

FISCAL NOTE
Requested by Legislative Council
01/10/2019

Bill/Resolution No.: SB 2184

- 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						
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).*

see attached

- 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.*

see attached

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

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*
- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*
- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

Name: John Halvorson

Agency: WSI

Telephone: 328-6016

Date Prepared: 01/11/2019

**WORKFORCE SAFETY & INSURANCE
2019 LEGISLATION
SUMMARY OF ACTUARIAL INFORMATION**

BILL NO: SB 2184

BILL DESCRIPTION: Allied Health Care Professionals

SUMMARY OF ACTUARIAL INFORMATION: Workforce Safety & Insurance, together with its consulting actuaries, The Burkhalter Group, has reviewed the legislation proposed in this bill in conformance with Section 54-03-25 of the North Dakota Century Code.

The proposed legislation defines allied health care professionals, redefines healthcare provider while removing the definition of doctor, and cleans up various references throughout Title 65.

FISCAL IMPACT: No fiscal impact is anticipated.

DATE: January 11, 2019

2019 SENATE INDUSTRY, BUSINESS AND LABOR COMMITTEE

SB 2184

2019 SENATE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee Roosevelt Park Room, State Capitol

SB 2184
1/23/2019
Job #31259

- Subcommittee
 Conference Committee

Committee Clerk: Amy Crane

Explanation or reason for introduction of bill/resolution:

Relating to the definition of allied health care professional and health care provider with respect to workers' compensation claims and benefits.

Minutes:

Att. #1-3

Chairman Klein: Opened the hearing on SB 2184. All members were present.

Senator Lee, District 13: testified in support of the bill. I'm bringing to you here a small change to a bill that has several pages. SB 2184 is making sure that certain health decisions for Workforce Safety can include other healthcare providers because the old language was just saying doctors or physicians depending on which line you're reading. What we wanted to do was just make sure we had a little more inclusive language. So you will see healthcare provider is deleted and replaced by advanced practice register nurses, and certified physician's assistants. We just wanted to clarify some things. Change the definition a bit. We know in North Dakota whether you're rural or urban the role of those PAs and APRNs is invaluable to the availability of healthcare. In several other places in the bill, allied healthcare professional is substituted for medical provider. That also is more inclusive of other providers such as dentists and therapists that are used. At the bottom of page 13, it is made clear that the appropriate North Dakota licensing board will be issuing the proper licenses for the professionals whom they oversee, not just the medical board. This balances the bill in many places where healthcare professional and healthcare provider is substituted for the more restrictive older language, allowing WSI to choose the most appropriate professionals, for their assessments or evaluations. So it is merely updating the language to include those professionals who are also capable of doing those particular procedures.

Senator Piepkorn: What are the allied healthcare professional?

Senator Lee: It's a cluster. There's a definition for it in there, so that you would see who all would be included. In that group and those that would be customarily included if one thinks about who the professional might be, it's not just a medical professional because that would refer more to the physician's area. And this would include other areas as well.

Chairman Klein: You were working on this with whom?

Senator Lee: Actually the nurses, and my good friend APRN Cheryl Rising who has been very involved with the Advanced Practice Registered Nurses, and others involved in the field to recognize the value that they have and the fact that it will also shorten up the work in some cases because it isn't always something that needs a physician's attention and the APRNs and PAs have many of the same skills. The requirements now to become an Advanced Practice Registered Nurse, means that you've gotten your doctorate in Nursing, not your doctorate in Medicine. So medicine is not an umbrella that includes everybody.

Chairman Klein: And you worked with those people?

Senator Lee: Yes, and legislative council.

Chairman Klein: That group worked hard with WSI?

Senator Lee: Yes, I didn't make this up. I did defer most of the work to WSI and the nurses.

(5:18)Rhonda Jolliffe, FNP-BC, DNPs, nurse practitioner from Bismarck: see attachment #1 for testimony in support of the bill.

(8:04)Cheryl Rising, FNP-BC, FAANP, DNPs, legislative liaison, North Dakota Nurse Practitioner Association: See attachment #2 for testimony in support of the bill.

(9:15)Chairman Klein: The simple thing is we're clarifying the language. We're being more inclusive and just making it more simple for everyone. To understand that if I'm injured, for example, I can just see a nurse practitioner and I'm still covered. So that's the simple answer.

Senator Piepkorn: You used the term treated by these healthcare professionals, so then are these healthcare professionals qualified to give the recommendation or the diagnosis, as to the injurt the extent of the injury, so on and so forth?

Cheryl: I will defer that question to Tim from WSI.

Senator Piepkorn: You understand the differentiation I'm making, for treatment as opposed to analyzing or diagnosing?

Cheryl: Right. Advanced Practice Registered Nurses can assess, diagnose, treat and prescribe so that's always been our scope of practice. And we've already been seeing Workforce Safety patients through the years. This is strictly a language update so it's more consistent with the national language.

(11:22)Tim Wahlin, Chief of Injury Services, WSI: see attachment #3 for testimony in support of the bill.

(14:38)Chairman Klein: Can you answer Senator Piepkorn's question? As it related to treatment versus diagnosis?

Tim: Ultimately, the reason that the term doctor which is now becoming healthcare provider, is set aside from the broader term which is now becoming allied healthcare professional, is

because that group of individuals have the ability to certify disability. What the certification of disability means, is that they have the ability to tell WSI that this particular injury has disqualified this individual from a particular type of work. We accept that and we pay disability benefits based upon that. So it has to be one of those categories that tells us that the injury caused the disability. Now that doesn't undermine those other areas which are incredibly important, but that is the defined area which can certify that disability so I believe that that's the subpart that he was looking for.

Senator Piepkorn: Yep took care of my question.

Chairman Klein: closed the hearing on SB 2184.

Senator Burckhard: Move a Do Pass.

Senator Kreun: Seconded.

A Roll Call Vote Was Taken: 6 yeas, 0 nays, 0 absent.

Motion carried.

Senator Burckhard will carry the bill.

REPORT OF STANDING COMMITTEE

SB 2184: Industry, Business and Labor Committee (Sen. Klein, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2184 was placed on the Eleventh order on the calendar.

2019 HOUSE INDUSTRY, BUSINESS AND LABOR

SB 2184

2019 HOUSE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee Peace Garden Room, State Capitol

SB 2184
3/4/2019
33146

- Subcommittee
 Conference Committee

Committee Clerk: Ellen LeTang

Explanation or reason for introduction of bill/resolution:

Definition of allied health care professional and health care provider with respect to workers' compensation claims and benefits.

Minutes:

Attachments 1, 2

Chairman Keiser: Opens the hearing on SB 2184.

Sen Judy Lee~District 13: Introduces SB 2184. It adds to the current language stipulating who can make health decisions for workforce safety cases. New definition of allied health professional on page 2. Page 5 the definition of doctors deleted. Bottom of page 8, the health care provider definition is deleted & is followed by a new definition.

1:30

Rep D Ruby: Section 18, the intent is to change the reimbursement wage loss benefits for self-employed to be the average weekly wages to the formula that is here. Can you explain that? Also, there is no subdivision b in subsection 6.

Sen J Lee: I'll have to defer that question.

Rep D Ruby: Are you aware of that where it was changed?

Sen J Lee: We are aware of that but I don't recall.

Cheryl Rising~FNP-BC, FAANP, DNP & legislative liaison for the ND Nurse Practitioner Association: Attachment 1.

7:05

Rep Schauer: To what degree are they starting to emerge in the medical field?

Cheryl Rising: Since 2009 be a primary provider to MEDICAID patients & in 2011 we've (inaudible) to practice in ND, not needing any collaborative agreement. All the programs have been turned over to doctorate from masters.

Chairman Keiser: We don't specifically say "nurse practitioner". Why do we bring it in there but not in the first group?

Cheryl Rising: I will refer that to Mr Wahlin, WSI.

Tim Wahlin~Chief of Injury Services at WSI: Attachment 2.

14:45

Chairman Keiser: Allied Health Care Professionals & Health Care Provider right above it, let's simplify it. Either you have a health care provider, then you have allied health care provider. They are different. Let's not have any overlap.

Tim Wahlin: There is a difference between the two but the smaller group is included in the larger group as well.

Rep D Ruby: Section 1 & 18, has there been renumbering of that section of code that we don't have updated?

Tim Wahlin: It changes subsection 5 to 6 of 65.0102, which happens to be in the bill.

Rep D Ruby: That makes sense.

Chairman Keiser: Anyone else here to testify on SB 2184 in support, opposition, neutral?
Closes the hearing.

Chairman Keiser: We will have a discussion about moving 21 up to 3, then 3 to 4 & ask for clarification in the two categories.

2019 HOUSE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee
Peace Garden Room, State Capitol

SB 2184
3/13/2019
33666

- Subcommittee
 Conference Committee

Committee Clerk: Ellen LeTang

Explanation or reason for introduction of bill/resolution:

Definition of allied health care professional and health care provider with respect to workers' compensation claims and benefits.

Minutes:

Chairman Keiser: Reopens the hearing on SB 2184.

Chairman Keiser: What are the wished of the committee?

Rep Adams: Move a Do Pass.

Rep Bosch: Second.

Chairman Keiser: Further discussion?

Roll call was taken on SB 2184 for a Do Pass with 13 yes, 0 no, 1 absent & Rep Adams is the carrier.

Date: Mar 13, 2019

Roll Call Vote #: 1

**2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES**

BILL/RESOLUTION NO. SB 2184

House _____ Industry, Business and Labor _____ 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 Adams Seconded By Rep Bosch

Representatives	Yes	No	Representatives	Yes	No
Chairman Keiser	X		Rep O'Brien	Ab	
Vice Chairman Lefor	X		Rep Richter	X	
Rep Bosch	X		Rep D Ruby	X	
Rep C Johnson	X		Rep Schauer	X	
Rep Kasper	X		Rep Adams	X	
Rep Laning	X		Rep P Anderson	X	
Rep Louser	X		Rep M Nelson	X	

Total (Yes) 13 No 0

Absent 1

Floor Assignment Rep Adams

REPORT OF STANDING COMMITTEE

SB 2184: Industry, Business and Labor Committee (Rep. Keiser, Chairman)
recommends **DO PASS** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING).
SB 2184 was placed on the Fourteenth order on the calendar.

2019 TESTIMONY

SB 2184

SB2184 1/23/19 ATT #1

North Dakota 66th Assembly
Testimony before Senate Industry, Business & Labor Committee
Senate Bill 2184

Chairman Klein and Committee Members,

My name is Rhonda Jolliffe, FNP-BC, DNPs, nurse practitioner in the Bismarck community, and presently a doctoral student at the University of Mary. I am here to testify in support of Senate Bill 2184. The purpose of this bill is to simply update the definitions of Health Care Provider and Allied Health Care Professional with respect to North Dakota workers' compensation claims law. Cheryl Rising, FNP-BC, DNPs, nurse practitioner and I worked with Work Force Safety & Insurance this past summer to review the laws and update to reflect the current health care language. This project was done as part of our doctoral program in the leadership development class and extends to the healthcare policy class this spring semester.

Workforce Safety and Insurance's current definition of a medical provider is inconsistent throughout the North Dakota workers compensation law. The proposed change of the term "doctor" to "health care provider" is more consistent with federal definitions to include doctor of medicine or osteopathy, chiropractor, dentist, optometrist, podiatrist, psychologist acting within the scope of the doctor's license, advanced practice registered nurse or certified physician assistant.

The proposed change of definition to "allied health professional" is a more accurate term to include pharmacist, audiologist, speech language pathologist, naturopath or any recognized practitioner who provides skilled services to the injured workers.

These updates are consistent with current health care language and national definitions. The language has been updated throughout this bill for continuity.

This bill has been reviewed and supported by Workforce Safety & Insurance and the North Dakota Nurse Practitioner Association.

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

Rhonda Jolliffe, APRN, FNP-BC
701-471-64447
Rhondajolliffe7@gmail.com

SB 2184 1/23/19 ATT #2



66th Assembly
Senate Industry Business and Labor
Senate Bill 2184

Chairman Klein and Committee Members,

I am Cheryl Rising, FNP-BC, FAANP, DNPs and legislative liaison for the North Dakota Nurse Practitioner Association. I am here to testify in support of Senate Bill 2184. The purpose of this bill is to update the definitions of allied health care professional and health care provider with respect to workers' compensation claims and benefits. On page 2 line 3 the definition of Allied health care professional is documented to include health care provider, pharmacist, audiologist, speech language pathologist, or naturopath or any recognized practitioner who provides skilled services pursuant to prescription of, or under the supervision or direction of any of these individuals. On page 6 line 6 doctor definition is deleted. On page 8 line 30 and page 9 line 2 see the definition for health care provider. Health care provider means a doctor of medicine or osteopathy, chiropractor, dentist, optometrist, podiatrist, or psychologist acting within the scope of the doctor's license, or an advanced practice registered nurse or certified physician assistant. These definitions are then utilized throughout the bill for continuity and updates. These updates are consistent with other current health care language and national definitions. The North Dakota Nurse Practitioner Association supports this bill.

North Dakota Nurse Practitioner Association

www.ndnpa.org

Legislation Tracking Team

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SB 2184 1/23/19 Att#3

**2019 Senate Bill No. 2184
Testimony before the Senate Industry, Business, and Labor Committee
Presented by Tim Wahlin
Workforce Safety and Insurance
January 23, 2019**

Mr. Chairman and Members of the Committee:

My name is Tim Wahlin, Chief of Injury Services at WSI. I am here today to provide information regarding Senate Bill No. 2184. The WSI Board supports this bill. The intent of the proposed legislation is to update and improve the defined terms used in workers' compensation law that refer to those who provide care and treatment to injured employees.

The proposed legislation is in its most simple form an issue of nomenclature. No substantive changes are anticipated or intended by the legislation. Throughout North Dakota Century Code Title 65, defined terms often make the commonly understood meaning of the term irrelevant. As an example, the term "doctor" is a defined term which includes numerous medical sub-categories, many of whom are not doctors within the commonly understood meaning. Generally, if WSI does not experience problems in applying the terms, we do not propose legislation to amend the terms.

This bill is an exception. In this case, two students were willing to put in the time and effort to update the definitions to more closely align two defined terms with their more modern, understood meanings.

Currently, two terms, "doctor" and "healthcare provider", define those individuals providing care and treatment to injured employees. The term "doctor" currently includes "doctor of medicine or osteopathy, chiropractor, dentist, optometrist, podiatrist, or psychologist acting within the scope of the doctor's license, or an advanced practice registered nurse or certified physician assistant." Most of these individuals are not doctors of medicine. However, within the workers compensation system, each is able to treat injured employees and, among other things, certify disability.

Likewise, the current broader defined term "healthcare provider" includes "a doctor, pharmacist, audiologist, speech language pathologist, or naturopath or any recognized practitioner providing skilled services pursuant to the prescription of, or under the supervision or direction of any of these individuals."

The proposed change of "health care provider" to "allied health care professional" will provide a term which more accurately includes those health care professionals who are not necessarily doctors, dentists or nurses, but who also may play an important role in the care and treatment of injured employees.

The proposed change of the term "doctor" to "health care provider" is intended to provide a more accurate reflection of the professions included in the definition and is consistent with federal regulations which define health care provider.

In summary, WSI concurs with the corresponding updates of the terms "allied health care professional" and "health care provider" in the subsequent sections of this bill, and submits this bill includes worthwhile enhancements to workers' compensation law.

This concludes my testimony and I will be happy to answer any questions you may have.

Attachment 1
Mar 4, 2019



66th Assembly
House Industry Business and Labor
Senate Bill 2184

Chairman Keiser and Committee Members,

I am Cheryl Rising, FNP-BC, FAANP, DNPs and legislative liaison for the North Dakota Nurse Practitioner Association. I am here to testify in support of Senate Bill 2184. The purpose of this bill is to update the definitions of allied health care professional and health care provider with respect to workers' compensation claims and benefits. On page 2 line 3 the definition of Allied health care professional is documented to include health care provider, pharmacist, audiologist, speech language pathologist, or naturopath or any recognized practitioner who provides skilled services pursuant to prescription of, or under the supervision or direction of any of these individuals. On page 6 line 6 doctor definition is deleted. On page 8 line 30 and page 9 line 2 see the definition for health care provider. Health care provider means a doctor of medicine or osteopathy, chiropractor, dentist, optometrist, podiatrist, or psychologist acting within the scope of the doctors' license, or an advanced practice registered nurse or certified physician assistant. These definitions are then utilized throughout the bill for continuity and updates. These updates are consistent with other current health care language and national definitions. The North Dakota Nurse Practitioner Association supports this bill.

North Dakota Nurse Practitioner Association

www.ndnpa.org

Legislation Tracking Team

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Attachment 1
Mar 4, 2019

North Dakota 66th Assembly
Testimony before House Industry, Business & Labor Committee
Senate Bill 2184

Chairman Keiser and Committee Members,

My name is Rhonda Jolliffe, FNP-BC, DNPs, nurse practitioner in the Bismarck community, presently, a doctoral student at the University of Mary. I am here to testify in support of Senate Bill 2184. The purpose of this bill is to simply update the definitions of Health Care Provider and Allied Health Care Professional with respect to North Dakota workers' compensation claims and benefits. Cheryl Rising, FNP-BC, DNPs, nurse practitioner and I worked with Work Force Safety & Insurance this past summer to review the laws and update to reflect the current health care language. This project was done as part of our doctoral program in the leadership development class and extends to the healthcare policy class this spring semester. We complete our doctorate nursing practice this April through the University of Mary.

Workforce Safety and Insurance's current definition of a medical provider is inconsistent throughout the North Dakota workers compensation law. The proposed change of the term "doctor" to "health care provider" is more consistent with federal definitions to include doctor of medicine or osteopathy, chiropractor, dentist, optometrist, podiatrist, psychologist acting within the scope of the doctor's license, advanced practice registered nurse or certified physician assistant.

The proposed change of "health care provider" to "allied health professional" is a more accurate term to include pharmacist, audiologist, speech language pathologist, naturopath or any recognized practitioner who provides skilled services to the injured workers. These updates are consistent with current health care language and national definitions. The language has been updated throughout this bill for continuity. This bill has been reviewed and supported by Workforce Safety & Insurance and the North Dakota Nurse Practitioner Association. This concludes my testimony and I am happy to answer any questions.

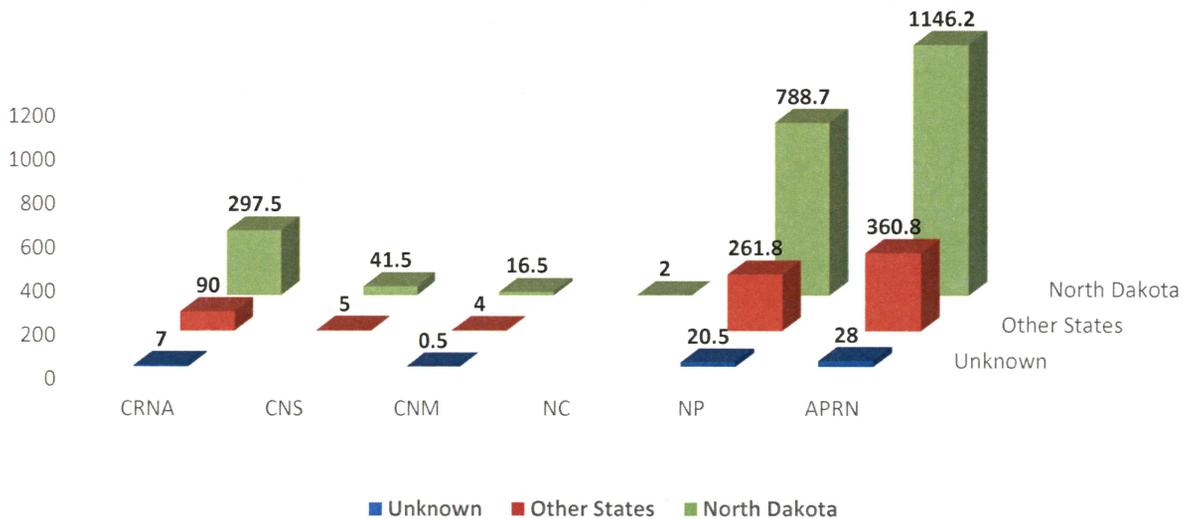
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APRNs in ND

Methodology: All providers are counted as one full-time equivalent (FTE). Providers that are dually licensed in more than one discipline are split equally among each discipline. Those that indicated more than one practice state are divided equally to each state and providers that indicated more than one practice location are divided equally to each site.

APRNs: As of September 10, 2018, there are 1,534 advanced practice registered nurses (APRNs) licensed in North Dakota. Of the total APRNs, there are 1071 nurse practitioners (NPs), 394.5 certified registered nurse anesthetists (CRNAs), 46.5 are clinical nurse specialists (CNS), 21 certified nurse midwives (CNMs), and 2 nurse clinicians (NCs). Twelve APRNs were dually licensed, 7 CNS/NPs, 4 CNM/NPs and 1 CRNA/NP. As of November 11, 2018, 1,111 APRNs have prescriptive authority.

ND APRNs by Employment State



Since 2016, there has been a 20% increase (246) of APRNs licensed in North Dakota which included a 29% increase in NPs, 17% increase in CNMs, 4% increase in CRNAs, 8% decrease in CNSs, and no change in NCs. See table 1.

Table 1

	ND Licensed APRNs by Employment State					
	Unknown		Other States		North Dakota	
	2016	2018	2016	2018	2016	2018
CRNA	8	7	91.5	90	278.5	297.5
CNS	0	0	5.5	5	45	41.5
CNM	0	0.5	1	4	17	16.5
NC	0	0	0	0	2	2
NP	12	20.5	166	261.8	652.5	788.7
APRN	20	28	264	360.8	995	1146.2

Nurse Practitioners: North Dakota has 1071 licensed NPs, 788.7 FTE (73.6%) indicated they are currently practicing in North Dakota at least part of the year. Of those practicing within North Dakota, 70.5% are practicing in the more urban cities of Bismarck, Mandan, Fargo, West Fargo, Grand Forks and Minot with 27.8% practicing in more rural areas, and 1.7% are unknown. Please see attached maps of psychiatric NPs and psychiatric NPs and CNS combined.

Although licensed in North Dakota, 261.8 FTE NPs indicated states other than North Dakota as their State of employment including Minnesota (79.5), South Dakota (32), Texas (25.7), Missouri (23), Arizona (11), Wisconsin (10), Washington (8), Montana (7), Iowa (6.5), California (6), Florida (5.7), Georgia (5), Colorado (4), Ohio (3.5), Nebraska (3.2), Utah (3), Arkansas (2), Hawaii (2), Illinois (2), Louisiana (2), Maryland (2), New Jersey (2), Nevada (2), Massachusetts (1.5), Virginia (1.2), Connecticut (1), Indiana (1), Kentucky (1), Mississippi (1), North Carolina (1), New Mexico (1), New York (1), Oklahoma (1), Oregon (1), Pennsylvania (1), Tennessee (1), Maine (0.5) and West Virginia (0.5).

Of the nurse practitioners practicing in North Dakota 80.2% (632.2/788.7) indicated their specialty area was family medicine. Other specialties included adult, gerontology, neonatal, pediatric, psychiatric, and women's health. See chart below.

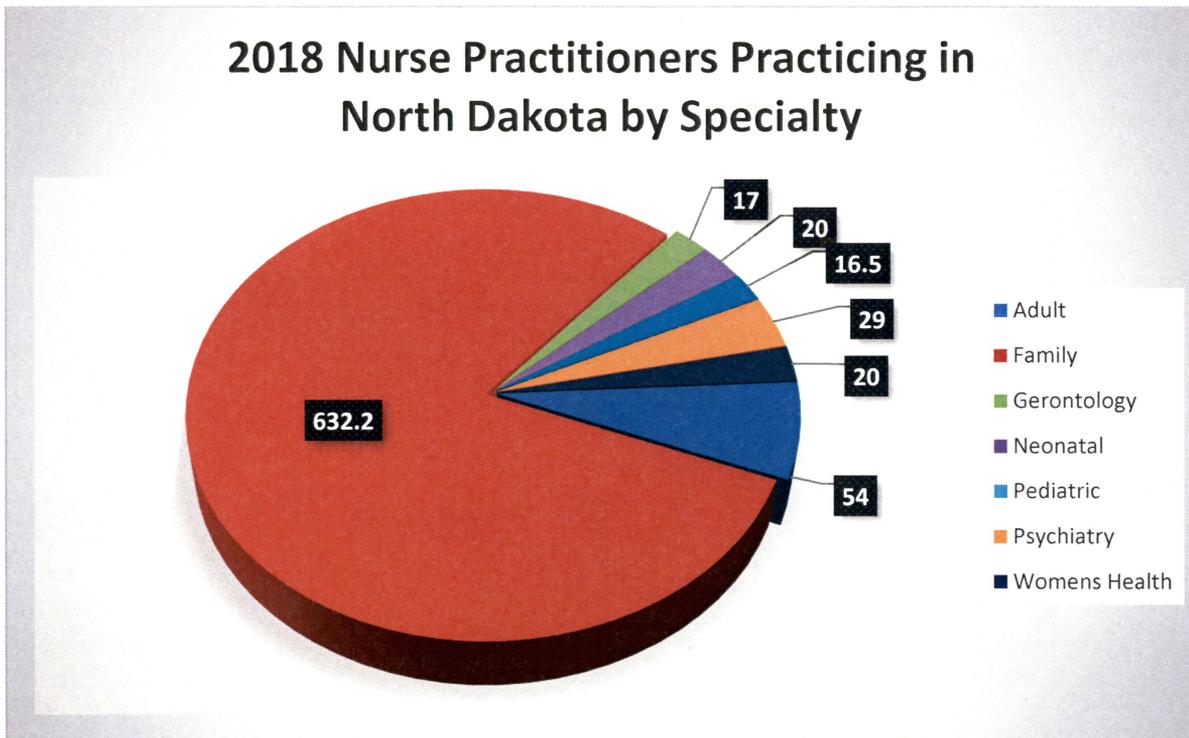


Table 2

North Dakota Nurse Practitioners by Specialty		
	2016	2018
Adult Medicine	42.5	54
Family Medicine	519.5	632.2
Gerontology	19	17
Neonatal Medicine	18	20
Pediatric Medicine	11	16.5
Psychiatry	20	29
Women's Health Care	22.5	20

Since 2016, the number of nurse practitioners practicing in pediatrics increased by 50%, psychiatry (45%), adult medicine (27.06%), family medicine (21.69%), and neonatal (11.11%) while gerontology decreased by 10.53% and women's health care (11.11%). See Table 2. Currently, 29 nurse practitioners specialize in psychiatry. Of those, 17.5 (60.3%) practice within the more urban cities of

Bismarck, Fargo, West Fargo, Grand Forks and Minot. Please see attached map of the locations of NPs with a specialty in psychiatry.

Clinical Nurse Specialists: In North Dakota 46.5 CNS are licensed of which 41.5 (89.2%) indicated they currently practice in the State. Of the 41.5 CNS currently practicing in North Dakota 33.5 (80.7%) are practicing in the more urban cities of Bismarck, Fargo, Grand Forks, and Minot. Please see attached map.

Although licensed in North Dakota, 5 CNS indicated they practice outside of the State. These included Minnesota (2.5), Alabama (1), Iowa (0.5), Ohio (0.5) and South Dakota (0.5). Of the clinical nurse specialists practicing in North Dakota, 60.2% indicated their specialty area was psychiatry and 26.5% indicated adult medicine. Please see chart below.

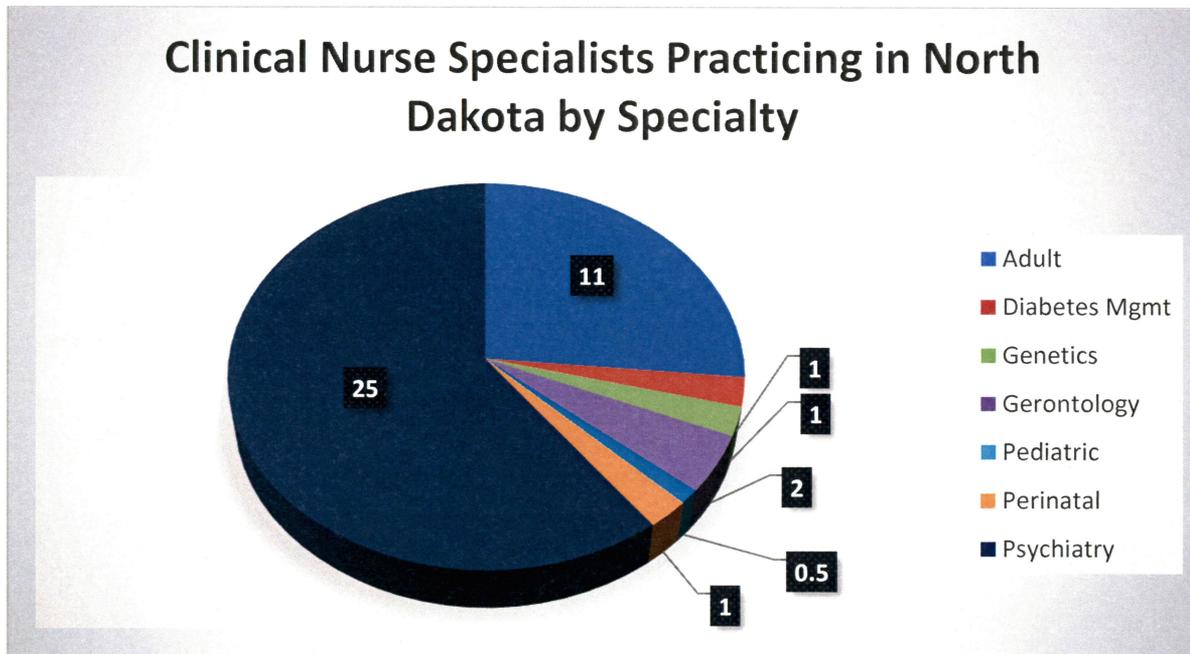


Table 3

North Dakota Clinical Nurse Specialists by Specialty		
	2016	2018
Adult	12.5	11
Diabetes Management	1	1
Genetics	1	1
Gerontology	2	2
Pediatric		0.5
Perinatal	2	1
Psychiatry	26.5	25

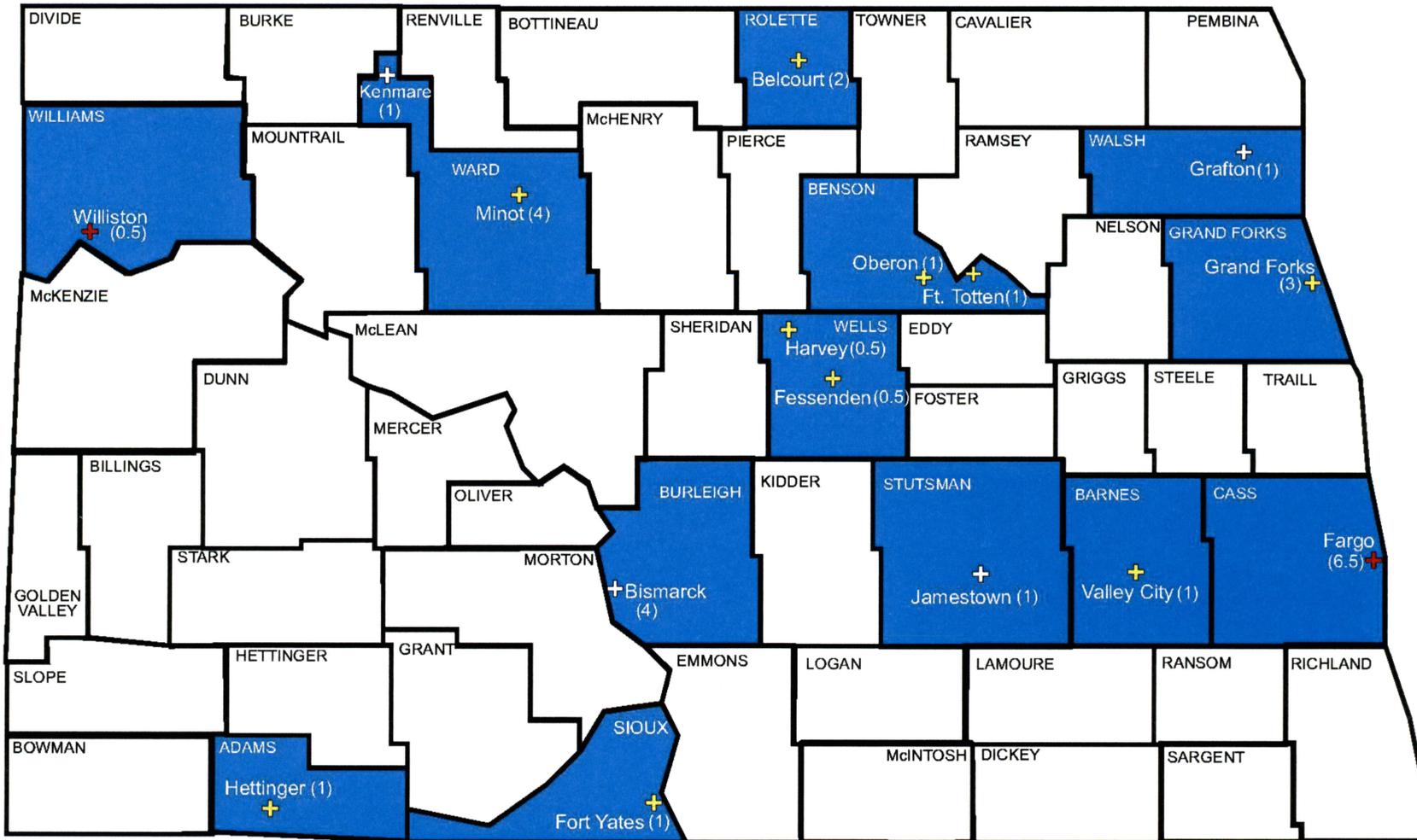
Since 2016, the number of CNSs practicing in North Dakota has declined by 7.8%. Those practicing in adult medicine declined by 12% and psychiatry by 5.66%. See Table 3. Of the 25 practicing in psychiatry, 74% (18.5) CNSs are practicing in the more urban areas of Bismarck, Fargo, Grand Forks and Minot. Please see attached maps of psychiatric CNSs and psychiatric CNSs and NPs combined.

Certified Nurse Midwives: A total of 21 CNMs are licensed in North Dakota of which 16.5 indicated they are practicing within the State. Two or 12.1% of the CNMs are practicing in rural areas of Belcourt and Williston. The other 14.5 indicated they were practicing in three of the more urban cities including Fargo (7.5), Minot (5), and Grand Forks (2). Although the total number of licensed CNMs increased in 2018 compared to 2016, those that indicated they practice in North Dakota decreased by 0.5 FTE. Please see attached map.

Certified Registered Nurse Anesthetists: North Dakota has 394.5 licensed CRNAs of which 297.5 indicated they are practicing in North Dakota. Of the CRNAs practicing in North Dakota, 84.1% are practicing in the four most urban cities of Bismarck, Fargo, Grand Forks and Minot; 14.2% are practicing in rural areas and 1.7% did not indicate a practice city. The total number of CRNAs practicing in North Dakota increased by 6.8% from 2016 (278.5) to 2018 (297.5). Please see attached map.

Nurse Clinicians: As in 2016, two nurse clinicians continue to practice in North Dakota in 2018. Both nurse clinicians practice in urban areas and specialize in rehabilitation and psychiatry.

2018 North Dakota Psychiatric Nurse Practitioners



- Psychiatric Nurse Practitioners practicing within county
- + Psychiatric Nurse Practitioners' FTE increased since 2016
- + Psychiatric Nurse Practitioners' FTE decreased since 2016
- + No change Psychiatric Nurse Practitioners' FTE since 2016

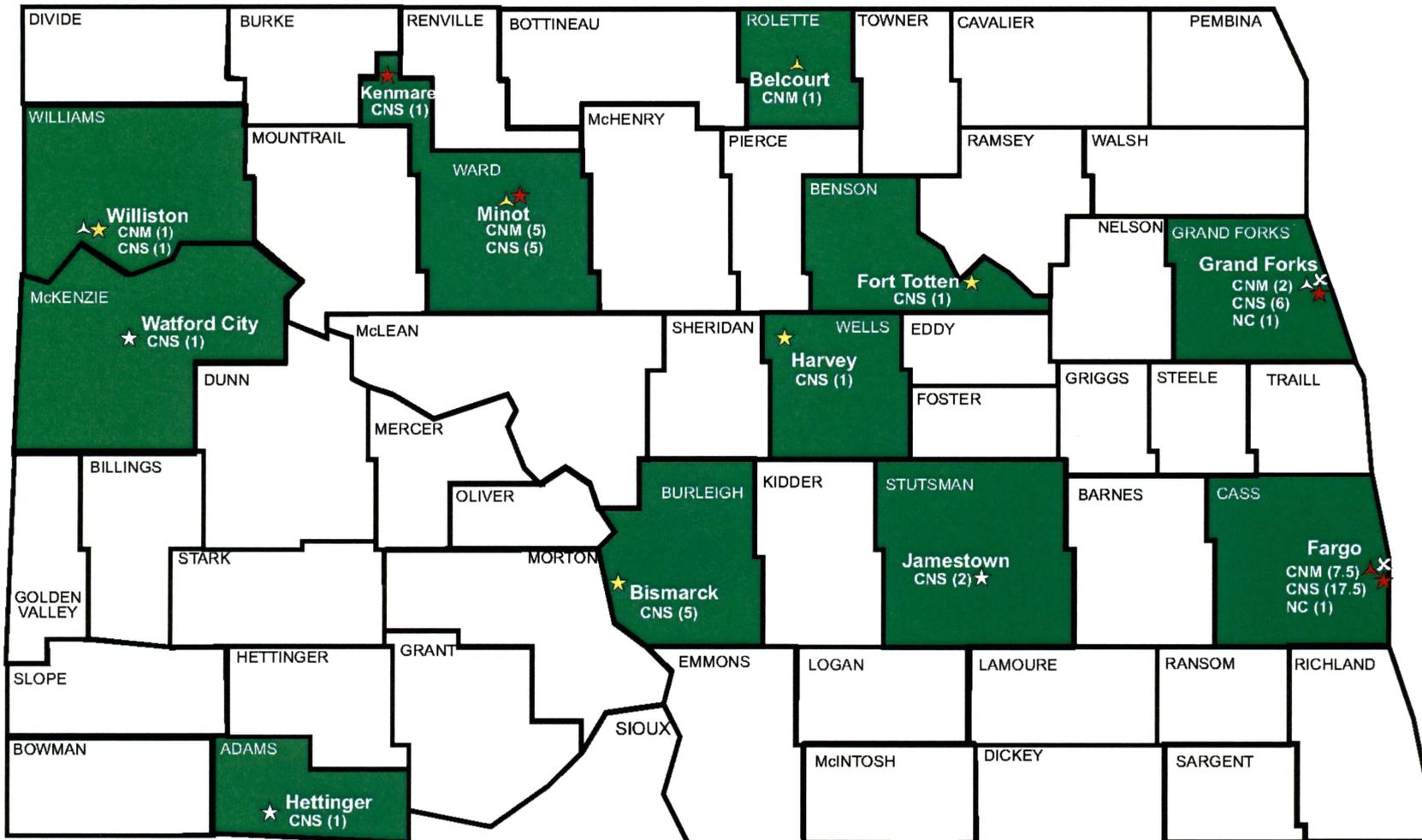
* Full time was assumed for each licensed Nurse practitioner. For those that indicated more than one site, the FTE was split equally and not based on actual hours worked.

SB 2184

Attachment 1
Mar 4, 2019

8

2018 North Dakota Certified Nurse Midwives (CNM), Clinical Nurse Specialists (CNS), and Nurse Clinicians (NC)



6

SB 2184

Attachment 1
Mar 4, 2019



NORTH DAKOTA
Nurse Practitioner Association

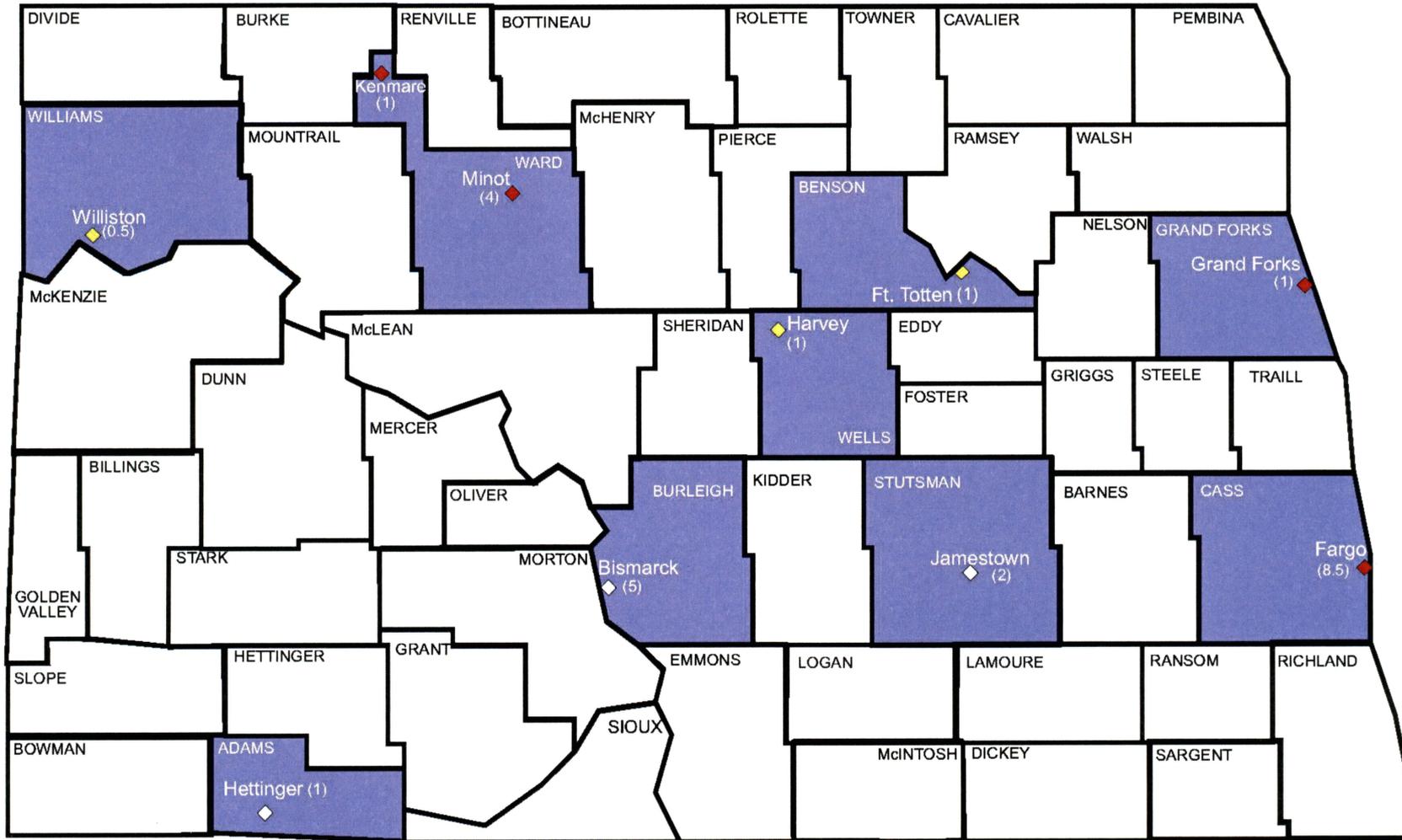
- CNMs, CNS, and/or NC practicing within county
- ★ CNMs' FTE increased since 2016
- ★ CNS' FTE increased since 2016
- ▲ CNMs' FTE decreased since 2016
- ★ CNS' FTE decreased since 2016
- ▲ No change CNM's FTE since 2016
- ★ No change CNS' FTE since 2016
- ✳ No change NC's FTE since 2016

CNM Unknown (0.5)

11/18

* Full time was assumed for each licensed Nurse practitioner. For those that indicated more than one site, the FTE was split equally and not based on actual hours worked.

2018 North Dakota Psychiatric Clinical Nurse Specialists



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SB 2184

Attachment 1
Mar 4, 2019

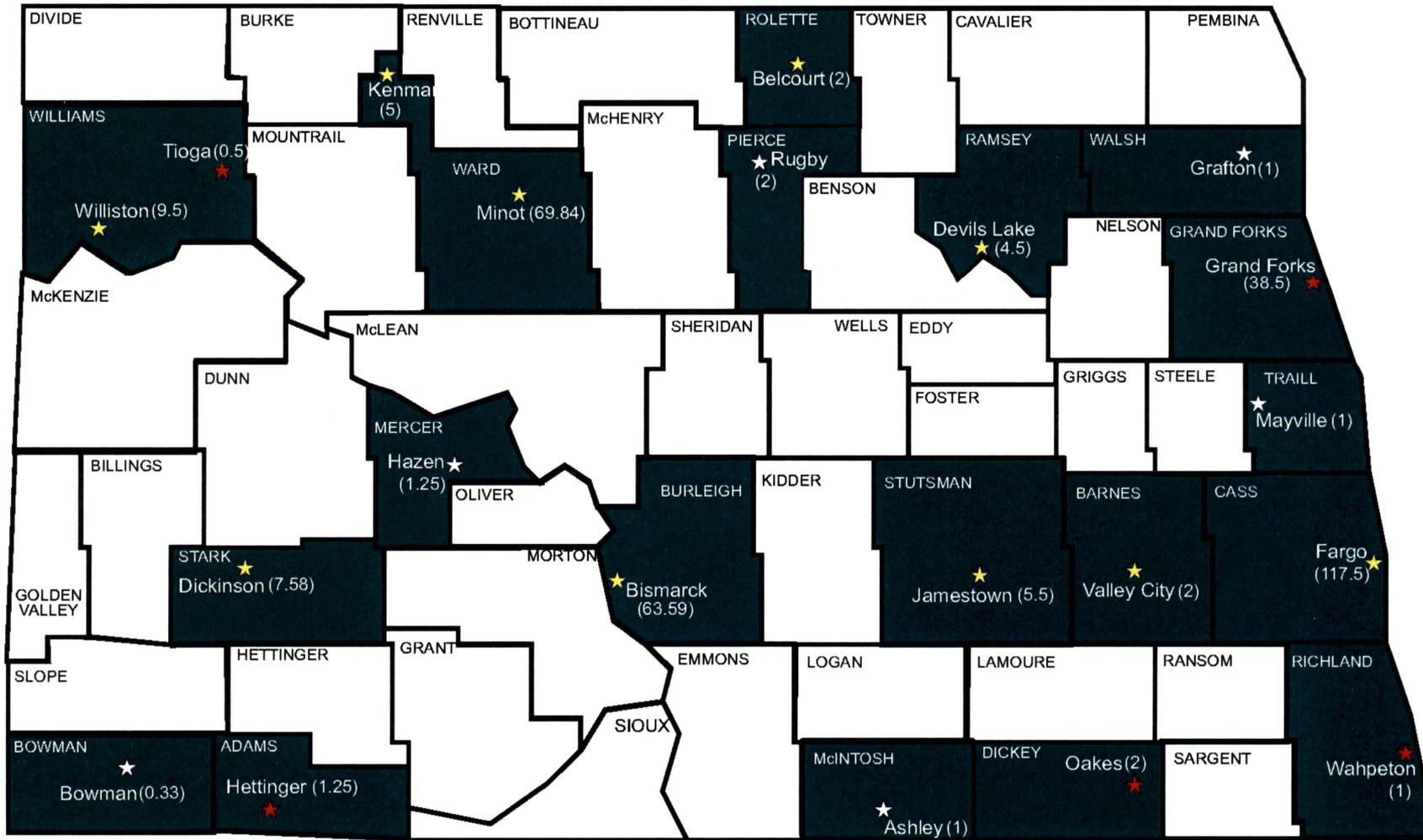


NORTH DAKOTA
Nurse Practitioner Association

- Psychiatric CNS practicing within county
- Psychiatric CNS' FTE increased since 2016
- Psychiatric CNS' FTE decreased since 2016
- No change Psychiatric CNS' FTE since 2016

* Full time was assumed for each licensed Nurse practitioner. For those that indicated more than one site, the FTE was split equally and not based on actual hours worked.

2018 North Dakota Certified Registered Nurse Anesthetists



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SB 2184

Attachment 1
Mar 4, 2019



- CRNAs practicing within county
- ★ CRNAs' FTE increased since 2016
- ★ CRNAs' FTE decreased since 2016
- ☆ No change CRNA's FTE since 2016

* Full time was assumed for each licensed Nurse practitioner. For those that indicated more than one site, the FTE was split equally and not based on actual hours worked.

2019 Senate Bill No. 2184
Testimony before the House Industry, Business, and Labor Committee
Presented by Tim Wahlin
Workforce Safety and Insurance
March 4, 2019

Mr. Chairman and Members of the Committee:

My name is Tim Wahlin, Chief of Injury Services at WSI. I am here today to provide information regarding Senate Bill No. 2184. The WSI Board supports this bill. The intent of the proposed legislation is to update and improve the defined terms used in workers' compensation law that refer to those who provide care and treatment to injured employees.

The proposed legislation is in its most simple form an issue of nomenclature. No substantive changes are anticipated or intended by the legislation. Throughout North Dakota Century Code Title 65, defined terms often make the commonly understood meaning of the term irrelevant. As an example, the term "doctor" is a defined term which includes numerous medical sub-categories, many of whom are not doctors within the commonly understood meaning. Generally, if WSI does not experience problems in applying the terms, we do not propose legislation to amend the terms.

This bill is an exception. In this case, two students were willing to put in the time and effort to update the definitions to more closely align two defined terms with their more modern, understood meanings.

Currently, two terms, "doctor" and "healthcare provider", define those individuals providing care and treatment to injured employees. The term "doctor" currently includes "doctor of medicine or osteopathy, chiropractor, dentist, optometrist, podiatrist, or psychologist acting within the scope of the doctor's license, or an advanced practice registered nurse or certified physician assistant." Most of these individuals are not doctors of medicine. However, within the workers compensation system, each is able to treat injured employees and, among other things, certify disability.

Likewise, the current broader defined term "healthcare provider" includes "a doctor, pharmacist, audiologist, speech language pathologist, or naturopath or any recognized practitioner providing skilled services pursuant to the prescription of, or under the supervision or direction of any of these individuals."

The proposed change of "health care provider" to "allied health care professional" will provide a term which more accurately includes those health care professionals who are not necessarily doctors, dentists or nurses, but who also may play an important role in the care and treatment of injured employees.

The proposed change of the term "doctor" to "health care provider" is intended to provide a more accurate reflection of the professions included in the definition and is consistent with federal regulations which define health care provider.

In summary, WSI concurs with the corresponding updates of the terms "allied health care professional" and "health care provider" in the subsequent sections of this bill, and submits this bill includes worthwhile enhancements to workers' compensation law.

This concludes my testimony and I will be happy to answer any questions you may have.