

FISCAL NOTE
Requested by Legislative Council
01/17/2019

Amendment to: Engrossed HB 1103

- 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
Revenues				\$600		\$600
Expenditures						
Appropriations						

- 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
Counties			
Cities			
School Districts			
Townships			

- 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 1103 provides for the establishment of medication units as part of an opioid treatment program.

- 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 1103 has a minimal fiscal impact of other fund revenue earned as a result of licensure fee from the estimated four medication units that are anticipated. HB 1100 includes the fiscal impact for the anticipated medication units. Should HB 1100 not pass legislation, the fiscal impact of HB 1103 is \$600 in other fund revenue.

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 1103 is other fund revenue received of \$600, as provided by the language in Section 3 and 4. It is anticipated that there would be 4 medication units and they would all need to be licensed within the 2019-21 biennium. The estimated fee received per license is \$150. If the language in Section 2 of HB 1103 is passed in legislation, the medication units would need to be relicensed every three years; therefore the fiscal impact for the 2021-23 biennium is other fund revenue received of \$600

- 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: 01/22/2019

FISCAL NOTE
Requested by Legislative Council
12/31/2018

Bill/Resolution No.: HB 1103

- 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
Revenues				\$600		\$600
Expenditures						
Appropriations						

- 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
Counties			
Cities			
School Districts			
Townships			

- 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 1103 provides for the establishment of medication units as part of an opioid treatment program.

- 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 1103 has a minimal fiscal impact of other fund revenue earned as a result of licensure fee from the estimated four medication units that are anticipated. HB 1100 includes the fiscal impact for the anticipated medication units. Should HB 1100 not pass legislation, the fiscal impact of HB 1103 is \$600 in other fund revenue.

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 1103 is other fund revenue received of \$600, as provided by the language in Section 3 and 4. It is anticipated that there would be 4 medication units and they would all need to be licensed within the 2019-21 biennium. The estimated fee received per license is \$150. If the language in Section 2 of HB 1103 is passed in legislation, the medication units would need to be relicensed every three years; therefore the fiscal impact for the 2021-23 biennium is other fund revenue received of \$600

- 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

2019 HOUSE HUMAN SERVICES

HB 1103

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1103
1/9/2019
30590

- Subcommittee
 Conference Committee

Committee Clerk: Elaine Stromme by Nicole Klamann

Explanation or reason for introduction of bill/resolution: Relating to the definition of medication unit and the licensure of substance abuse treatment programs.

Minutes:

3

Vice Chairperson Rohr: Opened the hearing on HB # 1103

Pam Sagness, Director of Behavioral Health Division of the Dept. of Human Services;
See attachment #1 in support of HB 1103

Representative Kathy Skroch: Page 2, Section 4, regarding fee. I would rather see those fees set in the Century Code rather than give the Department the authority to set them.

Pam Sagness: This is a back up to another bill and why the Fiscal note is so small. There are only a few programs in the State.

Representative Bill Tveit: Clarify 3rd paragraph of your testimony. You mention there were 859 admissions to this program across the state. Do you see any discharges along the way?

Pam Sagness: The program administrators are here for Heart View and Community Medical Services. I know people have been successful but I wouldn't want to speak to the numbers that are there's.

Representative Mary Schneider: Are there plans to how many entities there might be or is this all projected?

Pam Sagness: I believe the discussion is only around 1 program. If they have needs, we would like to be prepared for that and the overseeing of the programs

Representative Dick Anderson: What is happening on the restriction of opioids?

Pam Sagness: The oversight of the opioid treatment programs, even though they are dispensing opioids, it is very controlled. Hence why the daily visits, take home, take home medication checks. When we look at the problem from the disorder standpoint, it's all the

other places which opioids can be obtained. We have also funded a program through NDSU for the disposal of unused medications to deter them entering the communities.

Rep. Anderson: Is it working?

Pam Sagness: We are waiting for the most recent data relating to overdoses but we do know people are getting help and we are finding individuals that are finding recovery. This is due to the services that we didn't have 2 years ago. Per the providers of these services, it's the most significant change we've made in our system.

Vice Chairperson Rohr: Further Questions? Thank you Pam.

Vice Chairperson Rohr: Further Support?

Mark Schaefer; Vice President for Community Medical Services, See Attachment 2:
Testimony in support of HB 1103.

Vice Chairperson Rohr: I appreciate the stories, thank you. Any further support?

Discussion:

Vice chairperson Rohr and Pam Sagness

Regarding handout that speaks specifically to the regulation. If I could provide this. **See Attachment 3**

Vice Chairperson Rohr: Could someone speak to the mobile methadone unit mentioned in the handout?

Pam Sagness: There are mobile units driving out giving medication. We wanted to provide clarity to the 3 levels of service. 1. Opioid Treatment Programs-Facilitated by Heart View and Community Medical Services 2. Medication Unit-This is the unit we are asking for authority to develop 3. Mobile Methadone Unit-There is no conversation of developing this in the state at all.

Rep. Devlin: Does the ND Board of Pharm have any regulatory authority over this at all?

Pam Sagness: They are not in the regulatory oversight of this program. I can say we have partnered closely with the Board through all of this work, they have been very supportive of our efforts.

Representative Matthew Ruby: What is involved in creating a full treatment facility in a rural area where the demand. Is it a big process to jump up to next step or is it completely different licensing?

Pam Sagness: We wanted to really show how closely they are connected. If a medication unit was developed in Grand forks and there was demand and workforce to provide the full realm of services. The providers could then scale to become a full opioid treatment program. One of the limitations of our New England facilities is having access to medication. This is one of the opportunities to look at how we can get medication to individuals who are

incarcerated or jailed outside Bismarck, Fargo or Minot. There is a great opportunity for partnership with the Department of Corrections.

Vice Chairperson Rohr: Opposition? Seeing none

Vice chairperson Rohr: Closed hearing

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1103
1/16/2019
30925

- Subcommittee
 Conference Committee

Committee Clerk: Elaine Stromme by Nicole Klamann

Explanation or reason for introduction of bill/resolution:

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

Minutes:

1

Vice Chairperson Rohr: Opened meeting on HB 1103

Vice Chairperson Rohr: Pam submitted a proposed amendment, **See attachment 1**
Page 2, line 18, after "A" insert "one hundred fifty dollars"
Page 2, line 15 remove "to compensate the"
Page 2, line 19, remove the first "department"- This doesn't make sense.

Discussion

Discussion takes place on the proposed changes. It's determined they need to do additional work to obtain the final language.

Vice Chairperson Rohr:

Motion to amend HB 1103 made by Representative Porter
Seconded by Representative Dobervich

Rep. Devlin: The rules that the department write all go through the administrative rules committee so there is over sight by the legislative committee.

Determination to amend as stated:

Page 2, line 18, after "A" insert "one hundred fifty dollars"
Page 2, line 19 remove "The department shall establish fees in amounts necessary to compensate the"
Page 2, line 20, remove "department for administration and enforcement of this chapter"
Renumber accordingly

Vice Chairperson Rohr: Voice Vote, Motion to amend passes.

Vice Chairperson Rohr:
Motion made Do Pass as Amended by **Rep. Skroch**
Seconded by **Rep. Anderson**

Roll Call Vote: 13 Yes, 0 No, 1 Absent

Motion passes
Carried by **Representative Dobervich**

Vice Chairperson Rohr: Closes meeting

DP 1/16/19

19.8097.01001
Title.02000

Adopted by the Human Services Committee

January 16, 2019

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1103

Page 2, line 18, after "a" insert "one hundred fifty dollar"

Page 2, line 19, remove "The department shall establish fees in amounts necessary to compensate the"

Page 2, line 20, remove "department for administration and enforcement of this chapter."

Renumber accordingly

Date: 1/16/2019
Roll Call Vote #: 1

**2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1103**

House Human Services Committee

Subcommittee

Amendment LC# or Description: 19.8097.01001

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
Other Actions:	<input type="checkbox"/>	

Motion Made By Representative Porter **Seconded By** Representative Dobervich

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman			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) _____ No _____

Absent

Floor Assignment

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

Voice Vote- Motion to Amend carries

**2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1103**

House Human Services Committee

Subcommittee

Amendment LC# or Description: 19.8097.01001

Recommendation: Adopt Amendment
 Do Pass Do Not Pass
 As Amended Place on Consent Calendar
 Reconsider Without Committee Recommendation
 Rerrefer to Appropriations

Motion Made By Representative Skroch Seconded By Representative Anderson

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

Total (Yes) 13 No 0

Absent 1

Floor Assignment Representative Dobervich

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

Motion Carries, Do Pass as Amended

REPORT OF STANDING COMMITTEE

HB 1103: 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 1103 was placed on the Sixth order on the calendar.

Page 2, line 18, after "a" insert "one hundred fifty dollar"

Page 2, line 19, remove "The department shall establish fees in amounts necessary to compensate the"

Page 2, line 20, remove "department for administration and enforcement of this chapter."

Renumber accordingly

2019 SENATE HUMAN SERVICES

HB 1103

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1103
2/27/2019
Job # 32907

- Subcommittee
 Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to the definition of medication unit and the licensure of substance abuse treatment programs.

Minutes:

Attachment #1

Madam Chair Lee opens the hearing on HB 1103.

(01:00-03:15) Pam Sagness, Director of the Behavioral Health Division of the Department of Human Services. Testifying in support of HB 1103. Please see **Attachment #1** for testimony.

(03:15-05:40) Madam Chair Lee asks Pam Sagness to give an overview on medicated assisted treatment and what HB 1103 entails to the students that were visiting in the committee.

Senator K. Roers: Could you describe how you envision this, if this passes what do you see it doing in the future?

Ms. Sagness: That's part of why I have this handout. This handout clarifies the difference between what we already have and what we are asking to do so there are really three different classifications. The first one is the opioid treatment programs that we already so this first column is what already exist in ND. The middle column is what we are asking for the authority for today which is the medication units. The third column is what we are not asking for, and the reason I want to have that there is that there are a lot of people who think that the medication units are the same as the mobile methadone units, just to clarify the ask in this bill is specific to the middle column. The way this would work for example, think about New England, one of the places this first came up was the womens prison. We have women who may already be on medication living in the Bismarck area and accessing their medication but because they are now incarcerated in New England, they no longer have access. A program like a Heart View would be able to set up a medication unit in order to continue that medication in that facility and be able to work with the local providers in that region to provide the additional services.

Madam Chair Lee: A permanently located item in New England in your example?
Ms. Sagness: Correct.

Senator Hogan: How many medication units will we might develop?

Ms. Sagness: In the fiscal note we projected three. There are a lot of folks from Grand Forks who have to access services in Fargo so, this would allow them to get their daily dose in Grand Forks for example but still come to Fargo once a month or once a week depending on what their needs are for their other services.

Madam Chair Lee: The fiscal note says there is a minimal fiscal impact 600 dollars in other funds and that is from licensure fees so it is not something that is a budget buster.

Senator Hogan: In terms of the mobile medication methadone units and you chose not to include it, could you tell us why?

Ms. Sagness: The reason that we are not currently asking for the mobile methadone units is that there are a lot of federal discussion occurring so we are waiting for further guidance on what the requirements would be. In some states this has been a fairly significant conversation so, we felt it would be premature to have that type of ask today.

Senator K. Roers: How is this a viable business for whoever takes this on? How do they get reimbursed?

Ms. Sagness: Right now, methadone is not reimbursed through the Medicaid program so the majority of reimbursement comes from private pay, insurance, or the voucher.

Senator K. Roers: Is it a financial gain for an organization to do this or more of an improved service and break even?

Ms. Sagness: We have had support from the opioid providers in the state. I can't speak to the margins of those programs but it is certainly something where we are trying to increase access and the opportunities for providers partner with other providers in rural areas. For example, this doesn't take away business in New England, the clinicians that already do clinical counseling there can continue to do that but a program like a CMS or a Heartview would be able to at least get the medication to those individuals. One more thing to note about authority and regulation. These medication units would still fall under the opioid treatment regulation and so there is still a lot of oversight, federally there is DEA registration, accreditation, and state licensing. This would be in addition to all of those regulations that already exist.

Madam Chair Lee: Is there any future opioid treatment program plan for Grand Forks?

Ms. Sagness: I believe that is part of the discussion part of the reason for us coming forward with this ask.

Madam Chair Lee closes the hearing on HB 1100.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1103
2/27/2019
Job # 32909

- Subcommittee
 Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to the definition of medication unit and the licensure of substance abuse treatment programs.

Minutes:

No Attachments

Madam Chair Lee opens the discussion on HB 1103.

**Senator K. Roers: I move a DO PASS
Seconded by Senator O. Larsen**

ROLL CALL VOTE TAKEN

**6 YEA, 0 NAY, 0 ABSENT
MOTION CARRIES DO PASS
Senator Clemens will carry HB 1103 to the floor.**

Madam Chair Lee closes the discussion on HB 1103.

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

**2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1103**

Senate Human Services Committee

Subcommittee

Amendment LC# or Description:

Other Actions: Reconsider

Motion Made By Sen. K. Roers Seconded By Sen. O. Larsen

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Clemens

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

REPORT OF STANDING COMMITTEE

HB 1103, as engrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1103 was placed on the Fourteenth order on the calendar.

2019 TESTIMONY

HB 1103

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#1
1/9/2019
pg.1

Testimony

House Bill 1103 - 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 1103.

House Bill 1103, Sections 1,3, and 4, amend and create two new sections to chapter 50-31 of North Dakota Century Code to give authority to the Department's Behavioral Health Division to license medication units, which are a satellite clinic of an existing licensed opioid treatment program (OTP).

An opioid treatment program provides medication in conjunction with addiction counseling services to individuals with an opioid use disorder. Authority to license opioid treatment programs was enacted during the 2013 session. To date there are three operating opioid treatment programs in the state (Minot, Bismarck, and Fargo). As of September 2018, there have been 859 admissions to these opioid treatment programs.

Individuals accessing an opioid treatment program may receive doses of methadone at the clinic daily, as required by federal regulation. Due to the rural nature of the state, many individuals outside of Minot, Bismarck, and Fargo face challenges of accessing transportation to the opioid treatment program.

House Bill 1103, Section 1, defines medication unit. Section 3 identifies the need for rules and licensure and Section 4, establishes fees for administration and enforcement of chapter 50-31.

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Pg. 2

Medication unit utilization will increase access to medication assisted treatment for individuals with an opioid addiction, aligning with the Human Services Research Institute (HSRI) recommendations #3, 4, 6, 9, 10, and 11.

House Bill 1103, Section 2, amends section 50-31-05 of the North Dakota Century Code to change the issuing of licenses of substance abuse treatment programs from every 2 years to every 3 years. This change would align to accreditation timelines and reduce frequency of onsite visits.

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

January 8, 2019

HB 1103

#2

1/9/2019
pg. 1

House Human Services

Chairman Weisz and members of the House Human Services,

My name is Mark Schaefer and I am the Vice President for Community Medical Services, Northern Territory. Our clinics in Minot and Fargo, are two of the three programs, statewide, that provide Medication Assisted Treatment (MAT) as an Opioid Treatment Program (OTP), using Methadone. I am here to testify in support of House Bill 1103.

Currently, programs operate in Bismarck, Fargo, and Minot, leaving a massive gap between individuals seeking and receiving evidence-based treatment. It's important to know that Opioid Treatment Programs have strict Federal guidelines to prevent the medication from being diverted, or "on the street". This requires individuals entering treatment to come to the clinic every day for their medication, in addition to their medical and counseling appointments, for up to 90 days. After 1 year, an individual may progress to the point of only coming in 1 day per week for their treatment.

While this is an intensive approach, I do not disagree with it, both for the purposes of minimizing any misuse of the medication, but also to provide consistent contact between the individuals in treatment, and those serving them. While reasonable for local individuals, this model severely limits access to treatment for those in rural areas. Medication Units allow for an individual to receive their primary medical and behavioral health services at a "Home" clinic (i.e. Minot, Fargo, Bismarck), and to receive their daily medication in the town they reside. This ultimately results in greater employment, participation in their community, and most importantly, their family.

The provision to open Medication Units would allow individuals to have access to all three approved medications (Naltrexone, Buprenorphine, and Methadone), allowing individuals in areas of need to receive life-saving treatment.

I will end with the true stories, names changed, of two patients. Valerie travelled 3 hours, each way, Monday through Saturday to take part in her treatment. She could not work, had to find care for her child, but she made it, and through the winter no less. When we were able to open a clinic closer to her home, she earned her "privileges", started working, and spent more time with her son. She's living proof of the courage our patients show every day. Jennifer faced similar challenges, travelling 2 hours each way, but she did not have someone to watch her children every day. Many days, she could not make the trip because she did not have access to a reliable vehicle. After several months of repeated efforts and seemingly insurmountable obstacles, Jennifer was unable to continue in the program. This was not a lack of courage, or moral failing, it was a lack of access to treatment. I believe we have an opportunity to close some of those gaps with the provision of Medication Units.

That concludes my testimony. Thank you for your consideration and I will answer any questions at this time.

Mark Schaefer, Ed.S., M.A.

Vice President, Northern Territory
Community Medical Services
Minot, ND 58701 (701) 858-1801
mark.schaefer@addictiontx.net

Options for Providing Methadone Treatment for Individuals with an Opioid Use Disorder

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#3
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Opioid Treatment Program (OTP)

SETTING

Permanent clinic location
Community involved in identifying location
Permanent security measures approved by DEA*

SERVICES PROVIDED

Medication dispensing
Drug screens administration
Counseling appointments
Medical appointments with prescriber
Case management

STATE REGULATIONS

Certificate of Need
Federal requirements completed
Substance Use Disorder Treatment Program license
OTP license

FEDERAL REGULATIONS

DEA* Registration
SAMHSA** Certification
Accreditation

HOME BASED SETTING FOR

Medication Unit (MU)
Mobile Methadone Unit (MMU)

NDCC 50-31

Medication Unit (MU)

SETTING

Permanent clinic location
Community involved in identifying location
Permanent security measures approved by DEA*

SERVICES PROVIDED

Medication dispensing
Drug screens administration

STATE REGULATIONS (PROPOSED)

Certificate of Need
Federal requirements completed
Home site holds Substance Use Disorder Treatment Program license
Home site holds OTP license
Medication Unit license

FEDERAL REGULATIONS

DEA* Registration
Home site holds SAMHSA** Certification
Home site holds accreditation

Requested in HB 1103

Mobile Methadone Unit (MMU)

SETTING

Van or RV able to travel to different geographical locations
Community involved in identifying location
Returns each day to Home OTP location

SERVICES PROVIDED

Medication dispensing
Drug screens administration
Counseling appointments

STATE REGULATIONS

Not currently allowed

FEDERAL REGULATIONS

Moratorium in place for future MMU
DEA* working to develop regulations



*Drug Enforcement Administration

**Substance Abuse and Mental Health Services Administration

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#1
1/16/19
Pg. 1

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1103

Page 2, line 18, after "a" insert "one hundred fifty dollars"

Page 2, line 19, remove "to compensate the"

Page 2, line 19, remove the first "department"

Renumber accordingly

Testimony

House Bill 1103 - 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 1103.

House Bill 1103, Sections 1,3, and 4, amend and create two new sections to chapter 50-31 of North Dakota Century Code to give authority to the Department's Behavioral Health Division to license medication units, which are a satellite clinic of an existing licensed opioid treatment program (OTP).

An opioid treatment program provides medication in conjunction with addiction counseling services to individuals with an opioid use disorder. Authority to license opioid treatment programs was enacted during the 2013 session. To date there are three operating opioid treatment programs in the state (Minot, Bismarck, and Fargo). As of January 2019, there have been 1047 admissions to these opioid treatment programs.

Individuals accessing an opioid treatment program may receive doses of methadone at the clinic daily, as required by federal regulation. Due to the rural nature of the state, many individuals outside of Minot, Bismarck, and Fargo face challenges of accessing transportation to the opioid treatment program.

House Bill 1103, Section 1, defines medication unit. Section 3 identifies the need for rules and licensure and Section 4, establishes fees for administration and enforcement of chapter 50-31. The House Human Services Committee amended

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2/27/19
#1 pg. 2

language in line 18 to specify the licensing fee for medication units as “one hundred fifty dollars”.

Medication unit utilization will increase access to medication assisted treatment for individuals with an opioid addiction, aligning with the Human Services Research Institute (HSRI) recommendations #3, 4, 6, 9, 10, and 11.

House Bill 1103, Section 2, amends section 50-31-05 of the North Dakota Century Code to change the issuing of licenses of substance abuse treatment programs from every 2 years to every 3 years. This change would align to accreditation timelines and reduce frequency of onsite visits.

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

Options for Providing Methadone Treatment for Individuals with an Opioid Use Disorder

Opioid Treatment Program (OTP)

SETTING

Permanent clinic location
Community involved in identifying location
Permanent security measures approved by DEA*

SERVICES PROVIDED

Medication dispensing
Drug screens administration
Counseling appointments
Medical appointments with prescriber
Case management

STATE REGULATIONS

Certificate of Need
Federal requirements completed
Substance Use Disorder Treatment Program license
OTP license

FEDERAL REGULATIONS

DEA* Registration
SAMHSA** Certification
Accreditation

HOME BASED SETTING FOR

Medication Unit (MU)
Mobile Methadone Unit (MMU)

NDCC 50-31

Medication Unit (MU)

SETTING

Permanent clinic location
Community involved in identifying location
Permanent security measures approved by DEA*

SERVICES PROVIDED

Medication dispensing
Drug screens administration

STATE REGULATIONS (PROPOSED)

Certificate of Need
Federal requirements completed
Home site holds Substance Use Disorder Treatment Program license
Home site holds OTP license
Medication Unit license

FEDERAL REGULATIONS

DEA* Registration
Home site holds SAMHSA** Certification
Home site holds accreditation

Requested in HB 1103

Mobile Methadone Unit (MMU)

SETTING

Van or RV able to travel to different geographical locations
Community involved in identifying location
Returns each day to Home OTP location

SERVICES PROVIDED

Medication dispensing
Drug screens administration
Counseling appointments

STATE REGULATIONS

Not currently allowed

FEDERAL REGULATIONS

Moratorium in place for future MMU
DEA* working to develop regulations

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*Drug Enforcement Administration

**Substance Abuse and Mental Health Services Administration