

**FISCAL NOTE**  
**Requested by Legislative Council**  
**12/31/2018**

Amendment to: HB 1100

- 1 A. **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.*

	2017-2019 Biennium		2019-2021 Biennium		2021-2023 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
<b>Revenues</b>				\$25,350		\$25,350
<b>Expenditures</b>						
<b>Appropriations</b>						

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

	2017-2019 Biennium	2019-2021 Biennium	2021-2023 Biennium
<b>Counties</b>			
<b>Cities</b>			
<b>School Districts</b>			
<b>Townships</b>			

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

HB 1100 provides for the Behavioral health division, within the Department of Human Services, to establish non refundable application fees in order to compensate the division for administration and enforcement of licensing and certification activities.

- 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.*

HB 1100 provides for the Behavioral Health Division to establish a non refundable application fee in order to compensate the Division for administration and enforcement of licensing and certification activities. The fiscal impact of this would be other fund revenue received of \$25,350. For Substance Use Disorder (84) and Psychiatric Residential Treatment Facility (6) licenses were estimated at a rate of \$225. Opioid Treatment (3) licenses were estimated at a rate of \$300. And medication unit (4) licenses were estimated at \$150. DUI education program (48) certifications were estimated at \$75. Currently the Division is required to re-license each provider every 2 years, therefore the assumption was made that revenue will be received from each provider once a biennium for each respective license/certification. Currently in HB 1103, Section 2 there is language to change the licensing requirement from every 2 years to every 3 years. If this section were to pass legislation, it would have an impact on the fiscal components of HB 1100 for both the 2019-21 and 2021-23 bienniums.

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 fiscal impact for HB 1100 is \$25,350 in other funds revenue. This revenue is fees received from providers receiving a license or certification from the Behavioral health division.

- 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 or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.

**Name:** Heide Delorme

**Agency:** Human Services

**Telephone:** 701-328-4608

**Date Prepared:** 01/07/2019

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**12/31/2018**

Bill/Resolution No.: HB 1100

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**Name:** Heide Delorme

**Agency:** Human Services

**Telephone:** 701-328-4608

**Date Prepared:** 01/07/2019

**2019 HOUSE HUMAN SERVICES**

**HB 1100**

# 2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

HB 1100  
1/9/2019  
30589

- Subcommittee  
 Conference Committee

Committee Clerk: Elaine Stromme

## **Explanation or reason for introduction of bill/resolution:**

Relating to fees charged by the behavioral health division of the department of human services.

**Minutes:**

Testimony 1 & 2

Vice Chairman Rohr: Opened the hearing on HB # 1100

Pamela Sagness, Director of Behavioral Health with the Department of Human Services: (Testimony #1 & # 2) The ND Dept. of HS & the Behavioral Health Commission had commissioned a study about the gaps in the Behavioral Health System. ND Dept. of HS report was released in April of last year, that report had 13 key initiatives to help us address the gaps in the Behavioral Health System. The first hand out has a time line on the top, referenced as the HRI took all the information & merged it with all the data from Medicaid also the Human Service Centers.

How we are working to remedy some of the gaps. Working with an agent to implement these strategies and to work on the recommendations for that have been brought forward. That is being guided by the behavioral Health Program Planning Council. The funding for this was put in the Dept. of Correction rehabilitation.

The majority of the spend was for the highest level of care. Of the 19 million dollars that is currently being spent this is just the HS & the Medicaid dollars, this does not include the ND state hospital. which is our primary inpatient facility.

More than 85% goes to the highest levels of care. There really is a need for us to get care closer to home

and get community based services or even in home services that are more sustainable: Mental health, inpatient long term care. Community based services.

Provides a overview Looking at the high cost.

Starting with house bill 1100 provides authority for the refer to testimony #2. 7:48

Vice Chairman Rohr: Any questions for Pam?

Representative Porter: I always have an issue with open ended fee, more expensive than it needs to be. That leap of faith well it is difficult for me to leap.

Pamela Sagness: Absolutely, If there needs to be clarification in the language here I think one of the things that would be helpful is to note that we have administrative roles & so the

fee would be one flat fee if you look at the fiscal note we had provided estimates this will not equal the effort that is put into the reviews. In some circumstances this won't cover the transportation cost for one visit. The agency did a review. This is a service that we provide that there is no fee at all similarly with fishing license or driver's license. We issue certifications & licenses for no fee at all. This would establish a fee in the administrative role that would be a flat fee per the time frame, so it would be \$150.00 for 3 years. Or \$300.00 for 3 years. If you see in the fiscal note in section B we have written down what would be proposed in the administrative roles. So for example the substance use disorder treatment programs would be \$225.00 at the proposed rate for 3 years. We realize there is a program in Grand Forks when we travel there that does not cover the cost much less investigations sometimes we have had to up to 4 visit on site for health safety concerns.

Vice Chairman Rohr: Any questions for Pam?

Representative Porter: We understand that not everybody necessarily believes & trusts the administrative rules process as much as the executive branch tens to. Have in open ended language that says any amount necessary really puts the debate inside the rules where the intent is to cover all of the costs & then if you figure out that somebody else's fees would suddenly go up because now you have less so I have issues with it being open ended. My other comment in question is your comment about your testimony where you aren't going to bill other divisions inside of the dept. of human services even though they hold themselves out as providers & I think that is unfair, that is unfair, they have to follow the same guidelines & rules as anybody else they have the same investigations from independent unit inside of the division & if I have a complaint against them or against a provide provider the same process is followed, they don't get special treatment just because they are 3 doors down. I have a big issue with the state thinking they are on hallowed ground & all the other providers live in a different world.

Vice Chairman Rohr: Could you please identify all those other agencies that Representative Porter: is referring too?

Pamela Sagness: Yes, there is 8 HS centers, that are through a different division through the department & although we have the same umbrella agency we are separate leadership, & so we provide licensing to those HS centers. We do not license inpatient level because that is at a hospital level so we don't oversee the state hospital but the HS center we do have licensing responsibility too. We had originally not included that however I believe that Tom Eide is here he is our CFO he was concerned about the fiscal perspective because we had originally included the HS centers to be charged a fee. So I want to give Tom the opportunity to if possible to explain what the fiscal concern was about that, because we have no concern what so ever & we agree with everyone being charged equally so Tom will address that.

Vice Chairman Rohr: Tom Eide, would you come to the podium please?

Representative Porter: Just a comment on that I would imagine that the same concern that comes from inside the department on a new fee being charged is the same thing I would hope we would hear from the other agencies that the other nonprofit the we are going to ask to start paying something too.

Tom Eide: Director of Field Services & Director of DHS It is just fiscal note adjustment as all the fees are, the service centers are all licensed under the same rules as they have been the only reason we took it out of the fiscal note is it is just a intercompany transaction. It very similar to the fact we don't pay license on state fleet vehicles.

Representative Porter: The real question is the inside license process that everything is still required & oversite is still the same in the state of ND.

Tom Eide: Yes, all the HSC go the same licensing process in fact as part of statute now the HSC are actually getting formal accrediting with an outside agency in addition to the licensing that happens right now.

Vice Chairman Rohr: Thank You Tom.

Pamela Sagness; Just to clarify that. That was a request brought forward that we license ourselves. Two sessions ago after 2014. State law established the need for the human service centers to get that accreditation so that there would be outside oversite. So the intention is that eventually the state will not be in the situation that we are today. They will be paying fees for that accreditation which is normal process.

Vice Chairman Rohr: any more questions for Miss Sagness?

Anyone in support of Bill 1100?

Opposed?

Representative Devlin: Not actually in opposition but I agree with Representative Porter: It is not good to have an open ended fee schedule. We would prefer that this fee is in statute, & that is the amendment that this committee should offer,  
So there is no question it will be set in code.

Vice Chairman Rohr: Close the hearing on HB 1100

# 2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

HB1100  
1/16/2019  
30926

- Subcommittee  
 Conference Committee

Committee Clerk: Elaine Stromme

## Explanation or reason for introduction of bill/resolution:

Relating to fees charged by the behavioral health division of the department of human services.

**Minutes:**

Attachment: 1

**Vice Chairman Rohr** called for a vote on HB1100

**Vice Chairman Rohr:** On this one we had a lot of discussion on open ended fees I believe is that correct ?

**Representative Porter:** yes

**Vice Chairman Rohr :** So Pam Sagness has proposed the amendment it should be before you, so on page 1 line 19 we would replace in with not to exceed \$300.00 then on page 1 line 14 remove amounts necessary to compensate the behavior division. We have an adoption of the amendment.

**Representative Devlin:** Madam Chair, I assumed this was going to go to council and come back to us and maybe that wasn't understood. She brought it down but I understood all amendments should go through council and get into their system and numbering and so on, and then we do it, but Representative Porter can correct me on that. (See attachment #1

**Representative Porter:** I don't think so.

**Vice Chairman Rohr:** So we can go ahead and vote then? We have a motion to adopt the amendment by **Representative Skroch**, and it was seconded by **Representative M. Ruby**, Any discussion on the amendment?

The Roll call vote was taken to adopt the amendment. Yes 13 – No – 0 - Absent 1.

The Carrier is **Representative Kiefert**.

House Human Services Committee  
HB1100  
January 16,2019  
Page 2

**Vice Chairman Rohr:** the amendment Passed

**Vice Chairman Rohr:** We have a motion by **Representative Tveit**, on the floor for a Do Pass as amended for HB 1100

Seconded by **Representative Porter**. Is there any discussion?

Roll call

Vote was taken Yes- 13 – No – 0 – absent 1 - Carrier: **Representative Kiefert**

Do Pass as amended.

Hearing closed

19.8099.01001  
Title.02000

Adopted by the Human Services Committee

January 16, 2019

CH  
1/16/19  
1 of 1

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1100

Page 1, line 13, remove "in"

Page 1, line 14, replace "amounts necessary to compensate the behavioral health division" with  
"not to exceed three hundred dollars"

Renumber accordingly

Date: 1-16-19  
Roll Call Vote #: 1

**2019 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 1100**

## **House Human Services Committee**

Subcommittee

Amendment LC# or Description: 19.8099.01001

Recommendation:	<input checked="" type="checkbox"/> Adopt Amendment <input type="checkbox"/> Do Pass <input type="checkbox"/> Do Not Pass <input type="checkbox"/> As Amended <input type="checkbox"/> Place on Consent Calendar <input type="checkbox"/> Reconsider	<input type="checkbox"/> Without Committee Recommendation <input type="checkbox"/> Rerrefer to Appropriations <input type="checkbox"/>
Other Actions:		

Motion Made By Representative  
S.Kroch Seconded By Representative M.Ruby

<b>Representatives</b>	<b>Yes</b>	<b>No</b>	<b>Representatives</b>	<b>Yes</b>	<b>No</b>
Robin Weisz - Chairman	A		Gretchen Dobervich	✓	
Karen M. Rohr – Vice Chairman	✓		Mary Schneider	✓	
Dick Anderson	✓				
Chuck Damschen	✓				
Bill Devlin	✓				
Clayton Fegley	✓				
Dwight Kiefert	✓				
Todd Porter	✓				
Matthew Ruby	✓				
Bill Tveit	✓				
Greg Westlind	✓				
Kathy Skroch	✓				

Total (Yes) 13 No 0

Absent \_\_\_\_\_ |

## Floor Assignment

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

Date: 1-16-19  
Roll Call Vote #: 2

**2019 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 1100**

House Human Services Committee

Subcommittee

**Amendment LC# or Description:** \_\_\_\_\_

Recommendation:	<input type="checkbox"/> Adopt Amendment	<input checked="" type="checkbox"/> Do Pass <input type="checkbox"/> Do Not Pass	<input type="checkbox"/> Without Committee Recommendation
	<input checked="" type="checkbox"/> As Amended	<input type="checkbox"/> Rerefer to Appropriations	
	<input type="checkbox"/> Place on Consent Calendar	<input type="checkbox"/> Reconsider	<input type="checkbox"/>

Other Actions:  Reconsider  \_\_\_\_\_

Motion Made By Representative Tveit Seconded By Representative Porter

Total (Yes) 13 No 0

Absent |

Floor Assignment Representative Kiepert

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

**REPORT OF STANDING COMMITTEE**

**HB 1100: Human Services Committee (Rep. Weisz, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1100 was placed on the Sixth order on the calendar.

Page 1, line 13, remove "in"

Page 1, line 14, replace "amounts necessary to compensate the behavioral health division" with "not to exceed three hundred dollars"

Renumber accordingly

**2019 SENATE HUMAN SERVICES**

**HB 1100**

## **2019 SENATE STANDING COMMITTEE MINUTES**

**Human Services Committee**  
Red River Room, State Capitol

HB 1100  
2/27/2019  
Job # 32908

- Subcommittee  
 Conference Committee

Committee Clerk: Justin Velez

### **Explanation or reason for introduction of bill/resolution:**

Relating to fees charged by the behavioral health division of the department of human services.

**Minutes:**

Attachment #1

**Madam Chair Lee opens the hearing on HB 1100.**

**(00:31-03:26) Pam Sagness, Director of the Behavioral Health Division for the Department of Human Services.** Testifying in support of HB 1100. Please see **Attachment #1** for testimony.

**Senator Hogan:** Have you had feedback from the providers on this bill?

**Ms. Sagness:** I have not been contacted by any providers. I think it was the word compensate that made them uncomfortable because the reality is we spend much more money than 300 dollars every three years in doing the work just in staffing and on-site visits. The other things are that Investigations become significant, if we are investigating a death for example, we may be having five or six on site visits where we travel across the state and have to meet individuals who are clients and staff. It's hard to determine what the true cost will be.

**Madam Chair Lee closes the hearing on HB 1100.**

**Senator Hogan:** I move the adoption of engrossed HB 1100, **DO PASS**  
**Seconded by Senator O. Larsen**

**ROLL CALL VOTE TAKEN**  
**6 YEA, 0 NAY, 0 ABSENT.**  
**MOTION CARRIES DO PASS**  
**Senator Hogan will carry HB 1100 to the floor.**

**Job #32920 (0:07-0:012) Senator Anderson votes yea on HB 1100.**

Date: 2/27/19  
Roll Call Vote #: 1

**2019 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1100**

Senate Human Services Committee

Subcommittee

Amendment LC# or Description:

Recommendation:	<input type="checkbox"/> Adopt Amendment <input checked="" type="checkbox"/> Do Pass <input type="checkbox"/> Do Not Pass <input type="checkbox"/> As Amended <input type="checkbox"/> Place on Consent Calendar <input type="checkbox"/> Reconsider	<input type="checkbox"/> Without Committee Recommendation <input type="checkbox"/> Rerrefer to Appropriations  <input type="checkbox"/>
Other Actions:		

Motion Made By Sen. Hogan Seconded By Sen. O. Larsen

Total (Yes) 6 No 0

Absent \_\_\_\_\_ **D**

Floor Assignment \_\_\_\_\_ Sen. Hogan

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

**REPORT OF STANDING COMMITTEE**

**HB 1100, as engrossed:** Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1100 was placed on the Fourteenth order on the calendar.

**2019 TESTIMONY**

**HB 1100**

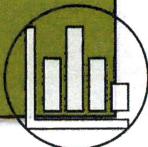
# North Dakota Behavioral Health System Study

## BEHAVIORAL HEALTH SYSTEM STUDY TIMELINE

Behavioral Health Division in contract with HSRI to conduct an in-depth review of North Dakota's behavioral health system.

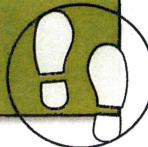
Final report released April 2018

**1/1/2017 TO  
6/30/2018**



Behavioral Health Division in contract with HSRI to initiate and facilitate the implementation of a strategic plan based off the recommendations from the comprehensive study of ND's behavioral health system published April 2018.

**8/1/2018 TO  
6/30/2019**



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#1  
1/9/19  
Pr 1

## APRIL 2018 BEHAVIORAL HEALTH SYSTEM STUDY

*Served as a component of interim legislative committee studies during the 65<sup>th</sup> Legislative Interim.*

This report presents the findings from the North Dakota Comprehensive Behavioral Health Systems Analysis, conducted by the Human Services Research Institute (HSRI) for the North Dakota Department of Human Services' Behavioral Health Division.

The 250-page report provides more than 65 recommendations in 13 categories. This set of recommendations is intentionally broad and far-reaching; it is not expected, nor suggested, that stakeholders in North Dakota endeavor to implement all these recommendations at once.

- 1. Develop a comprehensive implementation plan**
- 2. Invest in prevention and early intervention**
- 3. Ensure all North Dakotans have timely access to behavioral health services**
- 4. Expand outpatient and community-based service array**
- 5. Enhance and streamline system of care for children and youth**
- 6. Continue to implement/refine criminal justice strategy**
- 7. Engage in targeted efforts to recruit/retain competent behavioral health workforce**
- 8. Expand the use of tele-behavioral health**
- 9. Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches**
- 10. Encourage and support the efforts of communities to promote high-quality services**
- 11. Partner with tribal nations to increase health equity**
- 12. Diversify and enhance funding for behavioral health**
- 13. Conduct ongoing, system-side data-driven monitoring of needs and access**

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#1  
11/9/19  
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## IMPLEMENTATION

HSRI is continuing to support the North Dakota Behavioral Health Division (in contract through June 2019) and the North Dakota Behavioral Health Planning Council to engage in coordinated, data-driven system transformation activities based on the recommendations from the 2018 Behavioral Health System Study.

Working with stakeholders – including service users and families, advocates, providers, administrators, and other North Dakotans – HSRI is helping the state set its course for ongoing system monitoring, planning, and improvements in the long term.



Based on the original 13 recommendations, HSRI has drafted a list of 140 strategic goals to enhance and improve all aspects of the state's behavioral health system in the years to come.

[www.hsri.org/NDvision-2020](http://www.hsri.org/NDvision-2020)



The Human Services Research Institute ([www.hsri.org](http://www.hsri.org)) is an independent, nonprofit research institute that helps public agencies develop effective, sustainable systems to deliver high-quality health and human services and supports in local communities. In the behavioral health space, our goal is to deliver actionable, viable, and culturally relevant strategies that empower service users and promote wellness and recovery.

# North Dakota Behavioral Health System Study

April 2018

AB 1100

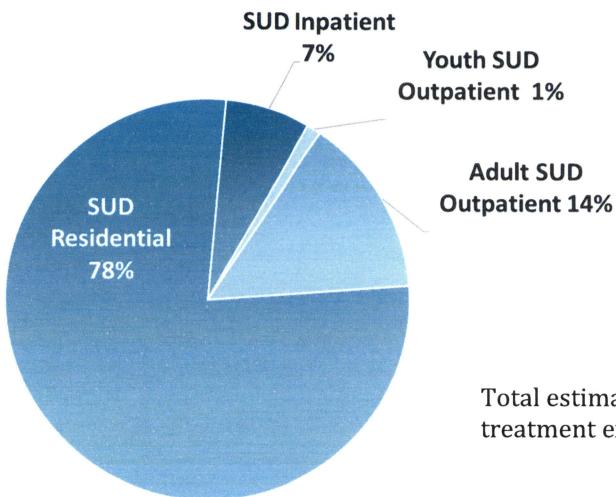
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1/9/19

p. 3

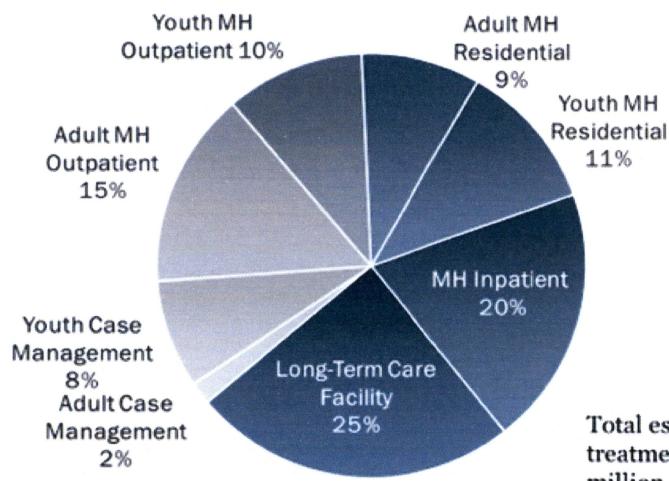
Not State Hospital

**Residential and inpatient expenditures accounted for about 85% of substance use disorder treatment services in FY2017.**



Total estimated substance use disorder treatment expenditures were \$19 million

**Residential, inpatient, and long-term care facility services accounted for a majority of mental health system treatment service expenditures in FY2017.**



Total estimated mental health treatment expenditures were \$59 million

NORTH DAKOTA  
**BEHAVIORAL  
HEALTH**

North Dakota Department of Human Services

[www.behavioralhealth.nd.gov](http://www.behavioralhealth.nd.gov)

*HB 1100 #2*

## **Testimony**

### **House Bill 1100 - Department of Human Services**

#### **House Human Services**

#### **Representative Robin Weisz, Chairman**

January 9, 2019

Chairman Weisz and members of the House Human Services Committee, I am Pamela Sagness, Director of the Behavioral Health Division of the Department of Human Services (Department). I appear today to provide testimony in support of House Bill 1100.

House Bill 1100 provides authority for the Behavioral Health Division (Division) to establish a non-refundable application fee for administration and enforcement of licensing and certification activities. North Dakota Century Code section 50-06-01.4. requires the North Dakota Department of Human Services' Behavioral Health Division to establish quality assurance standards for the licensure of substance use disorder program services and facilities. Currently providers are reviewed and licensed at no cost to the providers.

The Division currently licenses 92 substance use disorder treatment programs, three opioid treatment program, and six psychiatric residential treatment facilities. Currently opioid treatment programs are re-licensed annually. The Division is required to re-license substance use disorder treatment programs and psychiatric residential treatment facilities every two years; however, Section 2 of House Bill 1103, if passed, would change the substance use disorder treatment licensing requirement from every two years to every three years. This change is reflected in the fiscal note. In addition, the 8 human service center application fees were not included in the fiscal note.

The administration of licensing activities includes the review and initial licensing of new programs, ongoing reviews of all licensed programs and ongoing review of

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#2  
1/9/19  
P.2

inquiries and conducting investigations. In general, the licensing process includes an onsite visit which includes a visit of the facility and review of policies, files and charts. A licensure report is provided to the program and if needed, corrective action plans are provided if conditions are found in the review. At times, multiple onsite visits are necessary to ensure compliance with corrective action plans or to conduct investigations. The Division also provides ongoing technical assistance to programs based on each program's needs.

This concludes my testimony, and I am happy to answer any questions.

#1 HB1100  
1/16/19

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1100

Page 1, line 13, replace “in” with “not to exceed three hundred dollars”

Page 1, line 14, remove “amounts necessary to compensate the behavior health division”

Renumber accordingly

Amendment prepared by the Department at the request of Representative Devlin

## Testimony

### House Bill 1100 - Department of Human Services Senate Human Services Senator Judy Lee, Chairman

February 27, 2019

Chairman Lee and members of the Senate Human Services Committee, I am Pamela Sagness, Director of the Behavioral Health Division of the Department of Human Services (Department). I appear today to provide testimony in support of House Bill 1100.

House Bill 1100 provides authority for the Behavioral Health Division (Division) to establish a non-refundable application fee for administration and enforcement of licensing and certification activities. North Dakota Century Code section 50-06-01.4. requires the North Dakota Department of Human Services' Behavioral Health Division to establish quality assurance standards for the licensure of substance use disorder program services and facilities. Currently providers are reviewed and licensed at no cost to the providers.

The Division currently licenses 94 substance use disorder treatment programs, three opioid treatment program, and six psychiatric residential treatment facilities. Currently opioid treatment programs are re-licensed annually. The Division is required to re-license substance use disorder treatment programs and psychiatric residential treatment facilities every two years; however, Section 2 of House Bill 1103, if passed, would change the substance use disorder treatment licensing requirement from every two years to every three years. This change is reflected in the fiscal note. In addition, the 8 human service center application fees were not included in the fiscal note.

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2/27/19  
#1 Pg. 2

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The House Human Services Committee passed amended language in line 13 and 14 to include: "fees not to exceed three hundred dollars".

This concludes my testimony, and I am happy to answer any questions.