2013 North Dakota Legislative Update: What Does it Mean for Rural Health?

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Brad Gibbens, Deputy Director and Assistant Professor
• Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND

• One of the country’s most experienced state rural health offices

• UND Center of Excellence in Research, Scholarship, and Creative Activity

• Home to seven national programs

• Recipient of the UND Award for Departmental Excellence in Research

Focus on
  – Educating and Informing
  – Policy
  – Research and Evaluation
  – Working with Communities
  – American Indians
  – Health Workforce
  – Hospitals and Facilities

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Big Time Money for a Small State

- Longest session in history – full 80
- Passed 475 bills
- Largest state budget in history - $14 billion
  (about $10 B more than 2003)
- $6.9 B in appropriations (up 31%)
  - $2.3 B for roads and infrastructure
  - $515 M in water and flood projects
- Sales revenue is number one source of state revenue followed by oil, income, and property
- $1.1 billion in aid to western ND
- $1.1 billion in property tax, sales, personal & corp. income tax relief
- Department of Health budget - $44 m (was $33)
- Legacy Fund (can’t spend until 2017) over $1 B
  (original estimate was $600 m)
North Dakota Rural Health Association

• Significant amount of legislation important to rural health was tracked (hospital, public health, health technology, long term care, mental/behavioral health, insurance, tribal health, human services, nursing, oral health, pediatrics, pharmacy, general health policy, and workforce)

• Rebecca, Kylie, Nikki, Jody, Twyla, Kristine, Lynette, and Brad on CRH Policy Comm.

• Worked with NDRHA Policy Committee

• Issued a weekly report that updated bill status
Key Legislation

- **HB 1362** – Medicaid Expansion – Effective January 1, 2014, expands up to 138% of FPL for people 18-62, add 20-32,000 North Dakotans to health insurance
- **SB 2187** – Medical Facility Infrastructure Loan Program - $50 M revolving loan fund with $ from Bank of ND (could expand to $100 M from another source) – priority to CAHs, 1% low interest loans

**HB 1358** – Oil and Gas bill with numerous efforts to “add-on” for CAHs – “can’t do Bad Debt” – so, $9.6 million grant program that can be used on software to check credit worthiness – oil producing counties – can’t result in having a positive margin
Key Legislation

- **HB 1012** - Expanded service payments for elderly and disabled – rebase RHC to the Medicare rate for Medicaid payments – increase payments to rural clinics by about $1.4 M – also preserve cost based for lab and x-ray so about $1.3 M for CAHs

- **HB 1135** – Dental Care – $100,000 for dental care service grant to organization that will provide dental care services to low income and underserved children

- **SB 2031** – Tribal Health - create public health districts exclusively within the boarder of a reservation – Failed
Key Legislation

- **HB 1443** – Diabetes – collaboration between NDDHS, NDDH, Indian Affairs Commission, and PERS to identify goals and benchmarks and individual agency plans to reduce the incidence of diabetes, improve diabetes care, and control complications. Show financial impact of diabetes, and consider future budget items.

- **HB 1360** – PACE – Extends Program for All-Inclusive Care for the Elderly which is available in Dickinson and Bismarck and expand to Minot, Fargo, Garrison, Hazen, Bowman, and Lamoure – helps to keep elderly in their homes.
Key Legislation

• **SB 2030** – Public Health Networks – new definition to be 2 units serving minimum pop. of 15,000 to provide core PH activities or 3 PH units (no pop min) – $700,000 (cap of $250,000 per network)

• **HB 1012** - DHS Budget – included $320,000 for TBI Resource Facilitation
Key Legislation

- **SB 2172** – Newborn screening – all newborns delivered at a hospital birthing center will be screened for congenital heart defects through pulse oximetry
- **HB 1175** – STEMI/Heart Systems of Care – Adds acute cardiovascular system to trauma and stroke systems for continued work for enhancing acute heart events, emergency response systems, hospital designation and registry

- **SB 2004** – Health Department Budget – Expanded stroke funding ($383,000 includes support for CAH Quality Network technical support, 2 additional speech aphasia pilot programs, public education on calling 911, and EMS/Hospital Training) – STEMI/Community Paramedicine .5FTE position
For the Future

- 41 interim studies approved (out of 69)
  - Comprehensive of care for individuals with brain injuries (including veterans)
  - ND health care system needs and challenges, implementing Healthy ND, examining Medicaid reform, feasibility of developing a plan for a private health care model that will comply with federal health reform
  - Study health care reform options, including the implementation of the federal Affordable Care Act if the federal law remains in effect and state alternatives for state-based health care reform if the federal law is repealed
  - Study the affects of the ACA including alternatives to the law and the Medicaid expansion
For the Future

- Study how to improve access to dental care (including feasibility of mid-level providers)
- Study behavioral health needs for youth and adults
- Study current state and federal benefits to veterans (including income and property taxes)
- Study comprehensive statewide tobacco prevention and control plan
- Study home and community-based services including the need to expand Medicaid waiver to cover 24 hour emergency assistance, adult companion service, behavioral programming, chore services, and others
- Study feasibility and desirability of community paramedics providing additional clinical and public health services, particularly in rural areas
For the Future

- Maximum state contribution for state employee health benefits
- Study the intellectual property policies and procedures at the research universities
- Statewide childcare services
- Growth in property tax (particularly whether the level of tax relief to taxpayers is commensurate to level of state funds to the political subdivisions)
- Rejected a study of the western ND “man camps”
Contact us for more information!

501 North Columbia Road, Stop 9037
Grand Forks, North Dakota 58202-9037

701.777.3848 • ruralhealth.und.edu