2009 SENATE HUMAN SERVICES

SB 2287

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2287

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-26-09

Recorder Job Number: 7729, 7773

Committee Clerk Signature	Mary K Monson

Minutes:

Senator J. Lee opened the hearing on SB 2287 relating to a Medicaid family planning services waiver. There is a fiscal note indicating $75,000 in general funds and $75,000 in other funds and then $100,000 in the following biennium.

Rep. Mary Ekstrom (District 11) testified in support of SB 2287. Attachment #1.

Senator Dever asked if family planning services includes abortion.

Rep. Ekstrom said it does not.

Senator Dever stated that he thought family planning in Bismarck is provided at no cost through Custer Family Planning.

Rep. Ekstrom said she was not aware of that situation.

Rep. Kathy Hawken (District 46) appeared in support of SB 2287. She pointed out that they have passed a number of bills dealing with abortion. However, they have not gone further in looking at some of the needs to eliminate the needs for abortion. This bill deals with family planning for the people who need it the most.

Sen. Karen Krebsbach (District 40) testified in support of SB 2287. Currently the federal law requires that the state provide Medicaid coverage of pregnancy related care to women with income up to 133% of poverty level. This can be higher if the state elects to do so. This

waiver could extend to others who would not be eligible to assistant planning in helping avoid unwanted pregnancies.

Erik Elkins (Department of Health) appeared to provide information on SB 2287. See attachment #2.

Robin Iszler (Central Valley Health District, Jamestown) testified in support of SB 2287. See attachment #3.

Deb Arnold (private citizen) spoke in support of SB 2287. See attachment #4.

Renee Stromme (ND Women's Network) testified in support of SB 2287. Attachment #5.

Melany Jenkins (ND Chapter March of Dimes) spoke in support of SB 2287. Attachment #6.

There was no opposing testimony.

The hearing on SB 2287 was closed.

Job #7773

Senator J. Lee said they should remember what Mr. Elkins said about a delayed implementation because they don't have a lot of knowledge or expertise on this waiver and she referred back to his testimony.

Senator Dever spoke about Custer Health and said it was his understanding that they provide these services at no cost to individuals and they serve those down to the age of 14. How does somebody that age apply for Medicaid. To him it seemed like it was not a matter of family planning being available but a matter of deciding to take advantage of it.

Senator J. Lee put in a call to Keith Johnson (Custer Public Health) to have him answer questions about their program. She relayed the information back to the committee.

(Meter 03:10)

- Customers need to be on Medicaid, have insurance, or are encouraged to make a donation. Sliding scale like WIC. Up to 40% are no pay but are still asked for a donation.
- Title 10 is federal money about 20-25% of their budget.
- SB 2287 would be good because up to 40% are not paying but they get the service anyway. It would enable them to have some reimbursement for the programs they are offering.
- Permanent sterilization under their current program are very rare – 1 or 2 yr.
- This bill would help with their budget. They are getting about 4% Medicaid now and this bill would increase it about 10%.
- They lose about $50,000/yr on this program but feel it is an investment in good health. There is no waiting list but have probably doubled their clients – 2600 unduplicated in the past year.

Senator Dever was unclear whether the Medicaid waiver would pay only for the purpose of family planning or if they would become a Medicaid eligible person.

There was discussion that this is a waiver and so would only be for this situation. There was still some confusion.

Senator J. Lee adjourned the committee.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2287

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 2-2-09

Recorder Job Number: 8398

Committee Clerk Signature	Mary K Monson

Minutes:

Senator J. Lee opened discussion on SB 2287 and reviewed testimony and asked Maggie Anderson from Dept. of Human Services to help the committee figure out how to make this workable.

Ms. Anderson explained the delayed implementation process and how it would work for them.

Senator J. Lee asked if she would see it important to have an amendment that would indicate it would just be planning now and application of the waiver.

Ms. Anderson said it might be important that it have the language that it would be just a planning session to return. They probably wouldn't apply for the waiver until they had the legislative authority and the appropriation to do so.

Family planning services through public health units was discussed with respect to Medicaid clients.

Senator Dever wanted to know what the point of the bill was.

Ms. Anderson said it was her understanding that the point of the bill was to expand the eligibility for Medicaid family planning services – creating a new eligibility category or expanding an existing one.

There was additional discussion on services that fall under family planning and who are covered.

Senator Erbele asked what categories of people this would be expanded to.

Ms. Anderson couldn't answer that and said that information could be collected through a study.

Senator Dever stated that 30% of babies are born to mothers on Medicaid – haven't taken advantage of the planning services.

Discussion about whether they would take advantage of the services if expanded. It's already offered to them free.

An amendment for making it clear that the first year was just for planning was discussed.

Senator Dever moved a **Do Not Pass**.

Seconded by **Senator Erbele**.

Senator Pomeroy said there was some merit for a study.

The study was discussed briefly.

Roll call vote 5-1-0. Motion carried.

Carrier is **Senator Dever**.

FISCAL NOTE

Requested by Legislative Council
01/23/2009

Bill/Resolution No.: SB 2287

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				$75,000		$100,000
Expenditures			$75,000	$75,000	$100,000	$100,000
Appropriations			$75,000	$75,000	$100,000	$100,000

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).*

This bill would require the North Dakota Medicaid program to apply for a Medicaid Family Planning Waiver. The fiscal estimate is for the cost of securing a vendor to devlop the waiver & cost neutrality documents for a 2011-2013 implementation.

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 authorizes the Department to contract with an independent third party vendor for the evaluation of the clinical and financial outcomes of this waiver.

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.*

The department will be able to access Medicaid funding for the vendor contract.

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.*

The expenditures reflect the funds needed in operating, for the cost of an outside vendor contract.

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.*

The 2009-2011 Executive Budget for the Departmemt of Human Services would need to be increased by $150,000, with $75,000 being general funds to implement this bill.

Name:	Debra A. McDermott	Agency:	Human Services
Phone Number:	328-3695	Date Prepared:	01/23/2009

Date: 2-2-09

Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2287

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ____________

Action Taken ☐ Do Pass ☒ Do Not Pass ☐ Amended ☐ Rerefer to Appropriations

Motion Made By Sen. Dever Seconded By Sen. Erbele

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman		✓
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 5 No 1

Absent 0

Floor Assignment Senator Dever

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

REPORT OF STANDING COMMITTEE

SB 2287: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO NOT PASS** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). SB 2287 was placed on the Eleventh order on the calendar.

2009 TESTIMONY

SB 2287

#1

Senate Human Services Committee

January 26, 2009

SB 2287 – Medicaid Waiver – Family Planning

Good Morning Madame Chair and members of the Human Services Committee. For the record, my name is Mary Ekstrom. I represent District 11 in South Fargo.

I am here to ask for your support for SB 2287 which directs the Department of Human Services to apply for a Medicaid waiver for family planning services.

I serve on the House Appropriations Committee in the Human Services sub-section. I have struggled with our ever growing Human Services budget and felt it was time to make an investment in the future of our neediest families. It is well documented that as family size grows economic fortunes fall. This is particularly true when people have lower levels of education and employment.

Indeed we have watched the future of an entire country (India) rise when good family planning practices are introduced. People rise out of poverty when they have smaller families.

This program would be funded by the Federal government at 90%. Again, I think you can see that this program will help contain costs and help families get off of Medicaid and ultimately save the state of North Dakota money.

I understand and respect the teachings of the Catholic Church with regard to birth control. I am sure that they will be testifying on this bill. This program will not be forced on anyone. I will be voluntary.

I respectfully ask for a Do Pass recommendation for SB 2287.

Questions?

#2

Testimony
Senate Bill 2287 – Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman
January 26, 2009

Chairman Lee, members of the Senate Human Services Committee, I am Erik Elkins, Assistant Director of the Medical Services Division, for the Department of Human Services. I am here today to provide information regarding Senate Bill No. 2287.

This bill would require the North Dakota Medicaid program to apply for a Medicaid Family Planning Waiver. According to information provided by the National Academy of State Health Policy (NASHP): "Twenty-six states have Medicaid §1115 family planning waivers to help promote reproductive health, help women avoid unintended pregnancies, and improve infant and maternal health outcomes. Family planning waivers – which allow states to provide services to individuals who are not otherwise eligible for coverage under Medicaid or the State Children's Health Insurance Program – have proven to be successful in reducing the social and economic costs associated with unintended pregnancies. States receive a 90 percent federal match for services provided under these programs."

A paper prepared by NASHP on the Medicaid Family Planning Waivers is attached for your reference.

The Department has not explored these waivers and we have very little knowledge of or expertise about this topic. If it is the desire of the Legislature to pursue this type of waiver, the Department would like to

recommend an approach that worked well with 2005 Senate Bill 2395 and subsequent 2007 Senate Bill 2326. In 2005 Senate Bill 2395, the Legislature directed the Department to write a Medicaid Waiver for Medically Fragile Children during the 2005-06 interim, which we did. Subsequently, 2007 Senate Bill 2326 included the funding to implement the waiver.

Currently, and through May 2010, the staff of the Medical Services Division will be heavily engaged in the design, testing and implementation of the new Medicaid Management Information System (MMIS). In addition, there are a number of other upcoming federal changes, as well as the program enhancements and expansions in the 2009-2011 Executive Budget. We would not expect to be able to implement the waiver during the upcoming interim.

Last Friday, the Department became aware of a provision in the Economic Stimulus Package that may impact the provisions of this bill. Section 5004 of the Economic Stimulus Package is titled, "State Eligibility Option For Family Planning Services". It is our understanding, based on a briefing provided by the American Public Human Services Association on Friday, January 23, 2009, that this section would allow states to file a Medicaid State Plan Amendment, rather than a waiver for the expansion of family planning services. Even though a State Plan Amendment should be easier to secure than a waiver, the Stimulus Package is not final and we do not have the details on what will be required should a State Plan amendment be allowed. Therefore, if it is the desire of the Legislature to pursue this change in Medicaid eligibility, the Department believes the approach discussed on the top of page two (2) would allow the public and health care providers to provide information and recommendations, the

vendor to prepare the cost estimates, and also time to prepare the necessary documents for submitting a Medicaid State Plan amendment or waiver, depending on the outcome of the Economic Stimulus Package.

The fiscal note prepared for this bill reflects $150,000 in total funds, of which $75,000 would be general funds for the purpose of hiring a vendor to lead the effort in writing the waiver (or state plan amendment) and preparing the cost-effectiveness documentation. Once the legislation passes, the Department would proceed with writing a Request for Proposal to secure the assistance of the vendor.

I would be happy to address any questions that you may have.

STATE HEALTH POLICY MONITOR AUGUST 2007

A PUBLICATION OF THE NATIONAL ACADEMY FOR STATE HEALTH POLICY

Medicaid 1115 Family Planning Demonstration Waiver Programs

SARA SILLS

Twenty-six states have received Medicaid 1115 demonstration waivers to provide family planning services to individuals not otherwise eligible for Medicaid or the State Children's Health Insurance Program (SCHIP). Three other states have applied for waivers. This *State Health Policy Monitor* is the first in a series that examines the status of these waivers, and provides a brief overview of eligibility guidelines and benefits. Additional *Monitors* will examine specific waiver features, such as cost savings and impact on health outcomes.

States have sought Medicaid family planning waivers for a number of reasons. By using Medicaid funds to provide family planning services to uninsured low-income women, states can reduce rates of unintended pregnancy and improve maternal and child health.[1,2] Moreover, since Medicaid pays for more than one-third of births in the U.S., providing family planning services to women otherwise eligible for Medicaid pregnancy-related coverage yields significant cost savings from reduced pregnancy-related and newborn care.[3] These expansions are also highly cost-effective for states, since the federal government covers 90 percent of the cost of family planning services and supplies, as opposed to the 50-77 percent federal match on most other Medicaid-covered services.

However, family planning expansions can also be a challenge for states. In order to implement a Medicaid family planning waiver, states must go through a lengthy application process for approval from the Centers for Medicare & Medicaid Services (CMS). This includes providing complex savings estimates showing that the expansion will not increase federal spending ("budget neutrality"). In response, members of Congress have introduced legislation allowing states to provide Medicaid family planning services to certain populations not otherwise eligible for Medicaid without a waiver.[4] Further, challenges persist after waiver implementation. In some states, eligible individuals are automatically enrolled in the program when losing postpartum coverage. However, that strategy can result in too few beneficiaries using services. In other states where eligibility is based solely on the individual's income, the state may have difficulty identifying and educating eligible individuals about the program and facilitating their enrollment.

NATIONAL ACADEMY *for* STATE HEALTH POLICY

State Health Policy Monitor tracks how health policy issues, policies, and practices are being implemented in states and across the country.

"Medicaid 1115 Family Planning Demonstration Waiver Programs," State Health Policy Monitor, Vol. 1, Issue 2, (Portland, ME: National Academy for State Health Policy, July 2007), Publication No. 2007-105. Research and development of this publication was supported by The Robert Wood Johnson Foundation.

This publication can be downloaded at: www.nashp.org/Files/shpmonitor_1115familyplanning.pdf.

Eligibility

Individuals meeting certain criteria who are not otherwise eligible for Medicaid can receive services under Medicaid family planning waivers. While specific criteria vary by state, there are three overall types of eligibility (See Figure 1):

INCOME-BASED (19 STATES): These states provide family planning benefits to individuals based on income level, generally at or below 185 percent or 200 percent of the federal poverty level (FPL) (Alabama, Arkansas, California, Illinois, Iowa, Louisiana, Michigan, Minnesota, Mississippi, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, South Carolina, Texas, Washington, and Wisconsin).[5]

EXTENDING POSTPARTUM COVERAGE (5 STATES): States are required to cover pregnant women at or below 133 percent of the FPL (and allowed to cover women even at higher incomes) under Medicaid, including 60 days postpartum, after which many women become ineligible for Medicaid. Some states provide family planning benefits to women losing Medicaid coverage postpartum, generally for an additional two years (Arizona, Maryland, Missouri, Rhode Island, and Virginia).

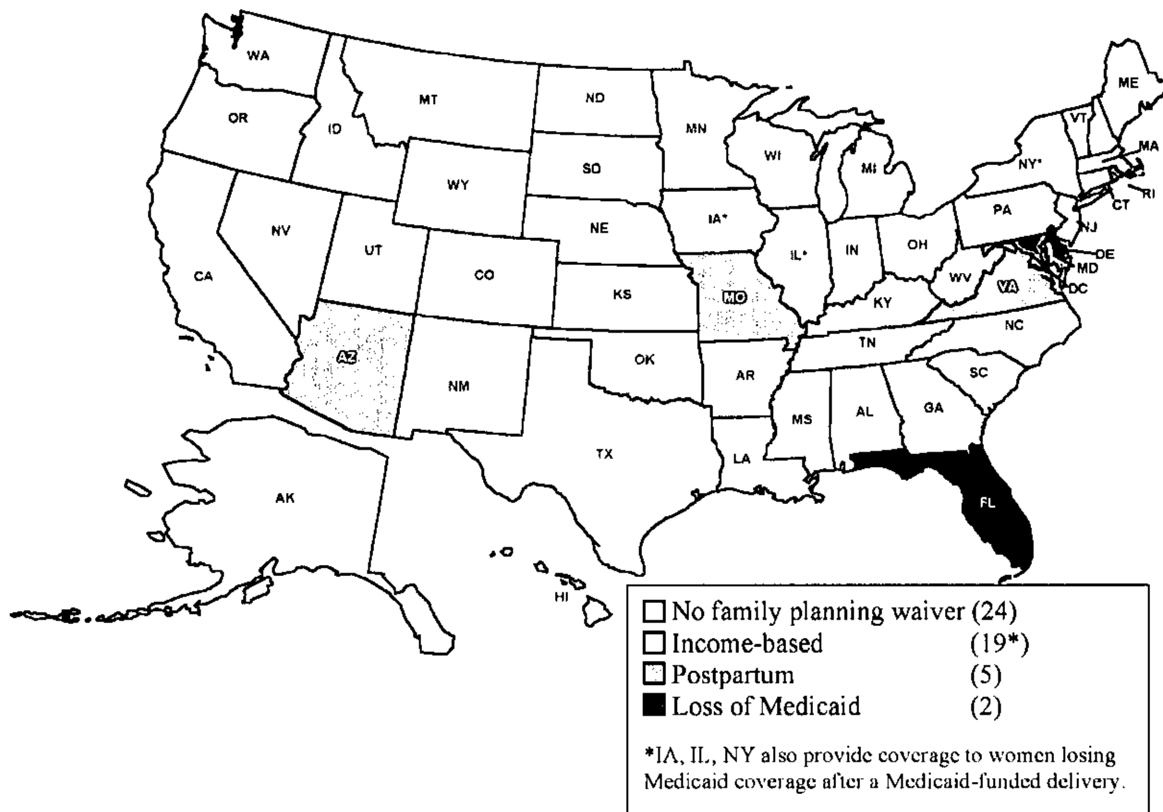
FOLLOWING LOSS OF MEDICAID COVERAGE (2 STATES): Delaware and Florida provide family planning services for two years after losing Medicaid for any reason.

Seven states provide coverage to men as well as women (California, Minnesota, New York, North Carolina, Oklahoma, Oregon, and Washington), while nine states limit coverage to adults, beginning at age 18 or 19 (Alabama, Illinois, Louisiana, Michigan, New Mexico, North Carolina, Oklahoma, Pennsylvania, and Texas).

Cost Savings

State and national evaluations have shown that Medicaid family planning waivers can produce significant cost savings for states, through reduced rates of unintended pregnancy and improved health outcomes. A 2003 evaluation of six

FIGURE 1. TWENTY-SIX STATES HAVE IMPLEMENTED MEDICAID FAMILY PLANNING WAIVERS



states, commissioned by CMS, found that all six states not only met Section 1115 budget neutrality standards, but also realized millions of dollars in savings to state Medicaid programs.[6]

Benefits

States cover a range of family planning services under Medicaid expansions, including the following family planning services that the federal government reimburses at an enhanced 90 percent Medicaid match:

- Contraceptive services and supplies;
- Contraceptive counseling and information;
- Office visits, consultation, examination and medical treatment;
- Family planning-related laboratory examinations and tests; and
- Sexually transmitted disease (STD) testing when performed as part of a family planning visit

Services available to men may include contraceptive supplies, vasectomies, and STD testing.

Some states also cover closely related care for family planning-related conditions identified during the course of a family planning visit, such as treatment for STDs. However, states only receive reimbursement for these services at the regular federal match rate.

Access to Primary Care

Since 2001, CMS has required states to promote access to primary care services for individuals enrolled in family planning programs, in recognition that enrollees may have medical needs beyond the limited benefits available through the waiver. States arrange formal partnerships with and referrals to community health centers and primary care providers; they also educate and inform enrollees about health care programs for the uninsured.

Notes

1 Edwards, J., Bronstein, J., and Adams, K., "Evaluation of Medicaid Family Planning Demonstrations," The CNA Corporation, CMS Contract No. 752-2-415921, November 2003.

2 Hall, E., Berlin, M., "Using Medicaid to Support Preterm Birth Prevention: Five Case Studies." Prepared for the March of Dimes. May 2004.

3 State and national evaluations have shown that Medicaid family planning waivers are highly cost-effective and have positive impacts on health outcomes. A 2003 evaluation of six state programs, sponsored by the Centers for Medicare & Medicaid Services (CMS), found that programs resulted in significant cost savings and led to decreases in unintended pregnancy rates. See Edwards, J., et.al. See also Henry J. Kaiser Family Foundation and Guttmacher Institute, *Medicaid: A Critical Source of Support for Family Planning in the United States*, April 2005.

4 Most recently, Senators Clinton, Reid, and Casey and Reps. Lowey, DeLauro, Kirk, and Waxman introduced the Unintended Pregnancy Reduction Act (S. 1075 and H.R. 2523).

5 Three states (IA, IL, and NY) also provide coverage to women losing Medicaid eligibility after a Medicaid-funded delivery.

6 Edwards, J., et.al.

About the National Academy for State Health Policy

The National Academy for State Health Policy (NASHP) is an independent academy of state health policy makers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice. As a non-profit, non-partisan organization dedicated to helping states achieve excellence in health policy and practice, NASHP provides a forum on critical health issues across branches and agencies of state government.

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1233 20th St., NW, Suite 303, Washington, DC 20036 Phone: (202) 903-0101

(#3)

Testimony

SB 2287

Senate Human Services Committee

Monday, January 26, 2009

Good morning, Chairwoman Judy Lee, and members of the Senate Human Services Committee. My name is Robin Iszler; I am the administrator of Central Valley Health District in Jamestown. My local health department houses a Family Planning clinic and provides Family Planning services for men and women for several counties in southeast central North Dakota. I support SB 2287 which would direct the Department to apply for a Medicaid wavier for Family Planning services. I am here to provide you with information on how the wavier would affect our clinic and the clients we serve.

Our program provides reproductive health services including, cancer screening exams, pregnancy tests, screenings for sexually transmitted disease and HIV, counseling on all forms of birth control, including abstinence and natural family planning and referrals. Anyone is eligible to receive our services. We receive federal Title X dollars to help provide services to clients, however only 40% of our total budget is made up of the Federal Title X dollars. We rely on other funding sources to help support the services we provide. For example about 15% of our clients have 3 party insurance (like BCBS), only 4% have North Dakota Medicaid, and the majority of clients (76%) pay us with their own funds. All these sources of funds are needed to help us to provide services. By passing SB 2287 the number of clients eligible for Medicaid for Family Planning services will increase. The Guttmacher Institute provided possible projections on the impact of a wavier in North Dakota. Dependent on how the wavier is written there maybe 6,100 more North Dakotans per year reached[1] for eligible services.

Let me give you an example of how this will help our clients. In our clinic everyone is asked to pay for the services but many do not have the funds. Clients who come into our clinic fill out an income worksheet to determine their income and amount of discount they receive. They maybe charged full fee or a reduced fee is applied, some have insurance coverage and some are asked to provide a donation. But bottom line, no one is denied services because they cannot pay. Because we provide a discount for the services, much of the total charges are written off or discounted. Yet we still have costs to operate our clinic (pay the salaries for staff, rent, utilities, supplies).

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[1] Frost JJ, Son field A and Gold RB, Estimating the Impact of Expanding Medicaid Eligibility for Family Planning Services, Occasional Report, New York: Guttmacher Institute, 2006, No. 28.

We see many clients who attend college in Jamestown and Valley City. They are our largest population of clients. Many are working part-time jobs to help pay for their advanced education. Many of these students are not eligible for the current Medicaid coverage and many students do not have insurance that pays for reproductive health services. They come to our clinic with no means to pay for the services they receive or are forced to use their own limited dollars. With the Medicaid wavier, clients could come into our clinic; we could assess their income status, enroll them in the program and provide services that will be paid for with Medicaid dollars. The client would not have to worry about how the services would be paid for and our clinic would have a guaranteed income source to help support the costs to run the clinic. Expanding Medicaid coverage of family planning will improve access to critical health care services, providing health care to many women and men who could not otherwise access services.

This wavier does not take a lot of investment of our State's dollars. To encourage states to make family planning widely available, Congress established a special enhanced 90% match rate. For every dollar spent on Medicaid family planning services, the state pays only 10 cents. Family planning services play a unique role in the health care delivery system – simultaneously meeting the preventive health needs of patients and saving the Medicaid program money.

The services we provide at Central Valley Health District like annual exams consisting of cancer screening and one on one visits with a registered nurse practitioner are basic health care needs of the women and families of North Dakota. Passage of SB 2287 will create and extend the safety net for those in need and protect the health of our communities.

Thank you for allowing me this opportunity to provide information to you about how a FP Medicaid wavier would work in our clinic. I would be happy to answer any questions you may have.

#4

Good morning, Madam Chair and members of the committee of the Senate Human Services Committee. My name is Deb Arnold and I am here today as a private citizen to speak in support of Senate bill 2287 a bill to direct the Department of Human Services to develop and submit an application for a Medicaid Family Planning Waiver. I am a retired State Health Department employee and was the director of the Family Planning Program and Women's Health Coordinator prior to my retirement. I no longer represent the Health Department but continue to have a deep concern for women's health and their access to healthcare services.

We only have to pick up the newspaper to know that we live in stressful economic times. We have just seen a an example of a major employer in this community shut its doors for six weeks and recently made the decision to extend that decision for another 2 weeks. Many North Dakotans work more than one job to make ends meet and such closures or suspensions place a strain on families.

There are anywhere between 9% and 15% of North Dakotans [dependent on which study you read] who have no health care insurance. There are significantly more who are underinsured. And even if insured, most of the insurance plans offered in North Dakota do not cover contraception. Frequently, as we all know, when budgets get stressed we make decisions about how we spend our limited dollars. Spending dollars on health care insurance or services may not be our priorities until it is urgent or an emergency. We also may make decisions about the level of health care service based on our ability to pay. These decisions are the reality for many people and families but it may not be in the best interest for their long term health or that of their families.

Unintended or mis-timed pregnancies can be one outcome of these decisions. I think most of us have known family or friends who have had to make significant adjustments in their lives because of an unintended or mis-timed pregnancy. It may have also resulted in inadequate time intervals between pregnancies and late or inconsistent prenatal care which are detriments to healthy births. The March of Dimes and healthcare providers, in general, recognize that these factors are well-established risk factors which contribute to

low birth weight and infant mortality. A pregnancy, even though accepted and cherished, can place an emotional and economic stress on a family.

A Medicaid Family Planning waiver could address these issues. Twenty-seven other states across the nation have implemented Medicaid family planning waivers that have been written to meet the needs of their state and citizens. The Centers of Medicaid and Medicare Services require as part of this process an evaluation of the implementation and impact. The results of these state and federal evaluations and independent studies have shown it:

- expanded the number of family planning clients;
- improved geographic availability of services;
- increased the use of effective contraceptive methods;
- extended the interval between pregnancies;
- helped women avert unplanned pregnancies, unplanned births and abortions;
- generated substantial savings for federal and state governments.

It is my belief that the passage of this bill has the prospect of accomplishing several positive outcomes.

1. It will facilitate access to care for women and families in North Dakota, resulting in better birth outcomes and healthier women and their families.
2. It can save the state dollars. The cost of one year of contraception is far less than the cost of prenatal care, labor and delivery.
3. It has the potential to lower the rates of low-birth weight babies and infant mortality.
4. It can provide a broad network of providers and therefore, a broader access for care for women and their families.
5. We can retain our individuality as a state because the application process allows each state to develop a waiver that will be specific to the needs of that state.

Thank you for allowing me the opportunity of speaking with you this morning. I urge you to support the passage of this bill. I would be willing to answer any questions.

#5

NORTH DAKOTA WOMEN'S NETWORK

Senate Human Services Committee
SB2287
January 26, 2009

Good morning, Madam Chair Lee and members of the Senate Human Services Committee. My name is Renee Stromme, and I am the Executive Director of the North Dakota Women's Network. Thank you for the opportunity to testify in support of Senate Bill 2287.

The North Dakota Women's Network serves as a catalyst for improving the lives of women through communication, legislation and increased public activism. We are a statewide organization with members from every corner of the state. We believe that education and access to care play a critical role in efforts to promote public safety and well-being and protect against disease.

NDWN believes strongly that women need access to medical information in order to make decisions to protect their reproductive health, and we support initiatives that make that information more widely available. I am here today to testify in favor of SB 2287, which would direct the Department of Health to apply for a Medicaid waiver for family planning services.

The NDWN supports expanding access to preventive health care services and education programs to help reduce unintended pregnancy, prevent the spread of sexually transmitted infections, and improve the lives of the women and families of North Dakota. There are many common misconceptions about family planning. Family planning is more than birth control. For many individuals, family planning clinics are their only source of health care and the only place where they can go to get health referrals, education, high blood pressure testing, cancer screenings, and disease testing in addition to contraception and pregnancy testing. Family planning visits give women and men a one on one consultation with a nurse where they can discuss all of their contraceptive options from abstinence, to natural family planning, to birth control and select the option which works best for them.

It is important to point out that 27 states currently have the Medicaid Family Planning waiver. These programs aid large numbers of low-income families who otherwise may not have any form of coverage. According to the National Academy for State Health Policy "family planning waiver demonstrations have resulted in substantial Medicaid savings and have proved to be an effective way to increase access to family planning services while reducing state and federal spending". In short- family planning services are not only good for patients, but also fiscally sound

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for states. In fact, according to the Kaiser Family Foundation, states that have obtained these waivers have argued that the cost of providing family planning services and supplies to individuals under the program pales in comparison to the cost of providing pregnancy-related services to beneficiaries who would otherwise become pregnant and eligible for Medicaid- funded prenatal, delivery and postpartum care.

It is estimated that implementation of the Medicaid Waiver for family planning establishing parity for family planning to pregnancy care in the state of North Dakota would save the federal government $2.2 million and the state $1.7 million annually after the third year of the expansion.

In closing, a 2006 Guttmacher Institute report assessing the states on their efforts to help women and families obtain family planning services and supplies, and to use them consistently and correctly over time, ranked North Dakota 50th. North Dakota can change this dismal result. Passage of SB 2287 puts focus on the health women and families of North Dakota.

Thank you for allowing me to speak to you this morning. The North Dakota Women's Network strongly urge you to pass SB 2287. I will answer any questions.

Renee Stromme
Executive Director

#6

Testimony on behalf of the
March of Dimes

Before the Human Services Committee
Re: Support for Family planning services waiver

January 26, 2009

Submitted by:

Melany Jenkins
Associate Director of Program Services
March of Dimes – North Dakota Chapter

March of Dimes North Dakota Chapter Lead Public Affairs Staff

My name is Melany Jenkins. I am the Associate Director of Program Services for the North Dakota Chapter and the lead Public Affairs staff.

The mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth and infant mortality. I am testifying to you about a very important item related to our mission that directly affects the health of our tiniest North Dakotans, the bill SB 2287 which requests that a Family Planning Waiver be written and put in place.

Senate Bill 2287 will provide families with Family planning information and services to help prospective parents to make informed decisions about the timing and spacing of childbearing. A central purpose of family planning is to promote optimal health of mothers-to-be and their babies, starting before pregnancy. According to the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, comprehensive maternity care should begin in the preconception period.(1) Any woman planning to become pregnant should therefore arrange a visit with her healthcare provider ahead of time. The same advice applies to all women of childbearing age who are sexually active; because half of all pregnancies in the U.S. are unintended.(2) Research has shown a strong correlation between unintended pregnancy and failure to utilize prenatal care.(3) Among the negative consequences are low birthweight, prematurity, higher risk of birth defects, and higher rates of infant mortality.

The March of Dimes asks that Senate bill 2287 be enacted to put in place a Family planning waiver that will provide Family planning services for families as defined in the state's medical assistance plan, to medical assistance eligible individuals. A plan that will; 1) provide information and services to prospective parents about the timing and spacing of childbearing, and 2) promote optimal health of mothers-to-be and their babies, starting before pregnancy.

North Dakota's preterm birth rate at 11.5% is more than 50% higher than the Healthy People 2010 objective of 7.6% and has increased by nearly 14% between 1995 and 2005. While research continues as to the causes of preterm births and low birthweight babies, the state of North Dakota can address one of the known contributing factors of having babies to close together and take measures toward prevention.

The first step in preventing preterm births and low birth weight babies is to identify the causes. **For 50% of preterm births the causes are unknown.** However, studies have shown that women who have pregnancies to close together have a higher risk of having a premature baby or a low birhtweight baby. A regular visit to a healthcare provider offers an opportunity to assess general health as well as to record information about and begin treating any medical conditions, such as diabetes or high blood pressure that could complicate a pregnancy. Eating habits, smoking, drinking alcoholic beverages, and drug use, as well as anything particularly stressful or dangerous in the home and work environment and any chronic medical conditions are best modified prior to conception and pregnancy. Advice to encourage healthy behaviors, such as taking a daily vitamin with folic acid, achieving body weight in an optimal range, and other interventions before conception can result in significantly lower risks for the baby. (4) The March of Dimes and other leading national health organizations agree that awareness of reproductive risks, healthy behaviors, and family planning options is essential to improving the outcome of pregnancy. There is an increased rate of unintended pregnancy in the populations of women who are most at risk for poor pregnancy outcomes, i.e., adolescents, and those with low educational levels and incomes.(5) Closely spaced births are associated with a higher risk of low birthweight, prematurity and small size for gestational age,(6) which are strong risk factors for infant mortality and long-term disability. In addition, pregnancy begun without planning precludes taking advantage of the growing resources for genetic counseling and for assessing and managing risks.

The March of Dimes recognizes the value of preconception and interconception health care and family planning in reducing the risks of birth defects, low birthweight, prematurity and infant mortality. The March of Dimes strongly recommends a prepregnancy health care visit for every woman and supports access to family planning services for all women of childbearing age, regardless of income.

The March of Dimes is doing its part. The March of Dimes promotes preconception health using the goals of family planning as a means of improving the proportion of planned pregnancies, thereby promoting the best outcomes for mothers and infants. The Foundation's educational programs emphasize family planning as a component of preconception health and health care. It is especially important for women at medical risk or those wishing to modify risky lifestyle factors before conception. March of Dimes advocacy efforts include a focus on ensuring

that all women of childbearing age have access to comprehensive health coverage, including family planning, preconception and interconception health services.

Again, **March of Dimes asks that this committee support Family planning services for families as defined in the state's medical assistance plan, to medical assistance eligible individuals. A plan that will; 1) provide information and services to prospective parents about the timing and spacing of childbearing, and 2) promote optimal health of mothers-to-be and their babies, starting before pregnancy.**

On behalf of the March of Dimes, thank you for the opportunity to comment on the need for a Family planning waiver to provide Family planning services in North Dakota. We thank you for all that you do to protect and improve maternal and child health in North Dakota.

References

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09/08

2008 Premature Birth Report Card

North Dakota
Preterm Birth Rate: **11.5%**
U.S. Rank: **16th**
Grade: **D***

North Dakota's preterm birth rate is more than 50% higher than the Healthy People 2010 objective of 7.6% and increased by nearly 14% between 1995 and 2005. Disparities exist among population subgroups. While research continues on the causes of preterm birth, the nation can address some contributing factors and prevention opportunities. Three of these are below.

Selected Contributing Factors	Rate (%)	Comments
Uninsured Women	**13.3%**	About 1 in 8 women of childbearing age in North Dakota has no health insurance coverage. Health care access before and during pregnancy can help identify and manage conditions that contribute to premature birth.
Women Smoking	**24.4%**	About 1 in 4 women of childbearing age in North Dakota is a smoker. Smoking cessation programs can reduce the risk of premature birth.
Late Preterm Births	**8.3%**	About 1 in 12 live births in North Dakota is late preterm (34-36 weeks gestation). The rise in late preterm births has been linked to rising rates of early induction of labor and c-sections.

March of Dimes Call for Action

1. We urge the federal government to increase support for prematurity-related research and data collection as recommended by the Institute of Medicine and the Surgeon General's Conference on the Prevention of Preterm Birth, to: (a) identify the causes of premature birth; (b) test strategies for prevention; (c) improve the care, treatment and outcomes of preterm infants; and (d) better define and track the problem of premature birth.
2. We urge federal and state policymakers to expand access to health coverage for women of childbearing age and to support smoking cessation programs as part of maternity care.
3. We call on hospitals and health care professionals to voluntarily assess c-sections and inductions which occur prior to 39 weeks gestation to ensure consistency with professional guidelines.
4. We call on the business community to create workplaces that support maternal and infant health.
5. We invite all concerned citizens to sign the 2008 "Petition for Preemies" at marchofdimes.com/petition and learn how you can help.

* Grade based solely on preterm birth rate, not on rates of contributing factors.