NORTH DAKOTA LEGISLATIVE MANAGEMENT

Minutes of the

HEALTH AND HUMAN SERVICES COMMITTEE

Thursday, October 7, 2010
Roughrider Room, State Capitol
Bismarck, North Dakota

Representative Robin Weisz, Chairman, called the meeting to order at 9:00 a.m.

Members present: Representatives Robin Weisz, Larry Bellew, Tom Conklin, Kari L. Conrad, Jeff Delzer, Robert Frantsvog, Curt Hofstad, Richard Holman, Gary Kreidt, Vonnie Pietsch, Chet Pollert, Louise Potter, Alon C. Wieland; Senators Robert S. Erbele, Tom Fiebiger, Ralph L. Kilzer, Judy Lee, Tim Mathern, Jim Pomeroy

Member absent: Representative Mary Ekstrom

Others present: See Appendix A for additional persons present.

It was moved by Representative Kreidt, seconded by Representative Wieland, and carried on a voice vote that the minutes of the August 5, 2010, meeting be approved as distributed.

UNMET HEALTH CARE NEEDS STUDY

Chairman Weisz called on Ms. Karen Tescher, Assistant Director, Long-Term Care Continuum, Medical Services Division, Department of Human Services, to provide information (Appendix B) regarding the number of Medicaid eligibles, recipients, utilization rates, and average cost per recipient for fiscal years 2008, 2009, and 2010, including projections for fiscal year 2011 compared to budget amounts by major category. Ms. Tescher said Medicaid eligibles, not including qualified Medicare beneficiaries, special low-income Medicare beneficiaries, and qualifying individuals, increased from 52,404 in September 2008 to 62,914 in August 2010. She said unduplicated recipients varied from month to month but also increased during the period from September 2008 through August 2010.

Ms. Tescher provided information regarding the monthly average number of people receiving medical assistance by major category of service and the monthly average cost per person of the service for state fiscal years 2008, 2009, and 2010. She said the monthly average number of people receiving medical assistance remained fairly steady with the largest increase in the physician services category. She said current projections of medical assistance expenditures for the 2009-11 biennium exceed budgeted medical assistance expenditures by approximately $25.6 million. She said the inpatient hospital category is estimated to exceed budget expenditures by $18.6 million.

In response to a question from Representative Pollert, Ms. Debra McDermott, Assistant Director, Fiscal Administration, Department of Human Services, said the increase in the monthly average cost per person for inpatient hospital services from state fiscal year 2009 to state fiscal year 2010 was primarily due to the rebasing of costs approved by the 2009 Legislative Assembly. She said the types of services provided may also contribute to the increase.

In response to a question from Representative Bellew, Ms. Brenda Weisz, Chief Financial Officer, Department of Human Services, said it is too early to determine if deficiency funding will be needed for the department. She said delays in the opening dates of some new long-term care facilities may result in savings that may be used to provide for the increased costs of traditional medical assistance.

In response to a question from Representative Conrad, Ms. Tescher said the monthly average number of people seeking physician services may include individuals with a chronic illness that see a physician more than once per month.

In response to a question from Representative Bellew, Ms. Tescher said the increase in Medicaid eligibles may be the result of increased outreach efforts targeted for children and continuous eligibility of children.

VOUCHER USE AND PROVIDER CHOICE FOR CLIENTS STUDY

Ms. JoAnne Hoesel, Director, Division of Mental Health and Substance Abuse Services, Department of Human Services, provided information (Appendix C) regarding the availability of mental health and substance abuse beds in the state, including mental health and substance abuse beds contracted by the Division of Mental Health and Substance Abuse Services. She said in addition to the mental health and substance abuse residential bed capacity provided through the regional human service centers, the Division of Mental Health and Substance Abuse Services contracts for 40 residential treatment substance abuse beds with ShareHouse through its Robinson Recovery Center for $1,481,573 in the 2009-11 biennium. She said the Division of Mental Health and Substance Abuse Services does not contract for any mental health service beds.

In response to a question from Representative Hofstad, Ms. Hoesel said the contract with the

Robinson Recovery Center began in 2006 and was based on a request for proposal process. She said the Robinson Recovery Center reports on the same national outcome measures that the human service centers are required to report to the Division of Mental Health and Substance Abuse Services. She will provide information regarding how the outcomes reported by the Robinson Recovery Center compare to the human service centers. She said the Robinson Recovery Center is unique because it is one of only three long-term residential programs in the country that focuses on recovery from addictions to methamphetamine and other controlled substances, including pain medications. She said these addictions have different terms of recovery that must be considered when reviewing the outcomes.

In response to a question from Representative Conrad, Ms. Hoesel said in 2006, federal funding required the department implement national outcome measures. She said Phase 1 was to establish a system to capture from admission to discharge the required outcome measures. She said Phase 2 includes using the information in practice. She said as Phase 2 continues, three levels of information will be available, including information relating to the needs of the program, best practices, and retention and treatment.

In response to a question from Senator Mathern, Ms. Hoesel said contracts for beds are typically managed within each region, but the Robinson Recovery Center contract is with the division because the program is unique and statewide. She said an individual from anywhere in the state who needs the services of the Robinson Recovery Center may be admitted.

In response to a question from Representative Delzer, Ms. Hoesel said the original legislation referred to addiction to methamphetamine and other controlled substances. She said the division uses the Robinson Recovery Center for other controlled substances to maximize the contract. She said the average occupancy is 33 beds of the 40 beds. She will provide additional information regarding the number of admissions involving methamphetamine addiction and the number involving other controlled substances.

In response to a question from Representative Kreidt, Ms. Hoesel said the number of methamphetamine addictions has decreased slightly, but the number of addictions to other controlled substances and alcohol has increased. She said the number of addictions in the state rank as follows:

1. Alcohol.
2. Marijuana.
3. Methamphetamine.
4. Prescription painkillers.

In response to a question from Representative Hofstad, Ms. Hoesel said under the contract with the Division of Mental Health and Substance Abuse Services, the Robinson Recovery Center develops a budget that is presented to the division. She said the budget includes estimates of Medicaid and insurance payments that will be available to provide for program costs. She said the Medicaid and insurance payments are made directly to the Robinson Recovery Center similar to other providers, but because most Robinson Recovery Center patients are not employed and Medicaid does not cover childless adults, the Robinson Recovery Center receives only minimal revenues from these sources. She said in addition to state funding, the Robinson Recovery Center receives donations and grants from foundations. She said the budget is developed based on 40 beds.

In response to a question from Representative Frantsvog, Ms. Hoesel said the Robinson Recovery Center reports annually to the division on the number of individuals referred and admitted. In addition, she said, the center also reports on such measures as completion of treatment, employment, and housing.

In response to a question from Senator Fiebiger, Ms. Hoesel said the division communicates regularly with the Robinson Recovery Center and compares the center's outcomes to national trends. She said changes can be addressed during the request for proposal process.

In response to a question from Representative Conrad, Ms. Hoesel said the division had established a recovery council to serve as an advisory committee to the Access to Recovery grant. She said the division and the recovery council determined adequate recovery support infrastructure was not available as required by the grant. She said because the state was not prepared to provide the required recovery support, the division and the recovery council decided not to submit the Access to Recovery grant application. She said the latest round of Access to Recovery grants were awarded in August 2010, and she is not aware of future Access to Recovery grant opportunities.

The Legislative Council staff presented a bill draft [10186.0100] to provide for a mental health and substance abuse services pilot voucher payment program. The bill draft directs the Department of Human Services to establish and operate a pilot voucher payment program to provide mental health and substance abuse services for the 2011-13 biennium. The department is to offer the mental health and substance abuse services pilot voucher payment program in three human service regions of the state--a primarily urban region where a variety of mental health and substance abuse services are available but where access to services is limited, a primarily rural region where a variety of mental health and substance abuse services are not available, and a region including an Indian reservation where the demand for mental health and substance abuse services may exceed the capacity of existing mental health and substance abuse service providers. The bill draft also provides for a comprehensive review of the pilot voucher payment program and a report of the preliminary findings and recommendations to the Legislative Management.

Mr. Jerry Jurena, President, North Dakota Hospital Association, appeared in support of the pilot voucher payment program (Appendix D). He said there is a growing need for mental health services. He said access to mental health professionals is challenging.

In response to a question from Senator Lee, Mr. Jurena said funding is not sufficient to attract mental health professionals to rural areas. He said telemedicine and alternative delivery methods may allow for more services to be available in rural areas.

In response to a question from Senator Lee, Mr. Jurena said professionals in rural areas are generally always on call because of the lack of other providers.

Representative Pollert expressed concern regarding the limited number of individuals allowed into the psychiatry profession.

Senator Lee said all medical professionals are limited based on the number of residency programs available. She said there is a finite number of clinical sites and clinical supervisors.

Senator Mathern said the University of North Dakota School of Medicine and Health Sciences plans to request additional funding to increase the number of medical and health sciences students. He said an initiative could be developed to increase the number of psychiatry professionals in the state similar to initiatives to increase the number of family practice physicians.

In response to a question from Senator Fiebiger, Mr. Jurena said the shortage of mental health professionals is nationwide. He said the high level of education-related debt makes it difficult for these professionals to practice in small communities. He suggested a loan forgiveness program similar to the dental loan and veterinary loan programs may be another tool to attract these professionals.

Senator Lee expressed concern that the bill draft requires the Department of Human Services to establish the pilot voucher payment program but does not provide funding.

Representative Hofstad said the pilot voucher payment program would require accountability.

In response to a question from Representative Frantsvog, Ms. Hoesel said mental health professionals are licensed by independent boards not by the department. She said voucher systems require providers sign onto the program to provide services within the system.

In response to a question from Representative Potter, Ms. Hoesel said the voucher system would increase choice and potentially increase access. She said the voucher program would require the providers meet certain expectations.

In response to a question from Senator Fiebiger, Ms. Hoesel said the cost of the pilot voucher payment program would depend on the services included. She is unable to currently estimate the total cost of the voucher pilot program as outlined in the bill draft.

In response to a question from Representative Kreidt, Ms. Hoesel said billing rates are predetermined in a voucher program. She said the provider agrees to a rate when joining the program. In addition, she said, an annual per client service maximum is also established as part of the program. She said rates would have to be established at a level that providers would accept.

Senator Mathern expressed support for the bill draft. He said additional costs are incurred when individuals in need of mental health and substance abuse services are admitted to a hospital rather than in less costly and more appropriate care. He said the pilot voucher payment program is a part of the solution to improve access to mental health services.

Representative Frantsvog said the bill draft is permissive and does not include state funding.

Representative Pollert said he will not support the bill draft. He said a task force is studying mental health issues in the state, and he anticipates the task force will address this issue as part of a more comprehensive solution.

It was moved by Representative Hofstad, seconded by Senator Mathern, and carried on a roll call vote that the bill draft relating to a pilot voucher payment program for mental health and drug addiction services be approved and recommended to the Legislative Management. Representatives Weisz, Conklin, Conrad, Frantsvog, Hofstad, Holman, and Potter and Senators Fiebiger, Lee, Mathern, and Pomeroy voted "aye." Representatives Bellew, Delzer, Kreidt, Pietsch, Pollert, and Wieland and Senators Erbele and Kilzer voted "nay."

OTHER COMMITTEE RESPONSIBILITIES

State Children's Health Insurance Program

Ms. Tescher presented information (Appendix E) for Ms. Maggie Anderson, Director, Medical Services Division, Department of Human Services, regarding the state children's health insurance program annual report pursuant to North Dakota Century Code Section 50-29-02. Ms. Tescher said the 2009-11 biennium appropriation for the state children's health insurance program (CHIP) is $21.6 million, and program expenditures through August 2010 (54.17 percent of the biennium) totaled $10.1 million or 46.64 percent of the appropriation. She said as of August 2010, there were 3,620 premiums paid for children enrolled in CHIP, 353 more than paid in August 2009. She said 38,056 children were enrolled in Medicaid in August 2010, 2,140 more than August 2009. She said income eligibility for CHIP was adjusted to 160 percent of the federal poverty level effective July 1, 2009. She said CHIP was reauthorized by Congress in February 2009 which required several changes. She said the changes impact administrative costs and premiums paid for coverage and the department is calculating the estimated increases as part of the 2011-13 biennium budget request.

Representative Conrad suggested the committee receive information regarding the increase in the

number of children enrolled in Medicaid and CHIP by region.

Regional Public Health Network Task Force

Ms. Kelly Nagel, Public Health Liaison, State Department of Health, provided information (Appendix F) regarding the development of the regional public health network pursuant to 2009 Senate Bill No. 2333. She said Senate Bill No. 2333 provided $275,000 from the general fund to the State Department of Health for a regional public health network pilot project. She said the southeast central region in the Jamestown area was selected as the pilot site, and participating health units include Central Valley Health District, City-County Health District, LaMoure County Public Health Department, and Wells County District Health Unit. She said the pilot network established a joint powers agreement in July 2010 to share family planning services, sexual assault response, and chronic disease management services. In addition, she said, the agreement allowed for the participating health units to share billing, accounts receivable, policy standardization for public health services, and implementation of community health assessment data. She said to reduce costs, the pilot network purchased software through a member's existing agreement, and staff had the expertise to conduct the training for staff at other local public health units. She said $52,181 was spent in the first quarter of the biennium, and the entire appropriation is expected to be used this biennium. She said a baseline evaluation revealed participants were supportive of the regional project but also expressed concern that mandates may result from the project without adequate input from all participants. She said the pilot network is required to submit a written report by January 31, 2011. She anticipates more information regarding the effectiveness of the joint powers agreement will be available during the legislative session.

Ms. Tami Dillman, Finance Manager, Central Valley Health Unit, Southeast Central Regional Public Health Network, Jamestown, provided information (Appendix G) regarding billing system cost-savings resulting from the Southeast Central Regional Public Health Network agreement. She said cost-savings realized on the purchase of a billing system by the four local public health units participating in the regional public health network pilot project totaled $15,000 and ranged from $3,333 to $5,000 per local public health unit.

In response to a question from Representative Delzer, Ms. Nagel said the pilot network is exploring the possibility of expanding the billing software to other networks. She said the pilot network is also exploring options for sharing other systems.

SERVICES FOR PREGNANT MINORS STUDY

Ms. Carol Cartledge, Director, Public Assistance, Department of Human Services, provided information (Appendix H) regarding the status of the alternatives-to-abortion program pursuant to 2009 Senate Bill No. 2391, including information on services provided and average length of counseling services provided at intake. She said Senate Bill No. 2391 requires the Department of Human Services to reimburse nongovernmental entities for alternatives-to-abortion services and to inform the public regarding the services. She said temporary assistance for needy families funds are used to provide alternatives-to-abortion services. She said since the program began in 2006, 3,258 women have received services, 8 of which have reported an abortion. She said outcomes for clients that discontinue services are not available, and information collected from the client is not sufficient to compare to other statewide databases. She said during the 2009-11 biennium, the average length of counseling services per client for pregnancy assessment/intake was 1 hour, pregnancy counseling was 2.38 hours, prenatal education was 1.18 hours, and parenting education was 1 hour.

In response to a question from Senator Lee, Ms. Cartledge said information is not available for North Dakota residents that receive abortions outside of the state. She said the alternatives-to-abortion services program only provides services to North Dakota residents, and data collected through the program relates to residents only.

Representative Bellew suggested the committee receive additional information regarding the ages of the women receiving alternatives-to-abortion services that have had an abortion. Ms. Cartledge said she would provide the information to the committee.

Ms. Sally Holewa, State Court Administrator, Supreme Court, provided information (Appendix I) regarding judicial bypass option abortions for minors, including judicial bypass abortions granted by county, county of residence of judicial bypass abortions approved, guidelines used by the court to determine whether or not to grant the judicial bypass, and the number of requests for judicial bypass abortions that have not been granted. She said North Dakota Century Code Chapter 14-02.1 relates to judicial bypass abortions and authorizes an unmarried minor to obtain an abortion without parental consent if a judge finds either that the minor is sufficiently mature and well-informed about the nature, effects, and consequences of an abortion or if the minor is not sufficiently mature and well-informed but the judge has determined that it would not be in the best interest of the child to notify the child's parent or guardian to advise and counsel the minor.

Ms. Holewa said the court has not developed any additional guidelines, policies, rules, or procedures beyond those contained in statute relating to the consideration of judicial bypass abortions. In addition,

she said, the court system has not provided training relating to the consideration of judicial bypass abortions.

Ms. Holewa said it is difficult to gather information regarding judicial bypass abortions because by statute the cases are sealed 48 hours after the final order is issued and by court rule the files can be destroyed one year from the date of the final order. She said when files are destroyed, the child's county of residence and the outcome of the case cannot be determined.

Ms. Holewa said the court system reviewed cases from 2007 through 2009 and found 140 judicial bypass abortion cases were heard statewide during this period--2007 - 51, 2008 - 37, 2009 - 52. She said of the cases reviewed, 84 judicial bypass abortions were granted, 1 was denied, and 27 were withdrawn by the petitioner. She said the court system was unable to determine the disposition of the remaining 28 cases.

Ms. Holewa said of the 140 judicial bypass abortion cases heard, 63 cases were filed by North Dakota residents, 38 by Minnesota residents, and 5 by South Dakota residents. She said the court system was unable to determine the residence status for the remaining 34 cases. She provided a listing by county of residence of the 63 abortions that could be identified as North Dakota residents. Of the 63 cases, 33 were identified as Cass County residents. She said during the period from 2007 through 2009, six counties reported transferring a total of 14 cases to Cass County. She said the data is inconsistent because the petitioner may have withdrawn the petition after the transfer of venue order was issued, some of the cases were destroyed, cases may have been incorrectly entered, or the petitioner may have filed the original petition in Cass County even though a resident of another county.

Ms. Sue Grundysen, representing The Village Family Service Center and Lutheran Social Services of North Dakota, Fargo, provided information (Appendix J) regarding adoption services and options for children in special needs adoptions. She said fees charged to adoptive parents reflect the actual cost to deliver services. She said the current fee to adopt an infant is $12,955. She said free pregnancy counseling is offered across the state, and approximately 13 percent of the pregnancy counseling provided results in an adoption plan for the child. She said a portion of the adoption fee supports the pregnancy counseling, travel, supervision, administration, and lifetime record retention. Regarding special needs adoptions, she said, private adoption agencies could potentially be involved in the adoptions of children in foster care.

In response to a question from Representative Conrad, Ms. Grundysen said when a child is placed in foster care, child protective services must have a plan to reunite the child with the biological family and a concurrent plan for adoption. She said the only adoption plan available to a child in foster care is the state's adoption plan.

In response to a question from Representative Conrad, Ms. Cartledge said the state applied for a grant to serve teen mothers and women in domestic violence, but the state was not awarded the grant.

Representative Conrad expressed concern that the state was not awarded the grant and said she hopes the issue of services to pregnant minors can be further addressed during the legislative session.

STUDY OF THE EFFECT OF FEDERAL, STATE, AND COUNTY GOVERNMENT FUNDING AND ADMINISTRATION ON THE SOCIAL SERVICE PROGRAMS OF TRIBAL GOVERNMENTS

Mr. Scott J. Davis, Executive Director, Indian Affairs Commission, provided information regarding an update on the efforts to facilitate the development of proposals to improve the delivery of human service programs on reservations. He said he is encouraged by the progress made by the tribes, counties, and the Department of Human Services. He said the Indian Affairs Commission plans to facilitate four meetings per year with the tribes, counties, and the department. He said a report from the North Dakota Association of Counties indicates the counties are willing to work to strengthen the relationships between the tribes and county social service programs. He said there will be challenges, but he is confident the agencies can develop strategies to overcome the challenges. He thanked the committee for its guidance.

In response to a question from Representative Weisz, Mr. Davis said all of the tribes have been represented at the stakeholder meetings.

IMMUNIZATION PROGRAM STUDY

Mr. Jerry Nye, Riley & Associates, Minneapolis, Minnesota, provided information (Appendix K) regarding an update on the independent quality improvement evaluation of the state's immunization program and options for providing immunization services in the state, including use of a universal-select immunization program. He said the project's goal was to assess methods used by local public health units in providing childhood immunizations, including inventory, billing, and accounts receivable management, and to provide a recommendation for improving financial and administrative performance. He provided a copy of the report entitled *Riley and Associates Protect ND Kids Immunization Project Vaccine Management and Billing/Claims Management Final Report* (Appendix L) dated October 2010 to the committee.

Mr. Nye said in March 2008 the University of North Dakota School of Medicine and Health Sciences began providing billing and accounts receivable management for immunizations provided at the local public health units. At an administrative cost of $2 per claim, he said, the School of Medicine and Health

Sciences has received $130,000 for the service, amounting to an average of 31 percent of total immunization billings since the project began. He said medical group management standards for billing and collection costs are between 18 percent and 20 percent. He said challenges to the current method of providing immunizations include difficult communications, report timeliness, reconciliation challenges, and cost of the service. He suggested the relationship with the School of Medicine and Health Sciences be discontinued. He provided the following recommendations:

- Each local public health unit should decide how to bill and collect for services provided under the PROtectND Kids program. He said larger local public health units may perform the billing and collection internally, and smaller local public health units could collaborate for the service either with a larger local public health unit or with other smaller local public health units through a request for proposal from professional billing service providers.
- The leadership of each local public health unit should continue to collaborate with other local public health unit leaders to determine how each will assume responsibility for billing and collecting for services provided under the PROtectND Kids program.
- Based on the difference in cost of vaccine between private and federal rates, a universal vaccine supply policy is best for local public health units and should be pursued if further investigation determines that the universal vaccine supply policy yields a similar impact on private providers and payers.

Mr. Nye said vaccine procurement became a factor during the course of the project when it was discovered that several states were using universal vaccine for their childhood immunizations. He said under the universal vaccine supply policy, the state supplies all vaccines to all children, including those with insurance. He said the federally funded Vaccines for Children program would continue to supply vaccines for children who are either Medicaid-eligible, American Indian, uninsured, or underinsured. He said either state funds, other federal funds (317 funds), or private funds (insurance companies) could be used to purchase vaccines under federal contract for insured children. He said this policy would increase efficiencies in vaccine inventory management because local public health units would no longer be required to maintain separate inventories for children vaccinated through publically funded programs and children whose vaccinations are covered by insurance or private pay.

In response to a question from Senator Mathern, Ms. Arvy Smith, Deputy State Health Officer, State Department of Health, said legislation is needed to provide a funding source for the State Department of Health to procure the vaccine under the federal government contract.

Ms. Smith provided information (Appendix M) regarding options for providing immunization services in the state, including use of the universal-select immunization program. She said in addition to significant financial and administrative efficiencies, the purchase of vaccines through the universal vaccine supply policy would increase the state's ability to provide all immunizations recommended by the Advisory Committee on Immunization Practices. She said if purchased at the private contract rate, vaccines administered in fiscal year 2010 would have cost $10.3 million, but the same vaccinations purchased under the federal contract rate would have cost $7.8 million, resulting in a savings of $2.5 million per year. She said the cost to vaccinate one child through 18 years of age is $1,707 at the federal contract rate, compared to $2,249 at the private rate, a difference of 24 percent. She said some private providers may obtain reduced private rates through bulk purchasing agreements, which may reduce the estimated savings from $2.5 million to approximately $1.5 million to $1.8 million.

Ms. Smith said some providers may generate a profit from vaccinations involving private insurance companies. She said the potential change may result in a loss of revenue to those providers; however, she said, providers would experience administrative savings through simplified vaccine inventory management.

Ms. Smith said if the state chooses the universal vaccine supply policy, which means providing all Advisory Committee on Immunization Practices-recommended vaccinations, vaccine inventories would no longer need to be stored and accounted for separately.

Ms. Smith said local public health units, which provide a total of 10 percent to 13 percent of the immunizations in the state, support the universal vaccine supply policy. She said the department is continuing discussions with other stakeholders to identify concerns and seek solutions. She said the department will provide additional information to the 2011 Legislative Assembly.

In response to a question from Representative Delzer, Ms. Molly Sander, Immunization Program Manager, State Department of Health, said under the universal vaccine supply policy, the state must offer all Advisory Committee on Immunization Practices-recommended vaccines to Vaccines for Children children, but is not required to offer all Advisory Committee on Immunization Practices-recommended vaccines to insured and private pay children.

Representative Delzer suggested the department provide information to the 2011 Legislative Assembly regarding recommended and required Advisory Committee on Immunization Practices vaccinations.

Ms. Lisa Clute, Executive Officer, First District Health Unit, Minot, said the study validated a number of the issues identified by local public health units. She anticipates the First District Health Unit will soon

begin billing insurance companies directly rather than through the School of Medicine and Health Sciences.

Chairman Weisz called on Mr. Rod St. Aubyn, Director, Government Relations, Blue Cross Blue Shield of North Dakota, Fargo, to provide information (Appendix N) regarding the effect of various plans for immunizations in the state, including use of the universal-select immunization program. Mr. St. Aubyn said using federal pricing for vaccines, Blue Cross Blue Shield of North Dakota estimates saving $2 million per year. He said Blue Cross Blue Shield of North Dakota supports the universal-select program, subject to the following:

- It must apply to all insurers.
- The development of a process for the State Department of Health to submit an itemized claim to the insurer for the purchase of vaccine.
- A delayed implementation date to allow for programming changes necessary for insurers and providers. He suggested any change be made effective January 2012.

The Legislative Council staff presented a bill draft [10123.0200] relating to pharmacist administration of immunizations and vaccinations to minors. The bill draft amends Section 43-15-01 to allow pharmacists to administer influenza shots or influenza mist to children at least 5 years of age and other immunizations to children at least 11 years of age.

Mr. Bruce Levi, Executive Director, North Dakota Medical Association, said that while the goal is to increase pediatric immunizations, there is a need for regular pediatric visits. He said when children visit their pediatrician to be immunized, they can also be evaluated.

Mr. Howard C. Anderson Jr., Executive Director, State Board of Pharmacy, said the board supports the bill draft as amended. He said there are 133 pharmacists and 27 interns authorized by the board to administer immunizations. He said additional training will be made available to those authorized regarding the immunization of children. He said the board recognizes the importance of children's pediatric visits but believes the bill draft will result in more children being immunized. He said pharmacists are required to notify the primary physician of record that an individual was immunized and enter the immunization into the North Dakota immunization information system.

In response to a question from Representative Bellew, Mr. Anderson said pharmacists are not required to provide immunization services.

It was moved by Senator Mathern, seconded by Senator Pomeroy, and carried on a roll call vote that the bill draft relating to the administration of influenza shots or influenza mist and other immunizations to children by pharmacists be approved and recommended to the Legislative Management. Representatives Weisz, Bellew, Conklin, Conrad, Delzer, Frantsvog, Hofstad, Holman, Kreidt, Pietsch, Pollert, Potter, and Wieland and Senators Erbele, Fiebiger, Kilzer, Lee, Mathern, and Pomeroy voted "aye." No negative votes were cast.

COMMITTEE DISCUSSION AND STAFF DIRECTIVES

It was moved by Representative Delzer, seconded by Representative Kreidt, and carried that the chairman and the staff of the Legislative Council be requested to prepare a report and the bill drafts recommended by the committee and to present the report and recommended bill drafts to the Legislative Management.

Senator Lee thanked the chairman for his leadership of the committee during the interim.

Chairman Weisz thanked the committee members for their work on the many issues that were considered.

Chairman Weisz adjourned the Health and Human Services Committee sine die at 2:12 p.m.

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Sheila M. Sandness
Fiscal Analyst

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Allen H. Knudson
Legislative Budget Analyst and Auditor

ATTACH:14