North Dakota Legislative Council

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LEGISLATIVE BILLS AND STUDIES RELATING TO BEHAVIORAL HEALTH WORKFORCE

This memorandum provides information regarding legislative bills relating to behavioral health workforce approved by the Legislative Assembly during the 2011 through 2021 legislative sessions and studies considered by interim legislative committees during the 2011-13 through 2021-23 bienniums.

SELECT LEGISLATION RELATED TO BEHAVIORAL HEALTH WORKFORCE

The following includes information regarding select bills related to behavioral health, mental health, and other health care workforce initiatives approved by the Legislative Assembly in 2011, 2013, 2015, 2017, 2019, and 2021.

2021 Session

House Bill No. 1012 (2021) - Department of Human Services (DHS) appropriation bill, including appropriations for the Behavioral Health Division, human service centers, and State Hospital.

Senate Bill No. 2018 (2021) - Appropriation of $250,000 from the general fund to the Department of Commerce in the grants line item for the rural health care grant program to provide matching funds to an organization assisting in the recruitment, distribution, and supply, and enhancing the quality and efficiency of personnel providing health services in rural areas of the state.

Senate Bill No. 2125 (2021) - Relating to the health care professional student loan repayment program.

2019 Session

House Bill No. 1018 (2019) - Appropriation of $200,000 from the general fund, designated from the discretionary funds line item, to the Department of Commerce for the rural health care grant program to provide matching funds to an organization assisting in the recruitment, distribution, and supply, and enhancing the quality and efficiency of personnel providing health services in rural areas of the state.

Senate Bill No. 2012 (2019) - DHS appropriation bill, including appropriations for the Behavioral Health Division, human service centers, and State Hospital.

Senate Bill No. 2094 (2019) - Relating to the practice of medicine and telemedicine.

Senate Bill No. 2143 (2019) - Relating to the health care professional student loan repayment program.

Senate Bill No. 2236 (2019) - Relating to licensure and regulation of behavior analyst professionals and the regulation of applied behavioral analysts of psychologist examiners and to the Board of Integrative Health Care.

Senate Bill No. 2339 (2019) - Relating to qualification for addiction counseling licensure for an applicant licensed in another jurisdiction.

Senate Bill No. 2361 (2019) - Relating to the licensing of social workers.

2017 Session

House Bill No. 1012 (2017) - DHS appropriation bill, including appropriations for the Behavioral Health Division, human service centers, and State Hospital.

Senate Bill No. 2018 (2017) - Appropriation of $200,000 from the general fund, designated from the discretionary funds line item, to the Department of Commerce for the rural health care grant program to provide matching funds

to an organization assisting in the recruitment, distribution, and supply, and enhancing the quality and efficiency of personnel providing health services in rural areas of the state.

Senate Bill No. 2033 (2017) - Relating to licensure requirements for behavioral health professionals.

Senate Bill No. 2038 (2017) - Relating to the establishment of a task force on children's behavioral health and professional development training regarding the prevention of bullying and youth suicide.

Senate Bill No. 2042 (2017) - Relating to references to mental health professionals and licensure of social workers.

Senate Bill No. 2088 (2017) - Relating to the scope of practice for addiction counselors and the licensure authority of the Board of Addiction Counseling Examiners.

Senate Bill No. 2115 (2017) - Relating to the members of the Autism Spectrum Disorder Task Force.

Senate Bill No. 2141 (2017) - Relating to regulation by the State Board of Psychologist Examiners.

Senate Bill No. 2240 (2017) - Relating to temporary emergency suspension of marriage and family therapists and exceptions from licensure for marriage and family therapists.

2015 Session

House Bill No. 1036 (2015) - Relating to a State Department of Health study of health professional assistance programs.

House Bill No. 1048 (2015) - Relating to behavioral health licensure boards developing a plan, in collaboration with other boards, for the administration and implementation of licensing and reciprocity standards for licensees.

House Bill No. 1049 (2015) - Relating to loans for certain behavioral health professions and the duties of the Board of Addiction Counseling Examiners.

House Bill No. 1274 (2015) - Relating to the membership, powers, and duties of the State Board of Psychologist Examiners.

House Bill No. 1282 (2015) - Appropriation of $200,000 from the general fund to the Department of Commerce in the grants line item for the rural health care grant program to provide matching funds to an organization assisting in the recruitment, distribution, and supply, and enhancing the quality and efficiency of personnel providing health services in rural areas of the state.

House Bill No. 1396 (2015) - Relating to a student loan repayment program for health care professionals.

Senate Bill No. 2012 (2015) - DHS appropriation bill, including appropriations for the Mental Health and Substance Abuse Division, human service centers, and State Hospital.

Senate Bill No. 2046 (2015) - Relating to medical assistance coverage for certain behavioral health services.

Senate Bill No. 2047 (2015) - Relating to psychiatric residential treatment facilities for children, rulemaking authority of DHS, and the definition of a qualified mental health professional.

Senate Bill No. 2048 (2015) - Relating to teacher license requirements and mental health training provided by school districts.

Senate Bill No. 2049 (2015) - Relating to a study by DHS and State Department of Health regarding statutory references to mental health professionals to determine whether changes in the law may help to more fully utilize these professionals within their scope of practice.

2013 Session

House Bill No. 1012 (2013) - DHS appropriation bill, including appropriations for the Mental Health and Substance Abuse Division, human service centers, and State Hospital.

House Bill No. 1180 (2013) - Relating to a pilot program for independent home and community-based services case managers.

House Bill No. 1211 (2013) - Appropriation of $400,000 from the general fund to the Department of Commerce in the grants line item for the rural health care grant program to provide matching funds to an organization assisting in the recruitment, distribution, and supply, and enhancing the quality and efficiency of personnel providing health services in rural areas of the state.

Senate Bill No. 2135 (2013) - Relating to a physician health program.

2011 Session

Senate Bill No. 2012 (2011) - DHS appropriation bill, including appropriations for the Mental Health and Substance Abuse Division, human service centers, and State Hospital.

Senate Bill No. 2039 (2011) - Relating to mental health professionals authorized to execute a certificate regarding a continuing treatment order.

Senate Bill No. 2155 (2011) - Relating to regulation of applied behavioral analysts and the regulation of applied behavior analysis by the State Board of Psychologist Examiners.

BEHAVIORAL HEALTH WORKFORCE INITIATIVE INTERIM INFORMATION

The following includes behavioral health, mental health, and other health care workforce studies and initiatives considered by interim legislative committees during the 2011-13 through 2021-23 bienniums.

2021-22 INTERIM

Section 2 of Senate Bill No. 2161 (2021) provides for a study during the 2021-22 interim regarding the implementation of expanded behavioral health services, including the implementation of the Medicaid Section 1915(i) state plan amendment, capacity and utilization of the State Hospital, a behavioral health bed management system, and implementation of the recommendations of the 2018 North Dakota behavioral health system study conducted by the Human Services Research Institute (HSRI).

In September 2021, DHS and HSRI provided a report to the Acute Psychiatric Treatment Committee regarding the implementation of the recommendations from the HSRI report through July 2021. Of the 13 aims identified in the HSRI report, aim 7 relates to the engagement in targeted efforts to recruit and retain a qualified and competent behavioral health workforce. Through July 2021, HSRI has completed 20 percent of this aim. The estimated completion date for this aim is the end of June 2022.

2019-20 INTERIM

Human Services Committee

Implementation of Behavioral Health System Study Recommendations

The committee studied the implementation of the recommendations of the HSRI study of North Dakota's behavioral health system. The committee received updates regarding the status of implementation of recommendations included in the HSRI study of the state's behavioral health system. The Behavioral Health Planning Council, in conjunction with behavioral health stakeholders, is coordinating the development of a strategic plan to implement the recommendations. In December 2018, 570 individuals completed a survey to prioritize the implementation of strategies included in the HSRI report. The top five strategies ranked in the survey were included in the 2019 behavioral health strategic plan.

The top five strategies are:

1. To implement training on trauma-informed approaches for criminal justice staff;
2. To expand in-home community supports;
3. To implement crisis intervention team training for law enforcement officers and emergency medical responders;
4. To review behavioral health treatment capacity in jails and develop a plan to address needs; and
5. To expand school-based mental health and substance use disorder treatment services for youth.

The strategic planning process identified an implementation plan with four phases:

1. Strategic planning;
2. Prioritization and refinement of goals and objectives;
3. Initiate the implementation of goals and objectives; and
4. Monitor and sustain the implemented efforts.

As of October 2020, the state was in Phases 3 and 4 of the implementation plan. The committee was informed dashboards were being developed to allow the public to view the implementation progress and that the dashboards will be updated quarterly.

The committee did not make recommendations regarding the study of the implementation of recommendations included in the HSRI report on the state's behavioral health system.

Health Care Committee

Health Care Deliver Study

Senate Bill No. 2012 (2019) provided for a Legislative Management study of health care delivery in the state. The Senate Appropriations Committee received testimony from multiple stakeholders, including DHS and the University of North Dakota (UND) School of Medicine and Health Sciences Center for Rural Health, regarding critical access hospitals, rural health care, and implementation of the federal Affordable Care Act (ACA), including Medicaid Expansion.

The committee received testimony regarding 10 key factors to understanding rural health in North Dakota, including that health workforce may be more problematic in rural areas than larger communities. According to the testimony, the state's health workforce is not only experiencing shortages but also maldistribution. However, there are efforts being taken through the educational system and by the rural communities to address these workforce and distribution issues.

2017-18 INTERIM

Health Services Committee

Study of Developmental Disabilities and Behavioral Health Needs

Section 33 of House Bill No. 1012 (2017) directed a study of state and federal laws and regulations relating to the care and treatment of individuals with developmental disabilities or behavioral health needs. The study followed previous legislative studies from the 2013-14 interim and 2015-16 interim Human Services Committees' studies of behavioral health needs. The study was to include the state's services and delivery systems, including whether changes are necessary to maintain compliance with state and federal laws and regulations; efforts by other states to comply with the 1999 *Olmstead v. L.C.* case, including the planning and implementation process for any new programs; community- and non-community-based services, including the costs and effectiveness of services; noncompliance with state and federal laws and regulations, including a review of the fees and penalties for noncompliance; a comparison of voluntary and involuntary compliance with state and federal laws and regulations, including a review of long-term costs and effectiveness; the impact of implementation and expansion of selected programs that were added to address unmet needs, including the impact on costs and effectiveness of new programs; needed changes to address noncompliance and a timeline for completing changes; data on the number of individuals who would be impacted by voluntary compliance efforts, and data on the type of services that may need changing, including housing, peer counseling, outpatient treatment, crisis line access, and transportation services; and an evaluation of the funding, mission, and caseload at the Life Skills and Transition Center, including the center's transition plan and number of clients eligible for community placement.

The committee received information from the DHS Behavioral Health Division regarding its responsibilities and current initiatives. The Behavioral Health Division is responsible for reviewing and identifying service needs and activities in the state's behavioral health system in an effort to ensure health and safety, access to services, and quality of services; establishing quality assurance standards for the licensure of substance use disorder program services and facilities; and providing policy leadership in partnership with public and private entities. The division provides functions including regulation, administrative, workforce development, prevention and promotion, and partnerships. The workforce development function includes providing training and technical assistance relating to best practices, program licensing, prevention, data collection, and evaluation; training through behavioral health conferences; training for mental health first aid, and establishing partnerships with various institutions and consortia.

The DHS Behavioral Health Division contracted with the UND School of Medicine and Health Sciences Center for Rural Health to develop a report of available telehealth services for behavioral health. Testimony indicated telehealth services are being provided and are reimbursable for selected addiction services. The division also contracted with the center to create a comprehensive behavioral health workforce development plan to increase the number of behavioral health providers and to facilitate the development of a peer support specialist certification. Recommendations included:

- Establish the infrastructure available to support and coordinate workforce development efforts;
- Develop and provide ongoing support for the paraprofessional behavioral health workforce; and
- Support the development and adoption of mechanisms to enhance the capacity of the existing workforce.

Human Services Research Institute Study and Report

The Department of Human Services contracted with HSRI for $160,000 to conduct a review of the state's behavioral health systems. The goals of the study were to conduct an in-depth review of the state's behavioral health system; to analyze current utilization and expenditure patterns by payer source; to provide recommendations for enhancing the integration, cost-effectiveness, and recovery orientation of the system to effectively meet community needs; and to establish strategies for implementing the recommendations.

The committee received the institute's report entitled *North Dakota Behavioral Health Systems Study - Final Report*, which identified 13 recommendations and 65 specific strategies to direct future behavioral health policy and services in the state. Of the 13 recommendations, 1 recommendation was to engage in targeted efforts to recruit and retain competent behavioral health workforce, including:

- Establishing a single entity for supporting workforce implementation;
- Developing a single database of statewide vacancies for behavioral health positions;
- Providing assistance for behavioral health students working in areas of need in the state;
- Raising awareness of student internships and rotations;
- Conducting comprehensive review of licensure requirements and reciprocity;
- Continuing establishing training and credentialing program for peer services;
- Expanding credentialing programs to prevention and rehabilitation practices; and
- Supporting a robust peer workforce through training, professional development, and competitive wages.

The department also contracted with the institute for $178,000 to develop an implementation plan for the study. The department reported it will begin the first phase of implementation between September and October 2018. The first phase will include planning and organizing recommendations into categories to determine which recommendations require legislative involvement and which can be addressed by agency policies, licensing boards, providers, or advocacy groups. The second phase will include prioritization and refinement of the recommendations and will occur between November and December 2018. The third phase will include implementing the recommendations and will occur between January and March 2019. The fourth phase will include monitoring and sustaining implementation and will occur between April and June 2019.

2015-16 INTERIM
Human Services Committee

Study of Behavioral Health Needs

The committee was assigned a study of behavioral health needs pursuant to Section 7 of Senate Bill No. 2048 (2015). The study was to include:

- Consideration of behavioral health needs of youth and adults and access, availability, and delivery of services;
- A review of services related to autism spectrum disorder;
- Input from stakeholders, including representatives of law enforcement, social and clinical service providers, education, medical providers, mental health advocacy organizations, emergency medical service providers, juvenile court, tribal government, and state and local agencies and institutions; and

- The monitoring and reviewing of strategies to improve behavioral health services implemented pursuant to legislation enacted by the 64th Legislative Assembly and other behavioral health-related recommendations presented to the 2013-14 interim Human Services Committee.

The committee learned the DHS Behavioral Health Services Division is responsible for overseeing a statewide network of substance abuse and mental health treatment, recovery support services, mental health promotion, and substance abuse prevention services. The committee learned the Behavioral Health Services Division provides leadership for the planning, development, and oversight of the state's behavioral health system by improving access to services, addressing behavioral health workforce needs, developing policy, and ensuring quality services are available for those with behavioral health needs.

The policy roles of the Behavioral Health Services Division include workforce development training and technical assistance, behavioral health conferences, mental health first aid, and partnerships with institutions and consortiums.

The committee received information from DHS regarding a report on the behavioral health needs assessment. The purpose of the assessment was to identify priority recommendations to enhance the foundation of the state's behavioral health system, with the goal of supporting children, adults, families, and communities in health and wellness, to reach their full potential. The assessment included a review of epidemiological data, a review of the full continuum of care, and a review of global systems and infrastructure. Epidemiological data includes a review of the youth risk behavior survey, the behavioral risk surveillance system, and the national survey on drug use and health. The goal of the continuum of care model is to ensure access is available to a full range of high-quality services to meet the various needs of an individual. Funding and reimbursements, infrastructure, and best practices were considered for each area of the continuum of care model. The continuum of care includes:

- Promotion and prevention - Prevention is a cost-effective way to avoid issues relating to behavioral health disorders. Identified service gaps include limited resources for mental health promotion and mental illness prevention efforts, workforce issues, lack of credentialing for prevention-related professionals, and a lack of understanding of the value of promotion and prevention efforts.
- Intervention - Research has identified that early intervention services may contribute to reduced health care costs and assist with improved health and well-being of individuals. In addition, early intervention strategies assist individuals to recognize if they are at-risk for behavioral health disorders and may need assistance to identify and change high-risk behaviors into healthy patterns. Identified service gaps include lack of integrated education systems, workforce limitations, inconsistent universal screenings, lack of funding for screenings, inefficient process for conducting assessments and referring for further assessment and treatment services.
- Treatment - Treatment is the use of any planned, intentional intervention in the health, behavioral, and personal life of an individual suffering from a behavioral health disorder designed to enable the affected individual to achieve and maintain physical and mental health, and maximum functional ability. Identified service gaps include criminalization of behavioral health disorders, limited community-based services available to allow individuals choice of services in the least restrictive environment, lack of integrated services and data exchange, limited communication of available services, workforce limitations, and the need for clarification of the role of public and private systems.
- Recovery - Recovery is the process of change for individuals to improve their health and wellness, live a self-directed life, and strive to reach their full potential. Identified service gaps include workforce limitations, limited evidence-based services, lack of infrastructure to support available services in the state, and limited payments to support evidence-based recovery services.

Statutory References to Mental Health Professionals

Section 1 of Senate Bill No. 2049 (2015) required DHS to provide a report to the Legislative Management regarding the outcomes of the study of statutory references to mental health professionals to determine whether changes in the law may help to more fully utilize these professionals within their scope of practice, as it relates to the responsibilities of DHS to provide services or license facilities. Stakeholders that participated with the project included the State Department of Health, DHS, the Board of Counselor Examiners, the Board of Addiction Counseling Examiners, the North Dakota Marriage and Family Therapy Licensure Board, the North Dakota Board of Medicine, the State Board of Nursing, the State Board of Psychologist Examiners, the North Dakota Hospital Association, the Long Term Care Association, the North Dakota Life and Health Insurance Guaranty Association, the North Dakota Protection and Advocacy Project, and the State Board of Higher Education. The stakeholder group developed the following tiered model identifying various roles of mental health professionals:

Tier	Description
1	Greatest degree of broad-based comprehensive training in multiple areas of psychiatric illness, including capacity to practice autonomously in those areas; manage the highest level of responsibility and risk; and professionals include psychiatrists, psychologists, and primary care providers: a. Specific area of expertise - Include medical doctors, osteopathic physicians, and doctoral-level licensed psychologists. b. Breadth of training allows for oversight of care delivery within those fields - Includes medical doctors, osteopathic physicians, advanced practice registered nurses, and physician assistants.
2	Ability to direct care independently or delineate between various broad-based comprehensive training in diagnosis and modalities of treatment for behavioral health conditions: a. Specific area of expertise - Include licensed independent clinical social workers and licensed professional clinical counselors. b. Breadth of training allows oversight of care delivery within those fields - Include licensed marriage and family counselors, licensed addiction counselors, and registered nurses.
3	Behavioral health therapy; clinical direction under supervision; or enacting a treatment plan with comprehensive training in specific dimensions of behavioral health; include licensed associate professional counselors, licensed certified social workers, licensed professional counselors, licensed associate marriage and family therapists, occupational therapists, vocational rehabilitation counselors, school psychologists, and human relation counselors.
4	Supporting clinical services; paraprofessional service workers with some level of behavioral health training, but without formal licensing; or carry out treatment under the guidance of a licensed professional; include direct care associates and technicians.

The committee recommended Senate Bill No. 2042 (2017) to change statutory references for mental health professionals to a tiered system. The bill was approved by the 2017 Legislative Assembly.

Health Services Committee

Consolidated Report of Occupational Boards

Pursuant to House Bill No. 1048 (2015), the committee received a consolidated report from the Board of Addiction Counseling Examiners, Board of Counselor Examiners, North Dakota Board of Social Work Examiners, North Dakota Marriage and Family Therapy Licensure Board, State Board of Psychologist Examiners, and the North Dakota Board of Medicine. The boards agree that North Dakota should match national standards to allow for professional mobility and that minimal statutory changes would be needed to align state standards with national occupation-specific standards. The boards reported workforce-related issues are not due to regulatory barriers or board inefficiencies and the boards have no authority over employment standards or insurance reimbursement requirements. The boards made the following recommendations:

- Require North Dakota employers and insurance carriers to use North Dakota occupational licensing standards when setting employee requirements;
- Maintain autonomous boards with North Dakota standards mapped to national occupational standards;
- Adopt an expedited licensure model for mobility and portability of licensure;
- Appropriate funds to the Governor's office to expand operational efficiencies for smaller boards;
- Appropriate funds to the Governor's office for the designated purpose of annual meetings of all regulatory board chairs and board managers;
- Require background checks for all new issue licenses;
- Standardize continuing education reporting and renewal processes;
- Develop a mechanism to share disciplinary action between North Dakota boards and the public;
- Develop consistent telepractice laws and rules across all behavioral health boards; and
- Provide for consistency in statutory language for all licensing professions by using model language to promote consistent format, mechanism, procedures, and issuance of licenses.

The committee learned 25 percent of the 49 states contacted by the Board of Counselor Examiners regarding reciprocity agreements responded. The committee learned none were willing to enter into a reciprocity agreement with North Dakota. While some of North Dakota's requirements are more strict than other states, others are not. No states were willing to alter their requirements for reciprocity. The committee learned nationwide, education standards have been increasing.

The committee received additional information and testimony from representatives of the North Dakota Board of Medicine, North Dakota Medical Association, the Council of State Governments National Center for Interstate Compacts, Education Standards and Practices Board, North Dakota University System, North Dakota Nurses Association, Department of Corrections and Rehabilitation, DHS, Mental Health America of North Dakota, Heartview Foundation, Western Area Health Education Center, UND School of Medicine and Health Sciences, UND School of Law, counselors, behavioral health educators, and various other stakeholders relating to its review of reports received from the behavioral health-related boards, including:

- The University System provided information regarding the number of internships available to behavioral health-related students and graduates and plans to update a 2007 report on the status of the behavioral health workforce in the state.
- Of the 13,000 registered nurses in the state, 3 percent are working in behavioral health, yet behavioral health nurses make up the largest portion of the professional workforce for acute inpatient psychiatric services. The North Dakota Nurses Association recommended establishing a plan to provide financial support for the education and training of behavioral health nurses, increasing incentives for the retention of new nursing graduates in the state, and offering incentives for faculty in the psychiatric and mental health nurse practitioner program.

Reports on the State Department of Health - Health Professional Assistance Program Study

House Bill No. 1036 (2015) required the State Department of Health evaluate state programs to assist health professionals, including behavioral health professionals, with a focus on state loan repayment programs for health professionals. The study was to include:

- Identification of state programs to assist health professionals;
- Consideration of whether elements of the identified state programs could be standardized;
- Evaluation of funding and usage of the identified state programs;
- Evaluation of the effectiveness of these identified programs and how these programs could be revised to be more effective; and
- Consideration of whether there are gaps or duplication in programs designed to assist health professionals.

Section 1 of the bill required, during the 2015-16 interim, the State Department of Health make periodic reports to the Legislative Management on the status of the study. In addition, before July 1, 2016, the department must report to the Legislative Management on the outcome of the study, including presentation of recommended legislation.

The committee received a report from the State Department of Health. The committee learned after House Bill No. 1036 was approved, existing loan repayment programs were revised and combined into the two new loan repayment programs--the dentists loan repayment program, which combined three prior dental programs, and the health care professional student loan repayment program, which replaced two prior programs. The health care professional student loan repayment program assists physicians and mid-level practitioners, as well as behavioral health practitioners. The new programs assist health care professionals by repaying student loans of licensed, practicing professionals who provide health care to underserved areas or populations. In addition to the dentists loan repayment program and the health care professional student loan repayment program, the study identified four state programs relating to health professional financial assistance:

- Department of Commerce workforce development program, which awards a grant to provide a program encouraging youth to consider health professions;
- Bank of North Dakota addiction counselor internship loan program;
- Professional student exchange program, which subsidizes out-of-state tuition for professional programs not available in North Dakota; and
- DHS nonprofit clinic dental access project, which grants funds to a nonprofit clinic for the purpose of assisting in the repayment of dental providers' student loans.

The committee learned while the programs are similar, differences include the amount and timing of award payments, the description of priority and preference in applicant criteria, community match requirements, years of service obligations, and penalties for failing to fulfill the contract. If criteria were standardized, the two loan repayment programs could be simplified and combined into a single state loan repayment program, which would

save administrative time and costs, and provide continuity between assistance programs. The two loan repayment programs were funded at a similar level during the 2015-17 biennium--$720,000 for the dentists loan repayment program and $698,800 for the health care professional student loan repayment program. Because nearly all of the loan repayment slots are filled each year, the programs have been successful in bringing health care and dental professionals to underserved communities. Since 1993, 89.5 percent of program participants fulfilled their contracts. The percent of program participants remaining in underserved communities after their contract has been fulfilled varies by provider and length of time since the end of the contract. For those whose contract ended 5 or less years ago, the retention rate was 76.5 percent for physicians, 60 percent for mid-level providers, and 58.3 percent for dentists. For those whose contract ended more than 5 years ago, the retention rate was 45 percent for physicians, 92.3 percent for mid-level providers, and 47.4 percent for dentists. Overall, 61.6 percent of participants have remained in an underserved area.

The committee learned the loan repayment programs would be more effective if additional funding were made available to increase the number of slots available for underserved communities. Increased communication, encouragement, and support to providers and their families would encourage more providers to continue to practice in underserved areas. The only gap noted in the study was that some health care professions are not eligible for the loan repayment program. There is interest in including optometry, pharmacy, chiropractic, and registered nursing programs to the health care professionals receiving loan repayment benefits. Other states in the region include nursing instructors; dental hygienists; marriage and family therapists; health care social workers; medical and laboratory technicians; physical, occupational, speech, and respiratory therapists; dieticians; and paramedics in their assistance programs. Except for the DHS's nonprofit dental access grants project that is somewhat similar to the State Department of Health's dentist loan repayment program, the study did not identify any other duplications between state programs. The State Department of Health recommended combining the dentists loan repayment program and the health care professional student loan repayment program into a single loan repayment program, standardizing program terms, and expanding the program to include other health care professions. The committee did not make any recommendations resulting from receiving this report.

Other Information Received by the Health Services Committee

The committee received a report from a health care workforce task force. The task force identified the following goals:

- Explore the possibility of new Americans filling workforce needs in health care;
- Explore strategies to recruit health care providers in rural communities by providing more internships and preceptorships in rural health care facilities; and
- Develop more collaborative efforts to fill all of the slots available in nursing programs across the state and to provide nonaccepted applicants guidance in developing a health care career path.

The committee received information from the North Dakota Center for Nursing regarding nursing workforce capacity, including behavioral health nurses, nursing faculty recruitment and retention, and the need for advanced practice registered nurse preceptors. There are more applicants for the state's nursing programs than slots available. One of the barriers to expanding nursing programs is the lack of qualified faculty. Other advance degree career options are often considered more attractive and lucrative. The state's nursing programs have faculty positions they have been unable to fill or have filled with unqualified faculty working toward a master's degree.

The committee received information and testimony relating to the nursing work force from the UND College of Nursing, North Dakota State University School of Nursing, North Dakota Nurses Association, College and University Nursing Education Administrators, and American Association of Nurse Practitioners. The committee learned stakeholders recommend increasing funding for the health professional loan repayment program, adjustments to the program to remove the matching funds requirement, and including registered nurses and licensed practical nurses to those eligible for loan repayment. Other recommendations include a new nursing faculty loan forgiveness program for nursing education program faculty to obtain master's and doctorate degrees while serving as faculty, an income tax credit of $1,000 for each clinical rotation of at least 160 hours for advanced practice registered nurses that serve as a preceptor, and adding advanced practice registered nurses to those authorized to order detoxification holds.

The committee considered, but did not recommend, a bill draft to provide for an income tax credit for advanced practice registered nurse preceptors. The committee recommended Senate Bill No. 2034 (2017) to establish a loan forgiveness program for nursing faculty. The bill was not approved by the 2017 Legislative Assembly.

2013-14 INTERIM

Human Services Committee

Study of Behavioral Health Needs of Youth and Adults

The committee was assigned a study of behavioral health needs pursuant to Section 1 of Senate Bill No. 2243 (2013). The study was to include consideration of behavioral health needs of youth and adults and consideration of access, availability, and delivery of services. The study was to include input from stakeholders, including representatives of law enforcement, social and clinical service providers, education, medical providers, mental health advocacy organizations, emergency medical service providers, juvenile court, tribal government, and state and local agencies and institutions.

The Legislative Council issued a request for proposal for consultant services for assistance in a study of behavioral health needs of youth and adults in North Dakota. The committee selected and contracted with Ms. Renee Schulte, Renee Schulte Consulting, LLC, for $44,000 to conduct the study. The consultant's report identified six primary opportunities to better address behavioral health needs of youth and adults in North Dakota, which included service shortages, workforce expansion, insurance coverage changes, changes to the structure and responsibilities of DHS, communication improvement, and data collection and research expansion. Recommendations related to the expansion of workforce included:

- Improve oversight for licensing issues and concerns.

  Create an oversight system for licensing boards utilizing the State Department of Health as the overseer;

  Expand the definition of behavioral health professional in North Dakota Century Code Section 25-03.2-01;

  Create reciprocity language to identify boards shall accept all professional licenses meeting international and national accreditation standards and the qualified state equivalent for each behavioral health license; and

  Ensure all educational requirements are available within the state, with a preference for online availability.

- Increase use of laypersons in expanding treatment options.

  Increase use of peer support and recovery coaches;

  Increase training for law enforcement, emergency personnel, corrections staff, and teachers using mental health first aid and other training;

  Increase law enforcement in schools; and

  Increase educational opportunities for behavioral health providers.

Health Care Reform Review Committee

North Dakota's Health Care Delivery System - Workforce Demographics

As an introduction to the state's demographic data, the committee received a report from a representative of the North Dakota Census Office. The report addressed population projections, population estimates since the 2010 decennial census, changes in age groups and gender balance, migration, select economic statistics, and health insurance data.

Following up on this general demographic data, the committee received a report from a representative of the Labor Market Information Center of Job Service North Dakota of online job openings in the state in health care-related occupations and received a report from a representative of the UND School of Medicine and Health Sciences on the most recent health care workforce demand assessment.

The committee reviewed the report *2010 Snapshot of North Dakota's Health Care Workforce*, prepared for the UND School of Medicine and Health Sciences, which addresses workforce needs for multiple professions, including dentists, dental hygienists, chiropractors, optometrists, psychologists, social workers, physical therapy assistants, occupational therapy assistants, dieticians, respiratory therapists, emergency medical technicians, medical and clinical laboratory technologists, medical and clinical laboratory technicians, pharmacists, and pharmacy technicians. The publication reports:

- Many professions are dominated by particular gender. To increase the potential workforce and greater provider diversity, efforts should be increased to encourage males and females into the wide array of health care occupations in North Dakota.

- Several professions include many providers who will potentially retire within the next 10 years. Efforts to encourage more providers into these fields, retain them in North Dakota, and provide support throughout their career should be increased. In addition, providers nearing retirement age could become engaged in mentoring, teaching, planning, and other alternative roles which may help retain them in the workforce longer.

Workforce Programs

In addition to receiving data on health care workforce supply and demand, the committee received information regarding existing programs and activities addressing health care workforce needs, including information regarding North Dakota's Area Health Education Center (AHEC) centers with offices located in Mayville, Hettinger, and Beulah. The AHEC centers work closely with the UND School of Medicine and Health Sciences Center for Rural Health and other statewide partners to address workforce pipeline issues, including:

- Working directly, at no cost, to support and assist with recruitment of primary care and other health professionals to rural health care facilities (short term).
- Improving the number of health profession students who participate in rural community-based learning experiences and increasing the number of rural locations.
- Supporting and retaining the current workforce through programs like the Community Apgar Project, which focuses on identifying challenges and benefits to recruiting and retaining primary care providers to rural communities (short term).
- Rural collaborative opportunities for occupational learning health scrubs camps and health academies. The camps are 1-day events conducted in rural communities to introduce local students to a variety of health careers through hands-on interactive activities conducted by local health professionals. The academies are on-campus events which target middle school and high school students interested in health careers (long term).

The UND School of Medicine and Health Sciences Health Care Workforce Initiative has the goals of:

- Reducing disease burden through a master of public health program and by further programming approaches under study to address mental and behavioral health issues in the state;
- Retaining more of our graduates, through pipeline activities, a revised medical school admission process, and a RuralMed program to reduce medical student debt;
- Training more graduates by expanding class sizes--medical student classes increased by 16 students per year, health sciences students increased by 30 students per year, and resident slots increased by 17 residents per year; and
- Improving the efficiency of our health care delivery system by training interprofessional education emphasizing value of clinical teams in care management and a geriatrics training program to help clinicians across the state better manage seniors and their chronic diseases.

The committee received a report of the preliminary UND School of Medicine and Health Sciences Advisory Council's biennial workforce survey. The final report, entitled *Third Biennial Report: Health Issues for the State of North Dakota 2015*, was published in December 2014.

Health Professional Loan Repayment Programs

The state's loan repayment programs are state-financed and state-administered programs designed to attract physicians, nurse practitioners, physician assistants, and dentists to practice in areas of need. The committee received overviews of the following state loan repayment programs:

- State community matching physician loan repayment program (Chapter 43-17.2), created in 1991;
- State medical personnel loan repayment program (Chapter 43-12.2), created in 1993;
- Dentists' loan repayment program (Chapter 43-28.1), created in 2001; and
- Dental nonprofit public health program (Chapter 43-28.1), created in 2009.

The criteria for the programs is not uniform from program to program. The funding amount as well as the funding sources for the state programs also vary from program to program. In addition to the state programs, there are federal loan repayment programs for which graduates may qualify. Again, the criteria for the federal programs differ from the state criteria.

The committee members discussed the importance of evaluating the programs to make sure they are accomplishing the intended goals and that they work well together and with federal programs.

Community Health Needs Assessments

The committee received a presentation of the Center for Rural Health's summary of the most recent community health needs assessments (CHNAs) of North Dakota hospitals. Under the ACA, nonprofit hospitals are required to complete a CHNA once every 3 years. The summary is not required but was compiled as a service to put the data in an aggregate report. The ACA requires the hospitals to complete a CHNA, prioritize the identified needs, and develop an implementation strategy that outlines how the hospital will address some of the identified issues.

A summary of North Dakota CHNAs completed by 39 hospitals identified the 10 most frequent themes or subjects reported in the CHNAs:

Theme or Subject	Number of CHNAs, Including This Theme or Subject
Health care workforce shortages	28
Obesity and physical inactivity	16
Mental health	15
Chronic disease management	12
Higher costs of health care for consumers	11
Financial viability of the hospital	10
Aging population services	9
Excessive drinking	7
Uninsured adults	6
Maintaining emergency medical services	6
Emphasis on wellness, education, and prevention	6
Access to needed equipment or facility update	6

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Health Care Workforce Needs

The committee learned the need for more physicians in North Dakota is affected primarily by the state's geographic location and lack of adequate resources. Other significant influences include demographics, physician practice arrangements, an aging patient population, decreasing payment for services, and increasing practice costs. There are 1,537 regular active physicians in the state, not including retired physicians, residents, and medical students. This number represents an 18 percent increase since 2005.

The committee learned 84 percent of all physicians in the state, or 1,291 physicians, practice in the four urban areas and 16 percent, or 246 physicians, practice in rural areas. The committee learned 36 percent of the physicians in the state, or 557 physicians, are primary care physicians, including family practice, general medicine, internal medicine, and pediatrics. Nationally, as of December 2009, 15 percent of all physicians were in family practice, 28 percent were in internal medicine, and 13 percent were in pediatrics for a total of 56 percent of all physicians providing primary care services.

The committee learned in 2009 the 213 active patient care physicians for every 100,000 people in North Dakota was close to the national state median of 214 per 100,000; however, the physicians in North Dakota must serve larger geographic areas and a population that is older than the national average.

The committee reviewed ACA provisions that require Medicaid Expansion and essential benefits, including preventative screenings and immunizations, which could increase the demand on primary care providers, presenting additional challenges, particularly in rural areas. Senate Bill No. 2158 (2009) allows Medicaid recipients to choose an advanced registered nurse practitioner as their primary care provider within the primary care case management program. The committee learned 110 nurse practitioners are serving as primary care providers for Medicaid recipients in the state.

The committee learned estimates indicate a need for an additional 200 to 300 more physicians in North Dakota in the next 10 to 15 years, not including the physicians needed to replace those who retire or leave their practice.

The committee received the following recommendations from the North Dakota Medical Association and the UND School of Medicine and Health Sciences Center for Rural Health to address the state's need for more health care workers:

- Enhance physician recruitment and retention of School of Medicine graduates by increasing state investment in health care infrastructure and resources.

- Improve funding mechanisms and incentives to create more residency opportunities in the state, increasing financial support of the physician loan repayment program, and exploring other options for physician recruitment and retention.
- Improve quality of care, including appropriate insurance benefits, patient health care education, technology, and care coordination.
- Maintain payment levels for physicians and hospitals.
- Medical education and training, including the expansion of allied health, medical student and residency programs, and policies that support the acceptance of highly qualified residents into medical school.
- Continue and expand programs to encourage North Dakota students to pursue careers in health care.
- Provide a curriculum that best serves the state's population, including geriatric training for the state's aging population.
- Perform quality health workforce analyses upon which to base public policy.