

FISCAL NOTE
Requested by Legislative Council
01/15/2019

Bill/Resolution No.: HB 1300

- 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						
Expenditures			\$25,000			
Appropriations			\$25,000			

- 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).*

The Bill requires the Department of Health in consultation with the Department of Human Services to study a nurse triage 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.*

The Bill requires the Department of Health, in consultation with the Department of Human Services, to study the feasibility and desirability of developing a nurse triage program for use with health insurance plans, including Medicaid and Medicaid expansion health plans along with the plan administered by PERS. The study must include consideration of initiatives to reduce the use of emergency rooms, to provide improved health care, and to reduce overall health care costs.

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

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*
- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

In order to meet the intent of the legislation and properly represent all parties addressed in this legislation, the services of a consultant are deemed necessary. This cost is estimated to be \$25,000

- 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.*

The funding is not included in the Executive Budget and an appropriation would be required.

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Agency: ND Department of Health

Telephone: 701-328-4542

Date Prepared: 01/21/2019

2019 HOUSE HUMAN SERVICES COMMITTEE

HB 1300

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB1300
1/15/2019
30853

- Subcommittee
 Conference Committee

Committee Clerk: Elaine Stromme by Risa Bergquist

Explanation or reason for introduction of bill/resolution:

A study by the state department of health of a nurse triage program; and to provide a report to the legislative management

Minutes:

Attachment 1-2

Vice Chairman Rohr Opened the Hearing on HB 1300

Open-3:15 Representative Marvin E. Nelson: (see attachment 1)

Vice Chairman Rohr: Questions?

Representative Porter: This bill is drafted that they “shall” study but there is no fiscal note or appropriation?

Representative Marven E. Nelson: It’s basically the people there, I think a lot of the work has been done by the state health department. I would be a matter of porting much of what they have done. It wouldn’t be an extensive study because of all they have already done.

Representative Porter: Is Sanford Health continuing their program?

Representative Marven E. Nelson: I believe so and the reason health providers offer this program is because it reduces health insurance costs. They don’t market it to Medicaid patients, they might to Medicaid Expansion now.

Representative Porter: So when you say Sanford Health do you mean Sanford Health Insurance?

Representative Marven E. Nelson: This is how it was in the notes, I’d have to go back and ask, I know there is one in Fargo but I am not sure of the workings of that.

Vice Chairman Rohr: There used to be an Ask A Nurse program.

Representative Marvin E. Nelson: The idea is to share some medical expertise that people can screen themselves to save medical costs.

6:10 Vice Chairman Rohr: Anymore questions? Anyone else in favor? Opposed? Any neutral?

6:45-10:00 Mylynn Tufte: (see attachment 2)

Representative Dobervich: You mentioned additional resources, is that to do a study? And if so how much do you anticipate that being?

Mylynn Tufte: I don't know an exact number right now; we haven't been asked for a fiscal note for this study. 2013 session HB 1453 asked for an appropriation of 550 thousand dollars of general fund to 1.75 million for special funds to actually provide the nurse triage program.

Vice Chairman Rohr: So would you work with Representative Nelson on a fiscal note? Any other questions or testimony? The hearing is closed on HB 1300.

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1300
1/29/2019
31691

- Subcommittee
 Conference Committee

Committee Clerk Signature Nicole Klamann

Explanation or reason for introduction of bill/resolution:

A study by the state department of health of a nurse triage program: and to provide a report to the legislative management.

Minutes:

Chairman Weisz: Opened the Hearing on HB1300:

Rep Devlin: Mylynn Tufte did say that in her testimony she might ask for an amendment to clarify goals of the study but I don't remember seeing that but that was in her written testimony.

Chairman Weisz: But she never brought anything down. Is the committee comfortable with this bill or are you just going to kill it anyway?

Rep. Skroch: In Mylynn's testimony she said that it needed further clarification of definitions of a nurse triage program, she felt that was important. So I think without those further clarifications and the removal of "shall" I would have to vote Do Not Pass.

Rep. Dobervich: I would like to see us figure out how to pass this, I feel like as we move forward and how we are going to contain costs for Medicaid this has a potential to really cut down on some of the ER costs and some of the overuse or misuse of clinical services so I think it is defiantly something worth studying from a fiscal stand point for Medicaid but also a quality of care sampling too.

Chairman Weisz: Based on that I will have a conversation with Mylynn and at that point I will see if the committee wants to go forward with it. So we will put that one aside for now.

Hearing Closed

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1300
2/5/2019
32178

- Subcommittee
 Conference Committee

Committee Clerk Signature Nicole Klamann

Explanation or reason for introduction of bill/resolution: A study by the state department of health of a nurse triage program: and to provide a report to the legislative management.

Minutes:

Chairman Weisz: Opened Hearing on HB 1300

Ok Committee everyone has it, we looked at this earlier, I had a conversation with both Mylynn and Brenda with the health department. I guess I got some confusing signals, basically they just don't like it. They think from their perspective and by clarification their interpretation of the language is way too broad, how would they be able to, what authority do they have over private plans for example it is all inclusive in the language. They don't deal with Medicaid. This is everything we use at health insurance plans including Medicaid, Medicaid Expansion, and PURS, for clarification if you want to narrow it down to one particular entity they could possibly take a look at it but from their perspective they just don't like it. They don't have any amendments because they are not sure from the Health departments perspective what do they even have. It is way too broad to try and develop this with various players. Some are private.

Rep. Skroch: made a motion for a Do Not Pass on HB 1300

Rep. Rohr: seconded

A Roll Call Vote was taken, Yes – 10 No – 2 Absent - 2

Do Not Pass carried

Rep. Fegley will carry HB 1300

Chairman Weisz: Closed the hearing

Date: 2-5-19
 Roll Call Vote #: 1

**2019 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. #1300**

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Rep Skroch Seconded By Rep Rohr

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		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) 10 No 2

Absent 2

Floor Assignment Rep Fegley

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

CR ✓

REPORT OF STANDING COMMITTEE

HB 1300: Human Services Committee (Rep. Weisz, Chairman) recommends **DO NOT PASS** (10 YEAS, 2 NAYS, 2 ABSENT AND NOT VOTING). HB 1300 was placed on the Eleventh order on the calendar.

2019 TESTIMONY

HB 1300

HB 1300
4/15/19 PG. 1
A#1

Chairman Weisz and members of the House Human Services Committee'

Call-a-Nurse

There are numerous studies showing the benefit of call-a-nurse services. One of the major impacts shown is that it can reduce inappropriate emergency department visits from 15-70%. We only have a small area of our state covered by call-a-nurse at this time (Fargo area via Sanford Health). An effective call-a-nurse system would save millions of dollars of health-care costs and could provide many other value-added services, including emergency response, and even the provision of clinical advice for schools lacking school nurses. (State Health Officer Terry Dwelle in front of Interim Health Care Reform Committee February 2, 2012)

HB1300 is having the Health and Human Services Dept. look at instituting a nurse triage (call a nurse) type of program for the Medicaid, Medicaid Expansion and PERS programs.

It would result in both cost reductions and better health care if implemented. The goal of such program is appropriate care at appropriate time.

I hear a common complaint that Medicaid patients overutilize the emergency room. Maybe that would be more correct to say patients in general, but what do we do about it? Really nothing, this is a low cost way to save significant dollars for the state of ND while not depriving anyone of needed care.

Instead of trying to spell out the specifics, I chose to let the Department work through this and come back with a proposal. Various services can be performed, like calling several days after patients are discharged from the hospital. One service provider told me 12% of the time they hang up after that call and dial the ambulance. I said that doesn't sound like you are saving me money, and he responded, just let them stew for three more days before that call and you can pay some real big bills.

It's time to work towards reducing medicals costs, a nurse triage program is a logical effective step in doing that.

Rep. Marvin E. Nelson, District 9

HB 1300 AH2
4/15/19 pg 1

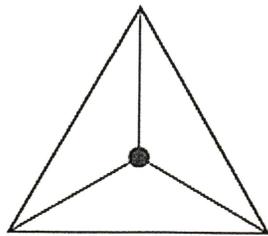
Good afternoon Chairman Weisz and members of the Human Services Committee. My name is Mylynn Tufte and I am the State Health Officer. I am here to provide testimony on House Bill 1300 that would call for the ND Department of Health (NDDoH) to study a nurse triage program and report to legislative management.

Prior to being appointed to lead the Department of Health, I worked for a management consulting firm and spent years working across the country with some of the largest health care providers and payers. They considered strategies to move toward value-based care models and implementation of population health management to meet the goals of what Dr. Donald Berwick and the Institute of Medicine (IOM) now at the Institute for Healthcare Improvement (IHI) coined the Triple Aim:



The Triple Aim

Population Health



Experience of Care

Per Capita Cost

- To improve **patient experience of care** (including quality & satisfaction)
- To improve **the health of populations**
- To reduce the **per capita cost of health care**

I'm mentioning my background as an introduction for those who don't know me and to explain why I might ask for an amendment to clarify the goals of the study.

At the State, we serve and represent all parties in this continuum of care— the payer (i.e., Medicaid, Medicaid Expansion, and NDPERS Health Plan), the provider (e.g., Behavioral Health Field Services) and the patient (e.g., employees, political subs, and constituents, etc.). It will be important to have the intent and goals of the study clearly outlined, as well as which role the report is addressing and what aims are most important to achieve for which populations.

Further clarification of the definition of a nurse triage program is also important. I've personally implemented multiple types of these programs and they can range from a telephonic call center to a nurse navigator stationed inside an emergency room who helps place patients who do not require an inpatient stay but may have other psychosocial reasons for utilizing an emergency room. We recognize there may be benefits from a telephonic nurse triage program and this study may yield additional methods that could achieve the same outcomes but perhaps using more targeted and specific population-based approaches. If the goal is feasibility of developing a nurse triage program, resources will undoubtedly be needed.

The NDDoH in partnership and consultation with the Department of Human Services will perform this study should it pass. We anticipate that it may require additional expertise and partnership with the ND Insurance Department, our current third-party administrators and other North Dakota payers.

This concludes my testimony and I'm happy to take any questions you might have for me.