including a list?

Bruce Levi: Based on the conversations that the advisory council had I don't think the issue was ever the list, and I don't think there would be a problem with including language like that. We were looking at it much more broadly. I think it is happening right now.

Chairman Kelsch: Is that the right venue to have it because the advisory council only meets twice a year? Is it the Center for Rural Health should be required to provide?

Bruce Levi: It is the context in which you would want the list. The issue is to have a list available for people to use on a day to day basis as opposed to providing a list in a biennial report. I think the language if it were added where you are suggesting would suggest that it would be added and be a part of a biennial report as opposed to continuing to require as you suggest a particular entity to do that.

Chairman Kelsch: How often is the list updated by Center for Rural Health? My guess is that is updated frequently on an ongoing basis. This would not. This would be a biennial report so it wouldn't be valid. It is possible that we would need to look at something else if we want to make sure that the list is there. I think that is what you are getting at is having a timely list available so you could go and look at it. If you want to look at it once a month and it would be updated and it would be there but not something that would just be every six months put into a report and wouldn't be timely.

Rep. David Rust: You are absolutely right. I don't know how often that list is looked at since I am not part of that medical field. I just know as an administrator when the Teacher Placement

Bureau use to do that, it was used by a lot of people. You are probably right. This probably isn't the place for it, but I think the list is a good thing to have.

Chairman Kelsch: The list from the university wasn't even being done by the university. It was being done by the Center for Rural Health. That was satisfying the law because there was that updated list, correct?

Bruce Levi: Yes. I guess in as much as the Center for Rural Health is part of the university, it was there.

Joshua Wynne, Executive Dean, School of Medicine and Health Sciences, appeared. In answer to the question, currently the Center for Rural Health, a part of the school and part of the university and university system, compiles the list roughly quarterly. I don't think it is like clockwork. It is roughly three or four times a year that the list is updated to the best of my knowledge, and that has been done for awhile. I would recommend that you consider when you join together the part of engrossed SB 2003 where there is additional funding specifically targeted towards the Center for Rural Health to be able to expand its workforce and pipeline issues. We are going to make a presentation shortly to request not only the funding but the original funding that we had targeted for the Center for Rural Health to specifically expand the workforce analysis, projection, and pipeline issues specifically rural communities in their attraction and retention of practitioners and other healthcare providers.

Chairman Kelsch: SB 2003 is the higher ed. budget?

Joshua Wynne: Yes.

Rep. David Rust: I feel pretty comfortable that there is a list out there. Maybe this is not the place to include it because like you said it is a biennial report. It would be nice someplace along the line for something like that to be available to both physicians and hospitals.

Joshua Wynne: The list is available not only for physicians but other healthcare providers. It is on the Center for Rural Health website, and I would be glad to provide you with the actual URL so that you or anyone else can access it. It is available to the public. I don't know the exact number of hits that it gets, but I understand that it is a relatively popular site as people access that information.

There was no opposition.

The hearing was closed.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2081

House Education Committee

Check here for Conference Committee

Hearing Date: March 3, 2009

Recorder Job Number: 10063

Committee Clerk Signature

Carmen Hart

Minutes:

Rep. Mike Schatz: Rep. Mueller I think you had mentioned earlier about the Center for Rural Health on 2081.

Chairman Kelsch: That was probably when Rep. Rust was talking about the list.

Rep. Mike Schatz: No, I am sorry. This is about the makeup of the advisory council.

Chairman Kelsch: On page 3 they talk about the duties of the advisory council and the biennial report.

Rep. Phillip Mueller: I question if we are getting the right mix of rurals.

Rep. Mike Schatz: It sounded like you were thinking about an amendment on them and if you weren't, then I am. My issue is that on page 2 one member selected from health and human services higher ed. health medical association. I am not so sure we shouldn't have a seventh member from the Center for Rural Health on that group. Perhaps c going three members selected by the Dean. That is a thought. I just wanted to throw it out there and see if anybody else feels if that is something we should do.

Chairman Kelsch: If you are planning on doing that I think if I were you, I would probably sit down and talk to Bruce and higher ed. I think when you have the four members selected by the Dean of the University of North Dakota, one of those members could be from the Center for Rural Health. We will just wait.

Rep. Corey Mock: It is my understanding that it is four members selected by the Dean that have to come from the four campuses.

Chairman Kelsch: I am sorry. I knew that because I read that earlier. Think about it.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2081

House Education Committee

Check here for Conference Committee

Hearing Date: March 9, 2009

Recorder Job Number: 10487

Committee Clerk Signature

Carmen Hart

Minutes:

Chairman Kelsch: 2081 relates to the medical and health services advisory council. It looks like Rep. Schatz's amendment is pretty straight forward. **(See Attachment 1.)**

Rep. Mike Schatz: The reasoning for the amendment is the fact that there was no representative from the rural areas on this situation. There were 14 people. What if they had a 7-7 tie on something? This would break the tie.

Rep. Mike Schatz moved to accept the amendment. **Rep. Phillip Mueller** seconded the motion.

There was a voice vote. Motion carries.

Rep. Mike Schatz moved a **Do Pass as Amended**. **Rep. John Wall** seconded the motion.

DO PASS AS AMENDED. 13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING. **Rep. Mike Schatz** is the carrier of this bill.

FISCAL NOTE
Requested by Legislative Council
03/12/2009

Amendment to: Engrossed
 SB 2081

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.*

| | 2007-2009 Biennium | | 2009-2011 Biennium | | 2011-2013 Biennium | |
|-----------------------|--------------------|-------------|--------------------|-------------|--------------------|-------------|
| | General Fund | Other Funds | General Fund | Other Funds | General Fund | Other Funds |
| Revenues | | | | | | |
| Expenditures | | | | | | |
| Appropriations | | | | | | |

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

| 2007-2009 Biennium | | | 2009-2011 Biennium | | | 2011-2013 Biennium | | |
|--------------------|--------|------------------|--------------------|--------|------------------|--------------------|--------|------------------|
| Counties | Cities | School Districts | Counties | Cities | School Districts | Counties | Cities | School Districts |
| | | | | | | | | |

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).*

No fiscal impact

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.*

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.*

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.*

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.*

| | | | |
|----------------------|--------------|-----------------------|--------------------------------|
| Name: | Laura Glatt | Agency: | North Dakota University System |
| Phone Number: | 701-328-4116 | Date Prepared: | 03/13/2009 |

VR
3/9/09

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2081

Page 1, line 20, overstrike "fourteen" and insert immediately thereafter "fifteen"

Page 2, line 9, overstrike "and"

Page 2, after line 10, insert:

"(7) The university of North Dakota center for rural health; and"

Renumber accordingly

Date: 3-9-09
 Roll Call Vote #: 1

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2021

House Education Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended

Motion Made By Rep Schatz Seconded By Rep Mueller

| Representatives | Yes | No | Representatives | Yes | No |
|--------------------------|-----|----|----------------------|-----|----|
| Chairman RaeAnn Kelsch | | | Rep. Lyle Hanson | | |
| Vice Chairman Lisa Meier | | | Rep. Bob Hunsakor | | |
| Rep. Brenda Heller | | | Rep. Jerry Kelsch | | |
| Rep. Dennis Johnson | | | Rep. Corey Mock | | |
| Rep. Karen Karls | | | Rep. Phillip Mueller | | |
| Rep. Mike Schatz | | | Rep. Lee Myxter | | |
| Rep. John D. Wall | | | | | |
| Rep. David Rust | | | | | |
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*Voiced
 vote
 to accept
 amendment*

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Date: 3-9-09
Roll Call Vote #: 2

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2081

House Education Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended

Motion Made By Rep Schatz Seconded By Rep Wall

| Representatives | Yes | No | Representatives | Yes | No |
|--------------------------|-----|----|----------------------|-----|----|
| Chairman RaeAnn Kelsch | ✓ | | Rep. Lyle Hanson | ✓ | |
| Vice Chairman Lisa Meler | ✓ | | Rep. Bob Hunsakor | ✓ | |
| Rep. Brenda Heller | | | Rep. Jerry Kelsh | ✓ | |
| Rep. Dennis Johnson | ✓ | | Rep. Corey Mock | ✓ | |
| Rep. Karen Karls | ✓ | | Rep. Phillip Mueller | ✓ | |
| Rep. Mike Schatz | ✓ | | Rep. Lee Myxter | ✓ | |
| Rep. John D. Wall | ✓ | | | | |
| Rep. David Rust | ✓ | | | | |
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Total (Yes) 13 No 0

Absent _____

Floor Assignment Rep Schatz

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

REPORT OF STANDING COMMITTEE

SB 2081, as engrossed: Education Committee (Rep. R. Kelsch, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2081 was placed on the Sixth order on the calendar.

Page 1, line 20, overstrike "fourteen" and insert immediately thereafter "fifteen"

Page 2, line 9, overstrike "and"

Page 2, after line 10, insert:

"(7) The university of North Dakota center for rural health; and"

Renumber accordingly

2009 TESTIMONY

SB 2081

#1

Testimony in Support of Senate Bill No. 2081
Senate Education Committee
January 12, 2009



**NORTH DAKOTA
MEDICAL
ASSOCIATION**

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Speaker of the House

Gaylord J. Kavlie, MD
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Robert W. Beattie, MD
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AMA Alternate Delegate

Shari L. Orser, MD
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Immediate Past President

Bruce Levi
Executive Director

Dean Haas
General Counsel

Leann Tschider
Director of Membership
Office Manager

Annette Weigel
Administrative Assistant

Chairman Freborg and members of the Committee. I'm Bruce Levi and I serve as the Executive Director of the North Dakota Medical Association. I also serve in a supportive role to the Medical Center Advisory Council, which is a statutory group of representatives of several state agencies, associations, the Legislative Assembly, and the UND School of Medicine & Health Sciences (UNDSMHS) charged with advising UND administration and the various agencies and institutions represented on the Advisory Council regarding the role of the medical school in meeting the needs of the state.

SB 2081 is one of three bills introduced by the State Board of Higher Education at the request of the Medical Center Advisory Council to address recommendations resulting from a performance audit performed by the Office of the State Auditor. A copy of the pertinent portions of the performance audit report are attached. This bill updates statutes relating to the Medical Center Advisory Council. The Medical Center Advisory Council reviewed the performance audit recommendations and developed a bill draft which was given to the State Board of Higher education for review. The Board revised the Advisory Council's bill draft and introduced it as SB 2081.

The Performance Audit Report recommended (Recommendation 1-5) that the Medical Center Advisory Council comply with Chapter 15-52 and, "at a minimum:"

1. Advise, consult, and make recommendations related to the UNDSMHS;
2. Meet at least the number of times required by state law (twice); and
3. Study, consider, and formulate plans for facilitating and implementing, through the UNDSMHS, a unified program for the improvement and maintenance of the health of the people of the state or take appropriate action to modify state law.

In response to the recommendations of the performance audit report, SB 2081 would modify state law with respect to the Medical Center Advisory Council, including clarification of the Council's duties and change in the name of the Council to the UND School of Medicine and Health Science Advisory Council.

Section 1 of the bill would remove language regarding the duties of the Advisory Council, instead placing all language regarding duties of the Council in section 2 of the bill in Section 15-52-04 which is captioned "Duties of council."

Section 2 would replace the existing language relating to duties of the Advisory Council to identify the following revised duties:

1. Advise UND officials and the State Board of Higher Education regarding UNDSMHS plans, programs and facilities, subject to Board policies.
2. Study and make recommendations regarding plans, programs and facilities with a biennial report to the entities represented on the Advisory Council and to the Legislative Council. The report must include recommendations for implementing strategies through the UNDSMHS for addressing the health care needs of the people of the state and information regarding the state's health care workforce needs.

Section 3 would remove a reference to the Advisory Council within the State Board of Higher Education's statutory authority to enter into contracts to provide medical education opportunities. The Board would not be required to first receive a recommendation from the Advisory Council in order to enter into such contracts.

Section 4 would replace "medical center" references to "school of medicine and health sciences."

Thank you Mr. Chairman and Committee members for the opportunity to testify on behalf of the North Dakota Medical Association, as a participant on the Medical Center Advisory Council. We urge a "Do Pass" on SB 2081.

Medical Center Advisory Council

Representative Rick Berg
Senator Robert Erbele
Senator Tim Mathern
Representative Ralph Metcalf
Grant Shaft, State Board of Higher Education
Thomas Arnold, MD Dickinson
John Baird, MD Fargo

Dave Molmen, CEO Altru Health, Chair
Terry Dwelle, MD, State Health Officer
Roger Gilbertson, MD Fargo
Terry Hoff, Trinity Health
Karen Robinson, VA Hospital, Fargo
Carol Olson, Dept. of Human Services
Shari Orser, MD Bismarck

*Same handbook
given to House.*

Improving Advisory Council Compliance

NDCC Chapter 15-52 establishes a Medical Center Advisory Council comprised of 14 members including legislators, members representing various state departments, and members representing health and medical associations. In a comparison of the requirements established in state law and the actions taken by the Advisory Council, we noted the following:

**The Advisory Council
duties and
responsibilities
established in state law
are not accomplished.**

- According to NDCC Section 15-52-03, the Advisory Council is "established to advise, consult, and make recommendations to the university administration, and to the several agencies represented on the council concerning the program of the North Dakota state medical center, the adaptation of the medical center to the needs of the state and to the requirements and facilities of the several agencies involved, and the use of the North Dakota state medical center and its facilities by the various institutions and agencies of the state and its political subdivisions." In a review of meeting minutes and discussions with representatives, we noted the Advisory Council does receive a large amount of information regarding SMHS and does discuss such information. However, we noted the Advisory Council does not adequately advise or make recommendations.
- NDCC Section 15-52-03 requires the Advisory Council to meet not less than twice each year. We noted only one meeting was held in calendar year 2005.
- NDCC Section 15-52-04 states the Advisory Council "shall study, consider, and formulate plans for facilitating and implementing, through the North Dakota state medical center, a unified program for the improvement and maintenance of the health of the people of the state in all of its phases. The study must include specifically ways and means of bringing about the complete training of adequate numbers of qualified physicians and surgeons for the people of the

Chapter 1 Issues Related to State Law

state, both in the general practice of medicine and surgery and the field of public health, of allied health professionals, and all other personnel concerned with the improvement and preservation of the health of the people of this state." Plans have not been formally developed by the Advisory Council. Also, a determination as to the "adequate numbers of qualified physicians and surgeons" has not been established. As a result, steps towards a unified program for the improvement and maintenance of the health of the people of the state have been limited.

The number of times and amount of time the Advisory Council meets limits the ability to comply with the responsibilities assigned by state law. For example, the Advisory Council met twice in 2006 for less than three hours each time. It appears the Advisory Council is not adequately informed of its responsibilities (SMHS is the Executive Secretary of this council). While we did note certain changes being made by the Advisory Council in more recent meetings, additional steps will need to be taken to ensure compliance.

Recommendation 1-5

We recommend the Medical Center Advisory Council comply with requirements within North Dakota Century Code Chapter 15-52 and, at a minimum:

- a) Advise, consult, and make recommendations related to the School of Medicine and Health Sciences;
- b) Meet at least the number of times required by state law; and
- c) Study, consider, and formulate plans for facilitating and implementing, through the School of Medicine and Health Sciences, a unified program for the improvement and maintenance of the health of the people of the state or take appropriate action to modify the state law.

Medical Center Advisory Council's Response

Agree with the recommendations of the performance audit.

Actions pertaining to part a) and b) of the recommendation: Over the past year and one-half, the Medical Center Advisory Council has revised the structure of its meetings to provide greater oversight and advising to the School of Medicine and Health Sciences. Additionally, the Council has implemented a structure under which subcommittees are assigned to complete in-depth study and recommendations for the Council on an ongoing basis. The Council will continue to implement these processes in such a way as to provide all needed consultation related to the SMHS, meeting at a minimum the number of times required by NDCC Chapter 15-52.

Actions pertaining to part c): In the long period since this statute was adopted, various state and other agencies have become involved in programs/plans for the improvement and maintenance of health for North Dakotans. The first step to address this recommendation will be to assess the scope and adequacy of current programs. Following this, the Council will need to determine how best to unify efforts into a single

Chapter 1
Issues Related to State Law

program under the MCAC, or to take action to modify the state law if this function can better be accomplished under another agency.

**PROPOSED CHANGES TO AMENDMENT 98103.0101
SENATE BILL NO. 2081**

...

2. Biennially, the advisory council shall submit a report, together with its recommendations, to the agencies
3. a. The report must include recommendations for implementing strategies through the school of medicine and health sciences or other agencies and institutions, which will:
 - (1) Describe the advisory council's recommendations regarding the strategic plan, programs, and facilities of the school of medicine and health sciences as developed pursuant to subsection 1;
 - (2) Address the health care needs of the people of the state; and
 - (3) Provide information regarding the state's health care workforce needs.

...



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AMA Delegate

Robert W. Beattie, MD
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Bruce Levi
Executive Director

Dean Haas
General Counsel

Leann Tschider
Director of Membership
Office Manager

Annette Weigel
Administrative Assistant

**Testimony in Support of Engrossed SB No. 2081
House Education Committee
March 3, 2009**

Madam Chairman Kelsch and Committee Members. I'm Bruce Levi and I serve as the Executive Director of the North Dakota Medical Association. I also serve in a supportive role to the Medical Center Advisory Council, which is a statutory group of representatives of several state agencies, associations, the Legislative Assembly, and the UND School of Medicine & Health Sciences (UNDSMHS) charged with advising UND administration and the various agencies and institutions represented on the Advisory Council regarding the role of the medical school in meeting the needs of the state.

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1. Advise, consult, and make recommendations related to the UNDSMHS;
2. Meet at least the number of times required by state law (twice); and
3. Study, consider, and formulate plans for facilitating and implementing, through the UNDSMHS, a unified program for the improvement and maintenance of the health of the people of the state or take appropriate action to modify state law.

In response to the recommendations of the performance audit report, Engrossed SB 2081 would modify state law with respect to the Medical Center Advisory Council, including clarification of the Council's duties and change in the name of the Council to the UND School of Medicine and Health Science Advisory Council.

Section 1 of the bill would remove language regarding the duties of the Advisory Council, instead placing all language regarding duties of the Council in section 2 of the bill in Section 15-52-04 which is captioned "Duties of council."

Section 2 would replace the existing language relating to duties of the Advisory Council to identify the following revised duties of the Council:

- Required to study and make recommendations regarding the strategic plan, programs, and facilities of the UNDSMHS, in consultation with UNDSMHS and other agencies, associations, and institutions represented on the Advisory Council.
- Required to submit a biennial report with recommendations to the agencies, associations, and institutions represented on the Council, to the University of North Dakota, and to the Legislative Council. The report would be required to describe the Council's recommendations regarding the strategic plan, programs and facilities of UNDSMHS and the recommendations would be required to 1) address the health care needs of the people of the state; and 2) provide information regarding the state's health care workforce needs. The engrossed bill would also provide that the recommendations could address a number of different areas relating to health care in the state: medical education and training, recruitment and retention of physicians and other health care professionals, access to health care, patient safety, quality of health care and the efficiency of its delivery, and financial challenges in the delivery of health care.
- Allowed to consult with any entity or individual in performing its duties.

Section 3 would remove a reference to the Advisory Council within the State Board of Higher Education's statutory authority to enter into contracts to provide medical education opportunities. The Board would not be required to first receive a recommendation from the Advisory Council in order to enter into such contracts.

Section 4 would replace “medical center” references to “school of medicine and health sciences” and would make language changes to recognize the appropriate roles of the Advisory Council (advice) and the State Board of Higher Education (approval) with respect to adopting rules relating to education and residency qualifications of applicants for admission.

Thank you Madam Chairman and Committee Members for the opportunity to testify on behalf of the North Dakota Medical Association, as a participant on the Medical Center Advisory Council. We urge a “Do Pass” on Engrossed SB 2081.

Medical Center Advisory Council

Representative Rick Berg
Senator Robert Erbele
Senator Tim Mathern
Representative Ralph Metcalf
Grant Shaft, State Board of Higher Education
Thomas Arnold, MD Dickinson
John Baird, MD Fargo

Dave Molmen, CEO Altru Health, Chair
Terry Dwelle, MD, State Health Officer
Roger Gilbertson, MD Fargo
Terry Hoff, Trinity Health
Karen Robinson, VA Hospital, Fargo
Carol Olson, Dept. of Human Services
Shari Orser, MD Bismarck