

**2023 SENATE STATE AND LOCAL GOVERNMENT**

**SB 2083**

# 2023 SENATE STANDING COMMITTEE MINUTES

State and Local Government Committee  
Room JW216, State Capitol

SB 2083  
1/6/2023

Relating to collaborative care and consultation services provided by the state hospital; relating to the object of the state hospital and the operation of regional human service centers; and to declare an emergency.

9:50 A.M. Chairman Roers opened the hearing. Present: Chair K Roers, Vice Chair Barta, Sen Cleary, Sen Estenson, Sen J Lee and Sen Braunberger.

**Discussion Topics:**

- Collaborative care
- Service expansion

9:51 A.M. Jonathan Alm, Dept of Health and Human Services, introduced Dr. Laura Kroetsch.

9:53 A.M. Dr. Laura Kroetsch via Zoom, Human Service Center Medical Director with the Department of Health and Human Services, testified in support. #12470

10:01 A.M. Jonathan Alm explained amendment LC 23.8054.01001 #26680.

Senator Lee moved amendment LC 23.8054.01001. Senator Cleary second.

Voice Vote taken and passed.

10:08 A.M. Senator Estenson moved a DO PASS as AMENDED on SB 2083. Senator Cleary seconded.

| Senators                 | Vote |
|--------------------------|------|
| Senator Kristin Roers    | Y    |
| Senator Jeff Barta       | Y    |
| Senator Ryan Braunberger | Y    |
| Senator Sean Cleary      | Y    |
| Senator Judy Estenson    | Y    |
| Senator Judy Lee         | Y    |

VOTE: YES 6 NO 0 Absent 0 Motion PASSED

Senator Barta will carry the bill.

10:07 A.M. Chairman Roers closed the hearing.

*Pam Dever, Committee Clerk*

AK  
1-6-23  
(1-1)

PROPOSED AMENDMENTS TO SENATE BILL NO. 2083

Page 1, line 24, replace "private providers' clients" with "correctional facility providers"

Page 3, line 11, replace "private providers' clients" with "correctional facility providers"

Renumber accordingly

**REPORT OF STANDING COMMITTEE**

**SB 2083: Energy and Natural Resources Committee (Sen. Patten, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2083 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 1, line 24, replace "private providers' clients" with "correctional facility providers"

Page 3, line 11, replace "private providers' clients" with "correctional facility providers"

Renumber accordingly

**2023 HOUSE HUMAN SERVICES**

**SB 2083**

# 2023 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

SB 2083  
3/7/2023

Relating to collaborative care and consultation services provided by the state hospital.

Chairman Weisz called the meeting to order at 10:00 AM.

Chairman Robin Weisz, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich present. Vice Chairman Matthew Ruby not present.

### **Discussion Topics:**

- Behavioral health services
- Integrated care

Laura Kroetsch, Human Service Center Medical Director with the Department of Health and Human Services, supportive testimony (#22365).

Jonathan Alm, attorney with the Department of Health and Human Services, answered questions from the committee.

Chairman Weisz adjourned the meeting at 10:18 AM.

*Phillip Jacobs, Committee Clerk*

# 2023 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

SB 2083  
3/7/2023

Relating to collaborative care and consultation services provided by the state hospital.

Chairman Weisz called the meeting to order at 10:25 AM.

Chairman Robin Weisz, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich present. Vice Chairman Matthew Ruby not present.

### Discussion Topics:

- Committee work

Chairman Weisz called for a discussion on SB 2083.

Rep. Rohr moved a do pass on SB 2083.

Seconded by Rep. Anderson.

Roll Call Vote:

| Representatives                   | Vote |
|-----------------------------------|------|
| Representative Robin Weisz        | Y    |
| Representative Matthew Ruby       | AB   |
| Representative Karen A. Anderson  | Y    |
| Representative Mike Beltz         | Y    |
| Representative Jayme Davis        | Y    |
| Representative Gretchen Dobervich | Y    |
| Representative Clayton Fegley     | Y    |
| Representative Kathy Frelich      | Y    |
| Representative Dawson Holle       | Y    |
| Representative Dwight Kiefert     | Y    |
| Representative Carrie McLeod      | Y    |
| Representative Todd Porter        | N    |
| Representative Brandon Prichard   | N    |
| Representative Karen M. Rohr      | Y    |

Motion carries 11-2-1.

Carried by Rep. Rohr.

Chairman Weisz adjourned the meeting at 10:28 AM.

*Phillip Jacobs, Committee Clerk*

**REPORT OF STANDING COMMITTEE**

**SB 2083, as engrossed: Human Services Committee (Rep. Weisz, Chairman)**  
recommends **DO PASS** (11 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING).  
Engrossed SB 2083 was placed on the Fourteenth order on the calendar.



**TESTIMONY**

**SB 2083**



**Testimony**  
**Senate Bill No. 2083**  
**Senate State and Local Government Committee**  
**Senator Kristin Roers, Chairman**  
January 6, 2023

Chairman Roers, and members of the Senate State and Local Government Committee, I am Laura Kroetsch, Human Service Center Medical Director with the Department of Health and Human Services (Department). I appear before you in support of Senate Bill No. 2083, which was introduced at the request of the Department.

**Section 1:**

Section 1 of the Bill amends section 25-02-03 of the North Dakota Century Code with person-first language in accordance with section 1-02-03.1 of the North Dakota Century Code. On page 1, lines 18 and 19, the proposed language updates the services the State Hospital provides.

**Sections 2 and 4:**

The Department supports evidence-based care models which help expand the outpatient and community-based service array. The proposed legislative changes would allow the Department to better collaborate with community partners, while remaining aligned with the objectives and protections of the agency.

The collaborative care (CoCM) model is a specific type of integrated care. Care is hosted through a community primary care clinic or provider, with support provided by a psychiatrist consultant. The focus is on treating mild to moderate mental health conditions within the primary care clinic, most commonly depression and anxiety. The model incorporates

targeted treatment utilizing rating scales, care coordination, caseload focused review and psychiatric consultation. Care managers reach out to engage patients who are not improving and ensure nobody falls through the cracks. The primary care physician or provider provides the medications orders and formal treatment. However, care is enhanced by targeted therapeutic supports through a care manager and psychiatric specialty support providing treatment recommendations pertaining to medication dosing and mental health concerns. In the Improving Mood: Providing Access to Collaborative Treatment (IMPACT) trial, on average, twice as many patients significantly improved in the Collaborative Care model versus usual care. The proposed legislative changes would allow and provide protections for our Department psychiatrists and providers to participate in these types of collaborative partnerships.

Integrated care is promoted by agencies such as Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA), and the Agency for Healthcare Research and Quality (AHRQ). Integrated care is also promoted by professional organizations such as the American Psychiatric Association (APA) and the American Academy of Family Physicians (AAFP). Integrated care is incentivized by the Centers for Medicare & Medicaid Services (CMS) Comprehensive Primary Care Plus (CPC+) program, National Committee for Quality Assurance (NCQA) Patient Centered Medical homes program as well as locally through the Blue Cross Blue Shield of ND Blue Alliance program.

The proposed changes in section 2 of this Bill creates a new section to chapter 25-02 of the North Dakota Century Code and the proposed changes in section 4, page 3, lines 9 through 11, of this Bill amends

section 50-06-05.3 of the North Dakota Century Code to add language to allow for the State Hospital and regional human service centers to provide behavioral health collaborative care and consultation services, including psychiatric consultation, with private providers and private providers' clients.

This allows Department psychiatrists and behavioral health advanced practice prescribers to provide consultation to community primary care physicians or prescribers and expand the outpatient and community-based service array.

The proposed changes on page 2, lines 24 through 26, and page 3, lines 1 and 2, updates the powers and duties of the regional human service centers to reflect current practice. The powers and duties that are being removed in section 4 are still being performed by the Department's other divisions and sections or through the North Dakota Courts website.

**Sections 3, 4, and 5:**

The proposed changes in sections 3, 4, and 5 of this Bill adds "regional" before human service center.

**Section6:**

The Department is requesting that this Bill be declared an emergency to allow the Department to provide collaborative care as soon as it can.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.

**Testimony**  
**Engrossed Senate Bill No. 2083**  
**House Human Services Committee**  
**Representative Robin Weisz, Chairman**  
March 7, 2023

Representative Weisz, and members of the House Human Services Committee, I am Laura Kroetsch, Human Service Center Medical Director with the Department of Health and Human Services (Department). I appear before you in support of Engrossed Senate Bill No. 2083, which was introduced at the request of the Department.

**Section 1:**

Section 1 of the Bill amends section 25-02-03, page 1, lines 10 through 12 and 15 through 17 of the North Dakota Century Code with person-first language in accordance with section 1-02-03.1 of the North Dakota Century Code rules of interpretation. On page 1, lines 18 and 19, the proposed language updates the services the State Hospital provides.

**Sections 2 and 4:**

The proposed changes in section 2, page 2, lines 1 through 4 of this Bill creates a new section to chapter 25-02 of the North Dakota Century Code and the proposed changes in section 4, page 3, lines 14 through 16 of this Bill amends section 50-06-05.3 of the North Dakota Century Code to add language to allow for the State Hospital and regional human service centers to provide behavioral health collaborative care and consultation services, including psychiatric consultation, with private providers and correctional facility providers.

The Department supports evidence-based care models which help expand the outpatient and community-based service array. The proposed legislative changes would allow the Department to better collaborate with community partners, while remaining aligned with the objectives and protections of the agency.

The collaborative care (CoCM) model is a specific type of integrated care. Care is hosted through a community primary care clinic or provider, with support provided by a psychiatrist consultant. The focus is on treating mild to moderate mental health conditions within the primary care clinic, most commonly depression and anxiety. The model incorporates targeted treatment utilizing rating scales, care coordination, caseload focused review and psychiatric consultation. Care managers reach out to engage patients who are not improving and ensure nobody falls through the cracks. The primary care physician or provider provides the medications orders and formal treatment. However, care is enhanced by targeted therapeutic supports through a care manager and psychiatric specialty support providing treatment recommendations pertaining to medication dosing and mental health concerns. In the Improving Mood: Providing Access to Collaborative Treatment (IMPACT) trial, on average, twice as many patients significantly improved in the Collaborative Care model versus usual care. The proposed legislative changes would allow and provide protections for our Department psychiatrists and providers to participate in these types of collaborative partnerships.

Integrated care is promoted by agencies such as Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA), and the Agency for Healthcare Research and Quality (AHRQ). Integrated care is also promoted by professional

organizations such as the American Psychiatric Association (APA) and the American Academy of Family Physicians (AAFP). Integrated care is incentivized by the Centers for Medicare & Medicaid Services (CMS) Comprehensive Primary Care Plus (CPC+) program, National Committee for Quality Assurance (NCQA) Patient Centered Medical homes program as well as locally through the Blue Cross Blue Shield of ND Blue Alliance program.

This allows Department psychiatrists and behavioral health advanced practice prescribers to provide consultation to community primary care physicians or prescribers and expand the outpatient and community-based service array.

The proposed changes on page 2, lines 28 through 30, and page 3, lines 5 through 7, updates the powers and duties of the regional human service centers to reflect current practice. The powers and duties that are being removed in section 4 are still being performed by the Department's other divisions and sections or through the North Dakota Courts website.

**Sections 3, 4, and 5:**

The proposed changes in sections 3, 4, and 5 of this Bill adds "regional" before human service center.

**Section 6:**

The Department is requesting that this Bill be declared an emergency to allow the Department to provide collaborative care as soon as it can.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.



23.8054.01001  
Title.02000

Adopted by the Senate State and Local  
Government Committee  
January 6, 2023

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