ND Physician

July 2013

63rd Legislative Assembly Recap

NDMA
Est.1887 NORTH DAKOTA MEDICAL ASSOCIATION

ND Physician

North Dakota Medical Association

The mission of the North Dakota Medical Association is to promote the health and well-being of the citizens of North Dakota and to provide leadership to the medical community.

Submissions
ND Physician welcomes submission of guest columns, articles, photography and art. NDMA reserves the right to edit or reject submissions. All contributions will be returned upon request.

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In this Issue

On the cover

Governor Jack Dalrymple speaking during the State of the State address, delivered in the House Legislative Chamber on January 8, 2013.
Photograph provided by Garry Redmann, North Dakota Department of Transportation

Physician Advocate

Perspectives of the Sixty-Third Legislative Assembly of North Dakota from our President: Lessons Learned

Another legislature has come and gone in Bismarck. This was my 12th go-round as a member of the NDMA and this time it was my privilege to serve you as your president. The real work, of course, was done by our executive director, Courtney Koebele, and our communications director, Katie Cashman. As always, Leann Benson and Annette Weigel kept the office in order and the rest of us on schedule.

The biggest problem facing the legislature was dealing with an underdeveloped infrastructure in oil country. Flooding had also struck the western part of our state during the past biennium, devastating Minot and remaining a perennial headache in the Red River Valley. Fortunately, with the large reserves built by tax collections that wildly exceeded projections, this legislature had plenty of funding to deal with these problems.

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Many of our physician members invested a considerable amount of time, as well. There were too many to mention, but I would like to give a special thanks to Stephanie Dahl, Michael Gonzales, Gaylord Kavlie, Shelly Killen, Kim Krohn, Doug Litchfield, Michael Moore, Shari Orser, Steve Strinden, and Charlie Volk for their efforts. Also, a special thanks to those who served as Doctors of the Day, including the UND residents. You really put a caring, human face on our profession!

North Dakota entered this session riding the crest of an unprecedented wave of cash, thanks to the rapid development of the Bakken oil field. By the end of the session, new projections suggested that the addition of the Three Forks reserves will make this growth even stronger than expected at the start of the session. Happily, our agricultural sector has remained strong and our other energy sectors, particularly electrical generation, have continued to perform well. Unemployment is low.

It did just that and still managed to cut income taxes and provide more property tax relief. You can read about it in the newspapers. Lesson learned: life is good when you have lots of cash in your treasury.

For medicine, the main concerns were maintaining our Medicaid rebase that we had received four years ago and providing some relief from the bad debt problems that have been dogging physicians and hospitals, in the western part of the state in particular. We were treated well: physicians did receive a Medicaid payment update identical to that received by other providers. This, in part, seemed to be due to the fact that our legislators have begun to recognize that our increasingly integrated clinic systems mean that those updates are going for much more than just physician's salaries. Moreover, where small clinics remain, particularly in our smaller towns, Medicaid cuts tend to disproportionately hurt access to care. The legislature's approach to bad debt was a little less direct, with the passage of a program to facilitate credit checks on patients.

A. Michael Booth, M.D.

With the approval of the expansion of Medicaid under the Affordable Care Act, there should be a real benefit to most of our practices. There were also some interesting nuances in the manner in which this expansion was passed, which, if extended to the rest of North Dakota's Medicaid program, could lead to some substantial administrative improvements overall. Lesson learned: decisions are easier when your uncle is paying the Medicaid bill.

Our medical school has come of age, in no small part through its ability to engage in strategies that make its mission truly a community-based effort that emphasizes team-building rather than the increasingly obsolete ivory-tower model.

One of the most important issues for NDMA, and one that will likely become a signature act of this Legislature, was the funding of a significant expansion of the UND School of Medicine and Health Sciences, and the construction of a new medical school building in Grand Forks. Dr. Josh Wynne did an outstanding job championing this

Continued from previous page...

We also had a number of other successes: mandatory reporting of abuse of the elderly and disabled became law. The ban on bottle rockets survived yet another challenge. We were able to fend off an attempt by the State Board of Pharmacy to create a statewide license for those prescribing scheduled drugs.

effort, which our organization solidly backed. Our medical school has come of age, in no small part through its ability to engage in strategies that make its mission truly a community-based effort that emphasizes team-building rather than the increasingly obsolete ivory-tower model. Lesson learned: doing your homework and listening to your stakeholders does have its rewards.

We also had a number of other successes: mandatory reporting of abuse of the elderly and disabled became law. The ban on bottle rockets survived yet another challenge. We were able to fend off an attempt by the State Board of Pharmacy to create a statewide license for those prescribing scheduled drugs. They wanted their funding for the Prescription Drug Monitoring Program to be independent of a direct legislative appropriation. The Board ultimately accomplished this by raising and extending licensing fees for wholesalers of drugs and devices, who are in a much better position to pass the cost on to their customers. We also fended off an attempt by Medicaid to require preauthorization for all anti-neoplastic drugs. We did not encounter any serious scope of practice issues this session. There were no tort issues to deal with. The Board of Medical Examiners also severed its direct control of the Physicians Health Program, which should improve that program's ability to attract funding as it deals with our state's impaired physicians. Lesson learned: paying attention to details does add up.

That brings us to abortion. (Disclosure: I am no fan of the procedure, but I am unequivocally pro-choice.) In retrospect, we had some hints, but the storm of right-to-life measures that descended on this legislature still was a surprise. A total of six bills and one constitutional amendment were introduced. Had all of these been enacted, they would have eliminated virtually all elective abortions in North Dakota, except that in situations where the mother's life was physically threatened and they would have also shut down in vitro fertilization in this state (Fact: 1 to 2 % of all live births in this country are now the result of in vitro fertilization). The executive committee of your NDMA Council, faced with this, met in February to respond. We found that our Ob-Gyn colleagues were being seriously threatened by this legislation. These bills made no exceptions for rape or incest. They also criminalized the physicians performing the abortion while absolving the woman of any legal culpability for seeking the abortion in the first place. SB 2305 placed an unprecedented restraint on the practice of medicine in our state by requiring a physician to have local hospital privileges before performing an abortion in a free-standing facility, a principle that could be used in the future to further restrict the operation of other outpatient surgery facilities. After considerable debate, the committee opted to step up and declare our organization in opposition to these measures. Our position clearly provoked some controversy but it did have some noticeable impact. Ultimately, we were able to help defeat SB2302 and SB2303, which would have effectively ended in vitro fertilization in this state. The other measures did pass, and unfortunately, if implemented, will still create problems for our Ob-Gyn colleagues, particularly as they attempt to manage complicated mid-term pregnancies. It is widely anticipated that the four laws that were passed and signed will be challenged in court. The constitutional measure, which would imbed the "personhood" concept in our state's constitution, will be on the 2014 general election ballot. As an organization, we will need to develop our policy on how to approach these measures, particularly as we proceed to the inevitable legal challenges and next year's election. This is something we had avoided in the past. Lesson learned: we cannot continue to ignore the abortion debate if we are to continue to maintain our credibility in the state.

NDMA in Action

Est.1887 NORTH DAKOTA MEDICAL ASSOCIATION

Physician leadership critical to positive change

As I wrapped up my second legislative session serving NDMA, I was impressed with the credence given to physicians' opinions on the various topics faced by the legislature. In this era when many health care professionals obtain doctorates and an increasing amount of other professionals identify themselves as "doctor"- it is more important than ever that physicians' credentials remain recognizable. I was assured throughout the session that this was the case, as there were many instances I was asked, "What do the docs think?"

We are so grateful for the many physicians who took the time to testify on the numerous issues during the 2013 legislature. We are also very proud of the accomplishments of NDMA this legislative session, including increasing Medicaid reimbursement and securing funding for a new medical school building, which are detailed in the legislative feature article in this issue.

The session wasn't without its struggles. NDMA proposed a transparency in advertising bill, which would have required clear statement, in both advertising and in nametags, for all health care professionals' credentials. Many thanks to Senator Gary Lee, who agreed to sponsor the bill. Other sponsors were Senators Spencer Berry and Mac Schneider and Representatives Karen Karls, Corey Mock, and Jon Nelson. The bill had a hearing in the Senate Human Services Committee, and was defeated on the floor of the Senate. Many physicians reached out to their legislators and requested their support. However, the feedback from other professions proved to be more persuasive to legislators at the end of the day.

The resistance from others was disappointing. In an attempt to protect their scope of practice and use of the term "doctor", many health care professions had an inordinate amount of resistance to the idea of setting forth their credentials in a clear manner. A couple of the professions claimed that their current practice acts covered this same behavior, and thus the law was not necessary. It was commented that this was "an idea before its time." We learned some lessons, and look forward to educating the legislature more on this important topic.

As the crisis in the cost and accessibility of health care heats up, many are looking to physicians for leadership and guidance. This year, both statewide and nationally, there will be considerable focus on the problems of health care: Medicaid expansion and the effects on the state and medical profession; changes to the Sustainable Growth Rate (SGR); and changes in the way the medical profession gets paid, with a system moving from fee-for-service to bundled payments; and emphasis on quality.

North Dakota prides itself on the quality of medical care provided to its residents, and the efficiency that care is provided. We look forward to working with policymakers at the federal, state and local levels to improve the physician practice environment, strengthen medical education, including the UND School of Medicine & Health Sciences and our residency programs, bolster our ability to recruit and retain a quality physician workforce, facilitate health information technology, improve the health of the public and improve our ability to provide some of the highest quality, safest and cost-efficient medical care in the country.

Courtney M. Koebele, J.D.

We are also very proud of the accomplishments of NDMA this legislative session, including increasing Medicaid reimbursement and securing funding for a new medical school building, which are detailed in the legislative feature article in this issue.

Our goal at NDMA is to work closely with our congressional delegation to ensure that the impacts to North Dakota are explored fully with respect to any federal proposals being considered and that current concerns relating to Medicare payment disparities are also addressed. We will also continue to work with our state leaders on issues they raised for further study in the coming months prior to the 2013 session.

Our role is to actively advise our political leaders on potential impacts to our state and to your medical practice. We must respond, not only politically, but ethically as well, to change laws for the best interests of patients.

A New Era

News from the Dean of the UND SMHS

We are entering an exciting era at the UND School of Medicine and Health Sciences! Thanks to strong leadership by Governor Jack Dalrymple and Lt. Governor Drew Wrigley and generous support from the North Dakota Legislature, we soon will be fully implementing the Health Care Workforce Initiative (HWI) and constructing a new home for the School. As you may recall, the HWI is a four-pronged plan to help address North Dakota's health care workforce needs now, and in the future, by reducing disease burden, retaining more of our graduates for practice in North Dakota, training more practitioners, and improving the efficiency of our health care delivery system. Here's an update on the status of each of those components:

- *Reduce disease burden—The UND and NDSU Master of Public Health degree program is about to enter its second year. Twenty-five students currently are enrolled, and we expect the class size to grow. UND MPH Program Director Ray Goldsteen, DrPH, is doing a marvelous job of growing the program and expanding its positive impact throughout the state.*

- *Retain more graduates—Health workforce pipeline activities continue. As an example, Matt Stayman, MD, and I will be entertaining 56 children attending the UND Scrubs Academy this summer by exploring human physiology using an expanded model of the colon—you heard me right!—in the UND Wellness Center. As you might imagine, Matt and I are approaching this exercise with some anxiety! In addition, the Minot Longitudinal Integrated Clerkship will be expanded as well.*

- *Train more students—Beginning in 2014, we will be admitting 8 additional medical students (bringing the total of additional students to 16 each year), 15 additional health sciences students (30 additional each year) and 8 additional residency slots (17 additional each year).*

- *Improve efficiency of health care delivery—We plan to expand interprofessional education opportunities to train effective teams for future care. We also are planning to analyze health care data to inform and improve health care delivery.*

Planning for the new building is progressing nicely. The architectural firm that will oversee the project will be named shortly. Site selection in Grand Forks will occur within the next few months, along with initiation of the facility planning process. By July 2014, construction plans for the new building should be completed. Construction will then follow, and by July 2016, we plan to occupy the new facility. This is a tight schedule and will require a lot of input and coordination from a whole cadre of stakeholders. But we are determined to welcome the medical student Class of 2020 to a fantastic new facility when they report for class the first week in August 2016.

The degree of financial support from our Legislature is unprecedented. Full implementation of the HWI will result in a 58 percent increase in base funding for the School and the new facility has total funding of $122.45 million spread over two biennia (plus a reserve of $1.55 million held by the State Board of Higher Education). Such impressive support would not have been possible without the efforts of many people, but in particular I'd like to acknowledge our own Courtney Koebele, JD. Courtney did a stellar job of connecting with legislators to provide them with helpful and useful information. President Mike Booth, MD, and Vice President Steve Strinden, MD, were strong advocates as well. Most of all, I would like to thank all of you—my fellow members of the North Dakota Medical Association—for your contacts with legislators and others in support of these projects. Thank you!

Joshua Wynne, M.D., M.B.A., M.P.H.

Another important project that is underway at your School is preparation for our next medical school accreditation visit in March 2014. The Liaison Committee on Medical Education (LCME) accredits all U.S. medical schools and we are due for renewal. Ken Ruit, PhD, is coordinating the effort that involves literally hundreds of stakeholders, including the medical students who prepare their own report for the LCME. We have an outstanding External Advisory Committee that will be assisting us and members include Dave Molmen, MPH, chair of the School's Advisory Council; Duaine Espegard, president of the State Board of Higher Education; Charles Peterson, PharmD, dean of the NDSU College of Pharmacy, Nursing and Allied Sciences; John Baird, MD, health officer, Fargo Cass Public Health; J. Brian Hancock, MD, chief of staff for the Veterans Affairs Medical Center and affiliated clinics in Fargo; Denise Korniewicz, PhD, RN, dean, UND College of Nursing and Professional Disciplines; and Thomas Mohr, PT, PhD, Chester Fritz Distinguished Professor and chair of physical therapy at the School. While I believe that the School will fare well during the upcoming visit, there is much preparation that still needs to occur over the next several months. If you would like to play a part in the process, please be in touch with me. We'd welcome your participation!

North Dakota Medical Association Awards

Three outstanding graduates of the UND School of Medicine and Health Sciences class of 2013 received the prestigious North Dakota Medical Association Award in May of 2013.

The recipients are Caitlin L. Pandolfo, Joshua R. Pohlman, and Emily R. Stromquist. The NDMA award is presented to students who exemplify high scholarship, integrity, leadership, and initiative. Congratulations to all UND SMHS graduates and award winners!

The NDMA also recognizes second-year students nominated by their peers, the Class of 2015. We will be sure to watch these dedicated individuals as they continue their education. These students were recognized for outstanding performance in one of the following curricular areas:

Dean Joshua Wynne of UND SMHS, Caitlin Pondolfo, Emily Stromquist, Dr. Robert W. Beattie, Chair of the Department of Family and Community Medicine. *Not pictured, Joshua Pohlman.*

Group Leadership and Professionalism - Craig A. Meiers

Engages in ethical conduct, facilitates group interaction and productivity, motivates others to learn, exhibits personal integrity, and interacts with others appropriately with respect and courtesy.

Joycelyn Dorscher, MD, Craig Meiers, Dean Joshua Wynne

Dr. Patrick Carr, Lucas G. Teske, Dean Joshua Wynne

Peer Teaching - Lucas G. Teske

Outstanding contributions to the group's database and facilitating group learning, skillful and accurate presentations, and willingness to assist fellow classmates to learn concepts they do not understand.

Integration of Basic Science and Clinical Application - Andrew M. Mills

Ability to analyze problems, generate hypotheses, set priorities, test hypotheses and formulate alternative hypotheses, draw appropriate conclusions, and apply the knowledge to patient cases.

Kurt Borg, Ph. D., Andrew M. Mills, Dean Joshua Wynne

North Dakota Health Information Network

The Health Information Technology Advisory Committee, which is made up of healthcare stakeholders, is implementing a statewide, secure health information network known as the North Dakota Health Information Network (NDHIN). The NDHIN is a simplified and robust infrastructure allowing providers to securely exchange health information according to nationally recognized standards and meet meaningful use requirements. In order for providers to receive meaningful use incentive payments, a provider or practitioner must demonstrate they are "meaningful users" of certified electronic health record technology. Meaningful use includes the use of a certified EHR, the electronic exchange of health information to improve the quality of health care, such as promoting care coordination and reporting of quality of care measures to the Department of Health and Human Services.

The state has contracted with Orion Health to implement the fully functioning, sustainable health information network to be accessed by qualified organizations representing providers, physicians, hospitals, and other health care organizations. Providers using the NDHIN will be able to share information through a secure simplified process known as direct secure messaging (DSM) and through a more robust query exchange of health information.

DSM allows a provider to send information to another provider through a secure electronic system. It allows providers to exchange unstructured documents or structured files with other providers through a secure email service. Essentially, pushing protected health information to another provider securely. The robust exchange of health information, also known as query technology, includes the capability to find patient information needed to provide good quality healthcare. Information that may be obtained includes, but is not limited to, drugs, allergies, lab results, and advance directives. Essentially, the query technology is another tool that a provider can use to push information to another provider, or if necessary, pull information from other providers as they are providing medical services to the patient.

During the 2013 legislative session, there were several bills that affected health information technology. The pertinent ones include:

House Bill 1274

House Bill 1422 passed requiring that drug prior authorizations be done electronically by August 1, 2013. However, during the interim period, a workgroup looked at the timelines and from that study, House Bill 1274 was introduced to change the effective date. House Bill 1274 changed the effective date to August 1, 2015.

House Bill 1435

This bill included health information and medical information in section 51-30-01 of the Century Code relating to a security breach of personal information and the notice that must be provided as a result of a breach. Section 51-30-06 was amended to include alternative compliance for a covered entity, business associate, or subcontractor subject to the breach notification requirements under title 45, Code of Federal Regulations, subpart D, part 164.

Senate Bill 2250

Senate Bill 2250 relates to participation in the North Dakota Health Information Network (NDHIN), which is the statewide health information exchange. The NDHIN is a system created to securely share your health information by connecting electronic

Sheldon Wolf

health record systems. Some of the information that is shared includes demographics, reports, medications, allergies, immunizations, and health conditions. The NDHIN has security features in place to protect health information and only authorized individuals will be able to search for an individual's health information.

The legislation allows for three levels of participation. The default option, allows Individually Identifiable Health Information (IIHI) on an individual to be searchable by a provider. If an individual wishes to have their information searchable, they do not need to do anything.

The second option for an individual is to opt out of participation. With this option, the Individual's Identifiable Health Information may not be accessible by search by a health insurer, government health plan, or healthcare provider other than the provider who originally created or ordered the creation of the Individually Identifiable Health Information.

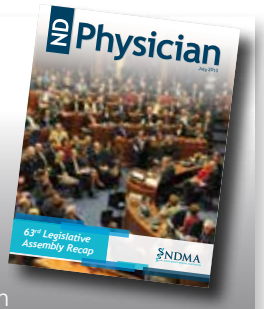
The third option for an individual is to conditionally opt out of participation. With this option, the IIHI of an individual may not be accessible by search by a health insurer, government plan, or healthcare provider other than the provider who originally created or ordered the creation of the IIHI. However, if a health care provider determines access is required because of a medical emergency, the health care provider can "break the privacy seal" and search for

Continued from previous page...

the information. Additionally, the bill does not allow a health care provider, health insurer, or governmental health plan from withholding coverage or care from an individual nor may a health insurer deny an individual a health insurance benefit plan based solely on that individual's choice to participate, or to opt out of the NDHIN.

To find out more information about legislation or information about the North Dakota Health Information Network (NDHIN), visit www.ndhin.org or contact Sheldon Wolf at 701-328-1991 or by email at shwolf@nd.gov.

In the next issue



Technology and Medicine in our 126th Year

Our September issue of ND Physician will highlight our new website and a discussion of how online technology plays a role into the everyday practices of physicians. Also, check out this issue for what you can expect to see at our annual meeting in Fargo, October 3-4.

We need your input!

If you'd like to know more about a specific topic or can contribute to the content of ND Physician, contact Katie Cashman, editor, at 701.223.9475 or katie@ndmed.com.

Cashman Named Communications Director

Katie Cashman joined the North Dakota Medical Association as the communications director on January 2, 2013. In this newly created position, Cashman will focus on communication, advocacy, and member outreach. She got a jump on the advocacy portion of her job responsibilities when the 63rd Legislative Assembly convened on January 8.

Prior to joining NDMA, Cashman served as a community relationship manager with the American Cancer Society in Mandan, but much of her professional career has been spent in higher education working directly with students, parents, administration, and staff.

Growing up with five siblings helped hone her roommate mediation skills, which she took to a professional level by working primarily within the realm of residential campus living and student activities during and after graduate school.

Cashman worked in the Department of Campus Life at the University of St. Thomas in St. Paul, MN, the Department of Residence Life at the University of Portland in Portland, OR and most recently as the associate director of student life at the University of Mary in Bismarck.

Cashman is a native of Bismarck and has thoroughly enjoyed being closer to family and back on the bustling

Katie Cashman

and blossoming prairie these last three years. She is a graduate of Gonzaga University (B.A. in history) and the University of St. Thomas (M.A. in leadership in student affairs). And yes, she enjoys watching college basketball, but only when the Zags are winning. She's excited to be a part of the outstanding NDMA staff and to serve you all. You can reach her at katie@ndmed.com.

The Physician Payment Sunshine Act is Here – Are you Ready?

"Information is a source of learning. But unless it is organized, processed and available to the right people in a format for decision making, it is a burden, not a benefit." - Former ServiceMaster CEO C. William Pollard

The new Physician Payment Sunshine Act (Sunshine Act) was created by Congress to ensure transparency in physicians' interactions with the pharmaceutical, biologic and medical device industries as well as group purchasing organizations. Physicians elected to our House of Delegates have developed strong ethical standards and made clear that physicians' relationships with these industries should be transparent and focused on benefits to patients.

Many interactions between physicians and the pharmaceutical, biologic and medical device industries occur to advance clinical research that is essential to discovering treatments and improving patient care. The Sunshine Act is not meant to stifle these important interactions. The AMA has provided input to the Centers for Medicare and Medicaid Services (CMS) on how to present a meaningful picture of physician-industry interactions and give physicians an easy way to correct any inaccuracies. Our efforts were aimed at ensuring the benefits of transparency and avoiding the burden of incorrect information.

Research shows that physicians are not yet aware of many of the changes coming from the Sunshine Act. Here is what you need to know right now: beginning in August, pharmaceutical and medical device companies must begin tracking information on their interactions with physicians, which they will report to CMS from that point forward. CMS is creating a public database on its website that will display the information reported by the pharmaceutical, biologic and medical device companies. This database will go live in September of 2014.

CMS incorporated a number of our comments in the final rule governing the Sunshine Act. We are pleased that they will not require the reporting of pharmaceutical industry funding to CME providers as long as the CME complies with existing requirements for certification and accreditation. There are other exclusions as well, including product samples and in-kind donations for charity care.

Accuracy is just as important as transparency, so we are also pleased that physicians will have a minimum of 45 days to challenge any information before it is public and can dispute inaccurate reports and seek corrections during a two-year period. Physicians can, and absolutely should, review information submitted about them before it becomes public so they can correct any inaccuracies.

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Jeremy Lazarus, M.D., AMA President

This can be done by asking manufacturers and their representatives to provide the information they intend to report, or by registering with CMS (beginning January 1, 2014) to receive a consolidated report on your activities each June for the prior reporting year.

Now is the time to get up to speed on this major change, and the AMA is offering resources to help. An easy way to get started is by viewing a webinar I recently hosted. This resource provides information on what is happening and when, and what you need to do to be ready. Because this information is critical for all physicians to have, the AMA is providing this webinar free of charge. I hope you will tune in and encourage your colleagues to do so as well.

We are also developing tools to aid physicians in talking with their patients about the transactions included in the new Sunshine Act database. These and other resources – including answers to frequently asked questions, important dates to remember and information on how to challenge incorrect reports – are available at www.ama-assn.org/go/sunshine. We will continue to update this page and offer the latest information and tools to help you prepare for the changes coming from the Sunshine Act.

This column originally appeared on KevinMD

2013 Legislative Summary: NDMA Advocacy at work

The 63rd North Dakota Legislative Assembly met for 80 days, adjourning in the wee hours of May 4, 2013. During the four months of the session, NDMA worked alongside other groups and organizations to champion the legislative agenda that NDMA members adopted in the fall of 2012.

NDMA supported 11 broad policy concepts: efforts to enhance North Dakota's workforce climate for physicians and other health professionals; additional state medical liability reforms and protect existing reforms; the independent medical judgment of physicians in medical practice; Medicaid payment increases for physicians and hospitals; Medicaid program and management reforms; public health reforms; ways to enhance patient decision making; funding increases in the UND SMHS budget; efforts to encourage strategies and plans for health information technology; expanded coverage for the uninsured and underinsured people, including children; and the physician scope of practice and oppose inappropriate challenges to that scope. These concepts, along with conversations with our board, guided our advocacy efforts.

New to this year's session was one of NDMA's members, Dr. Rick Becker. Dr. Becker represented District 7 in the House of Representatives and served on the Industry, Business, and Labor committee as well as the Transportation committee.

In addition to the legislative action, NDMA was proud to be involved with other happenings on the hill. On January 22 and 23, James Brosseau, MD, with assistance from Altru Health System, coordinated a Personal Wellness Assessment program in The Great Hall for legislators and legislative staff. The program was well-received during the 2009 and 2011 sessions and this year was no different. We greatly appreciated Dr. Brosseau's efforts, as did the 100+ individuals who took advantage of the assessment!

This year, NDMA teamed up with the North Dakota Hospital Association and the North Dakota Emergency Medical Services Association to sponsor Physician and Hospital Day on Wednesday, February 6, 2013. This provided a face-to-face opportunity for physicians to meet with legislators to discuss important issues, attend various bill hearings throughout the day, and get to know their lawmakers over a lunch. Many physicians wore their white coats to make themselves more visible, which left a great impression on the legislators. We look forward to co-hosting the next Physician and Hospital Day in 2015. And finally, the Doctor of the Day program was a success once again. All of our volunteers had varying experiences; some were slammed for their entire shift, others were able to take in some conference hearings or floor sessions between patients. Nonetheless, it was a service that was appreciated and well-utilized by our legislators. Thank you to all of our volunteers!

Legislative Issues

Before the start of the session, NDMA identified three main areas that would require much attention: Medicaid reimbursement, the medical school expansion, and PDMP funding. Once more bills were introduced, our focus expanded to monitor an excess of 110 bills. Many of those were left in that category of monitoring, but others did require action and lobbying efforts. Here is a rundown of some notable bills that we tracked and/or took action upon.

Medicaid

The Human Services/Medicaid budget (HB 1012) passed in both houses and secured the 4% inflator for each year of the biennium, which was included in the Governor's original budget. The Department of Human Services budget will receive $1.165 billion in the upcoming two-year budget cycle. With federal and other special funds, total spending for the department for the coming two years is estimated at nearly $2.9 billion. Of the total $2.9 billion budget, $1.8 billion will go to Medicaid services to care for people in nursing homes, developmental disability centers, and hospitals, as well as such services as pharmacy and ambulance.

Passage of this bill guarantees Medicaid coverage for an estimated 19,000-32,000 North Dakotans who are currently not covered, primarily adults under the age of 65 who earn 0-138% of the Federal Poverty Level ($0-1285 per month).

Additionally, Medicaid accounts for 63 cents of every Department of Human Services dollar.

In the original language of HB 1012, the plan for Medicaid expansion was included. However, legislators wanted to separate this issue out from all of the other intricacies of the Human Services budget. Thus, HB 1362, which only covered Medicaid expansion, was introduced. The Governor supported Medicaid expansion, as did both chambers. It is now law. Passage of this bill guarantees Medicaid coverage for an estimated 19,000-32,000 North Dakotans who are currently not covered, primarily adults under the age of 65 who earn 0-138% of the Federal Poverty Level ($0-1285 per month).

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SB 2066 related to prior authorization of antineoplastic agents under the Medicaid program. Antineoplastic agents are currently covered by a prior-authorization "carve-out" that does not allow the ND Medicaid program to require prior-authorization. This bill removed the carve-out and allowed ND Medicaid to put procedures in place to require a prior authorization before prescribing antineoplastic agents. It was the state's position that this was done as a favor to prescribers so they did not prescribe agents that were not approved for payment. NDMA testified in opposition to this bill as it was an unnecessary intrusion into the patient/physician relationship. The bill passed in the Senate, but was defeated in the House.

UND School of Medicine and Health Sciences

Both the Health Services Committee and the UND SMHS Advisory Council endorsed the construction of a new medical school, at a cost of $124 million. NDMA supports UND SMHS in its pursuit of greater retention of graduates and increasing the number of providers in the state. The Governor's higher education budget (SB 2003) included endorsement of the Medical School's Health Care Workforce Initiative plan, with funding to expand class sizes, add residency slots, and a one-time appropriation of $68 million to add facility space to the present medical school structure. Another bill was introduced to add an additional $55.7 million to the budget (SB 2333), to allow the construction of a new medical school. Both bills passed the Senate and the issue moved to the House. The House created a funding pool within the Higher education budget and defeated the separate bill (SB 2333), with the intent that the entire project come out of the Higher Education Budget. This method passed in both chambers. Now, all capital requests within higher education will receive 95% of requested funding, with the remaining 5% of funding available in a pool should it be needed. The medical school will be funded at 97.5% for the first $62 million and shall receive the remaining $62 million in the next biennium. We are most thankful to all of our representatives that championed this cause and to all

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of our members that contacted their Representatives and Senators to convey the importance of this project.

Though a smaller issue, but an important one, HCR 3007 was a bill that would have eliminated the constitutional statewide property tax levy of one mill for the support of the state medical school. This was defeated in the House, so the levy remains in place.

Public Health Initiatives

The Trauma System brought a bill forward in the Senate: SB 2226. This bill originally called for $709,000 to fund two staff positions and services to provide medical oversight and consultation in the development and administration of the state emergency medical services and trauma systems through the State Department of Health. The bill did not receive the full amount requested, but did receive $332,000 as follows: contracted emergency medical services and trauma medical director ($125,000); advanced trauma life support training ($40,000); Development of the Rural Trauma Team development course ($75,000); trauma designation visits ($50,000); state trauma registry ($42,000). NDMA supported this bill and the trauma system request for full funding. After this bill went to conference committee hearings, both sides found a compromise and this passed in both the House and Senate.

SB 2323 outlined the mandatory reporting of vulnerable adult abuse and it was signed by the Governor on April 24, 2013. According to this bill, any medical or mental health professional or personnel, law enforcement officer, firefighter, member of the clergy, or caregiver having knowledge that a vulnerable adult has been subjected to abuse or neglect, or who observes a vulnerable adult being subjected to conditions or circumstances that reasonably would result in abuse or neglect, shall report the information to the department or the department's designee or an appropriate law enforcement agency if the knowledge is derived from information received by that person in that person's official or professional capacity.

HCR 3033 dealt with the study of smokeless tobacco products. This bill proposed a legislative study considering tobacco harm reduction strategies that encouraged smokers to switch from cigarettes to less risky tobacco products. NDMA opposed this bill because smokeless tobacco products are not effective in smoking cessation and not an appropriate subject for legislative study. We are happy to report this resolution was defeated in the Senate 7-38.

And finally, the State Department of Health budget (SB 2004) passed in both houses. This will include an appropriation for $480,000 for autopsy services at UND SMHS.

Medical Practice

HB 1314 related to genetic privacy. Many entities opposed this bill, including organized medicine, because it interferes with the practice of geneticists and of the research community. This bill would have required a separate release any time DNA is obtained from a patient. The bill also is duplicative in that it penalizes actions that are already governed by HIPAA and other laws. The bill passed in the House and was heard in the Senate Human Services committee on March 18, 2013. There were no supporters of the bill, only opponents testifying against it. The bill passed out of committee with a do not pass vote of 4-1. NDMA worked with other health entities to defeat it in the Senate with a final vote of 4-42.

SB 2190 was built around the issue of biosimilars versus biological products. This bill passed and NDMA supported its passage as long as physician notification remained in place, as is the case. SB 2190 provides that a pharmacy may substitute a prescription biosimilar product for a prescribed product only if:

- *The biosimilar product has been determined by the United States food and drug administration to be interchangeable with the prescribed product;*
- *The prescribing practitioner does not specifically indicate "brand medically necessary";*
- *The pharmacist informs the individual receiving the biological product that the biological product may be substituted with a biosimilar product and that the individual has a right to refuse the biosimilar product;*
- *The pharmacist notifies the prescribing practitioner orally, in writing, or by electronic transmission within twenty - four hours of the substitution; and*
- *The pharmacy and the prescribing practitioner retain a record of the interchangeable biosimilar substitution for a period of no less than five years.*

The pharmacy benefit managers and insurers opposed this bill because they argued it was an impediment to prescribing biosimilars. However, as mentioned earlier, NDMA has been very insistent that it would only support the bill if physician notification was kept in the bill. The bill passed both houses.

HB 1071 related to licensing procedures to obtain a registration under the Uniform Controlled Substances Act. This proposed a separate licensing program for all providers with DEA licenses and provided for a provider tax of $90.00 every three years to pay for the Prescription Drug Monitoring Program (PDMP). NDMA worked with other allied health entities to defeat this legislation, though we will continue to support the good work accomplished by the PDMP. NDMA opposed this and viewed the separate licensing scheme as unnecessary and an intrusion into the licensing in place by the Board of Medical Examiners and the DEA. Funding for the PDMP was contained in another licensing bill of wholesale drug distributors (SB 2342, which passed).

SB 2065 dealt with the health care record registry of health care directives. This bill details that the registry must be accessible by entering the

file number and password on the internet website. Registration forms, file numbers, and other information maintained by the information technology department under this section are confidential and the state may not disclose this information to any person other than the subject of the document or the subject's agent. A health care record may be released to the subject of the document, the subject's agent, or the subject's health care provider. The information technology department may not use information contained in the registry except as provided under this chapter. This new language ensures that the patient's health care provider has access to this registry, should the need arise.

HB 1038 was a big bill for the Autism community. This bill accomplished quite a bit, including:

- *It expanded the existing Medicaid waiver to cover 47 children (instead of 30) and raised the age limit to seven years old (from five). The current waiver exists to provide services for children with autism who require an institutional level of care.*

- *It created an Autism Spectrum Disorder (ASD) Database, which does not currently exist. This will help the legislature grasp the existing need in order to appropriate adequate funding to a voucher program. It will also help identify accessibility to services and provide a pool of data for epidemiological research.*

- *It created a new ASD voucher pilot project funded by the state. This creates a voucher program for equipment and services for individuals ages three up to 18 (who are not eligible for the waiver) with an income level under 200% of federal poverty level. When the bill was in committee hearings, there was much discussion around formulating appropriate services and ensuring that the funds strictly be used for therapies and services that are considered medically effective at best practice level.*

- *In addition to providing direct services to patients, this bill appropriated funding and created a position in the Department of Human Services for a statewide autism coordinator. This will alleviate frustrations that families felt in the past when they could not figure out a central go-to resource for information and support once they received a diagnosis. The coordinator is responsible for developing a statewide outreach plan, conducting regional meetings and a conference, and serving as a resource and service center for information and services.*

- *And finally, the bill provided an appropriation for training to the department of human services to then coordinate with the Department of Health and Department of Public Instruction to put together a statewide training program for educators, support staff, families, behavioral health providers, and childcare providers. This training component was top priority for a number of legislators because the intent of the bill is truly to make life easier for the children and their families, and to keep these kids in their homes and in the public school system. The best way in which to do that is to equip the parents, childcare providers, educators, and staff members in the school setting with the tools to help children with ASD succeed.*

SB 2131 related to genetic counselors and their scope of practice. The bill stated: "A person may not engage in the practice of genetic counseling, act or represent to be a genetic counselor, or use titles as genetic counselor, licensed genetic counselor, gene counselor, genetic associate or any words, letters, abbreviations, or insignia, such as certified genetic counselor or CGC, indicating or implying that person is a genetic counselor, unless the person is an individual who holds a license or temporary license issued by the board of medical examiners under this chapter." Also of note, the genetic counselors will be supervised by a referring or primary provider who will maintain supervision of patient care. The licensed genetic counselor shall provide reports to the referring or primary health care provider ordering such testing. Genetic testing may be provided by a licensed genetic counselor only when ordered by a North Dakota licensed health care provider acting within the provider's scope of practice and privileged to do so. NDMA supported this bill in public testimony, along with other hospitals and physicians. The bill passed in both the House and Senate and has been signed by the Governor.

SB 2135 established a physician health program independent from the Board of Medical Examiners. In consultation with the board, the physician health program shall develop procedures for periodic reporting of statistical information regarding physician health program activity; contracting with agencies or providers of diagnostic, monitoring, or treatment services; receiving and evaluating reports of licensees who may be experiencing potentially impairing conditions; intervening in cases in which a licensee is determined to be in need of treatment; referring licensees to appropriate services; monitoring the treatment and aftercare services provided to licensees; and educating licensees and the public about the functions of the program and the program's relationship to the board. This bill passed both the House and the Senate and has been signed by the Governor into law.

SB 2202 was our Health Care Transparency Act, also known as the "Truth in Advertising" bill and it was defeated in the Senate. North Dakota joined six other states in the pursuit of Truth in Advertising legislation this year. NDMA proposed this bill and in the language, it would require advertisements for health care services that name a health care practitioner to identify the type of license held. The advertisements shall be free from any and all deceptive or misleading information. A health care practitioner providing health care services in North Dakota must conspicuously and affirmatively communicate the practitioner's specific licensure.

Prior to this legislative season, 12 states (Arizona, California, Connecticut, Illinois, Louisiana, Oregon, Oklahoma, Maryland, Mississippi, Pennsylvania, Tennessee, and Utah) already had similar laws in place and the trend is sweeping across the nation to provide clear and correct information to patients. We received opposition on this bill from many groups of health care practitioners, other than physicians, as this law would require all health care professionals to wear a nametag stating their credentials. The opposition centered on the claim

that the bill was not necessary and was covered by individual practice acts. We were most thankful to Dr. Kavlie for preparing such thorough and thoughtful testimony on this subject. Though we were defeated during this session, we are preparing to bring back the issue in 2015.

Workers Compensation

HB 1163 related to workers' compensation's definition of injury in the context of pre-existing conditions. We testified that the passage of this bill would lead to more expense rather than less through increased appeals and litigation, runaway utilization of expensive testing, delays in returning people to work, and increasing cost shifts to health insurance premiums that employers have to pay. Dr. Michael R. Moore, a WSI board member and orthopedic surgeon in Bismarck, provided excellent clarification of the pain aspect of this bill in his testimony: "Disallowing pain as a consideration about whether a condition is getting worse is both medically indefensible and a mistake from a pragmatic perspective. If worsening pain is not a sign that a condition is getting worse, then improving pain cannot be a sign that a condition is getting better. For example, an individual determined to maximize WSI benefits will argue that even though they no longer have any pain from their herniated disc, they can't return to work because an MRI still shows the disc herniation is still there. The main indicator for any injury that it has healed IS the lack of pain. Pain cannot be ignored. Sometimes pain or lack of pain is the only indication of injury or healing." Unfortunately, this bill passed through both chambers, but did receive some amending in the process.

SB 2298, another WSI bill, was sponsored by Senator Kilzer of Bismarck. Once this bill was amended, it took on a different course than what was originally intended. The bill aimed to listen to the patient's physician and give that physician credibility, unless that doctor's claim was not supported by clinical and laboratory diagnostic techniques, or inconsistent with other substantial evidence. Instead, the bill now provides:

A presumption may not be established in favor of any doctor's opinion. The organization shall resolve conflicting medical opinions and in doing so the organization shall consider the following factors: a. The length of the treatment relationship and the frequency of examinations; b. The nature and extent of the treatment relationship; c. The amount of relevant evidence in support of the opinion; d. How consistent the opinion is with the record as a whole; e. Appearance of bias; f. Whether the doctor specializes in the medical issues related to the opinion; and g. Other relevant factors.

The bill went to conference committee and the original sponsors did not support the amended version. However, the bill passed in both chambers.

Hospital Loans and Oil Impact Funding

SB 2187, known as the hospital loan bill, passed after amendments. The Bank of North Dakota will administer a program to provide loans to medical facilities to conduct construction that improves the health care infrastructure in the state or improves access to existing nonprofit health care providers in the state. The project must be at least one million dollars and be expected to be utilized for at least thirty years. The other terms of the loan include that: it may not exceed the lesser of $15 million dollars or 75% of the actual cost of the project; Must have an interest rate equal to one percent; and must provide a repayment schedule of no longer than 25 years.

The oil and gas production tax bill passed in both Houses (HB 1358). This appropriates nearly $1.143 billion, most of it to the state's oil patch, for fixing roads, building infrastructure, providing law enforcement, emergency medical services, and more. The bill provides direct funding for a myriad of concerns, including emergency medical service providers dealing with burned-out volunteers because of the large number and increasing severity of calls and funding to critical access hospitals with mounting bad debt from patients who receive services but don't pay their bills. HB 1358 appropriates $9.6 million to the department of human services to administer a grant program for critical access hospitals in oil producing counties and $2 million for a grant program to fund nursing homes and centers for people with developmental disabilities that cannot retain staff because they are unable to compete with oil field wages.

Abortion

This legislative session had numerous prominent bills, but few made the headlines as often as the abortion bills. Six bills and one resolution were brought forward. Of the seven pieces of legislation, five passed. As Dr. Booth discussed in his column, NDMA's leadership felt compelled to take a stance on these bills. We respect life; but we also value keeping the patient-physician relationship intact. Though many of these bills appear to be prolife in intent, the bills would have a much farther reach and unintended consequences because of poor language or definitions. Here is a brief overview of the legislation:

HB 1305: This bill passed in the House, 64-27 and in the Senate, 27-15-5. It outlaws abortions in cases of sex selection and genetic abnormalities, with no exceptions for rape or incest. The penalty for performing an abortion in either of these cases is a Class A misdemeanor, applied only to the physician, not to the patient. Sex selection is not thought to be a motivator for abortions in North Dakota but genetic abnormalities is a significant issue in our state.

HB 1456: This bill passed in the House 63-28 and in the Senate 26-17-4. It prohibits the performance of an abortion once a heartbeat is detected. The only exception is to save the life or prevent major bodily harm to the mother, or to save the unborn child. The penalty for otherwise performing an abortion is a Class C Felony (applied only to the physician). If an attempt is not made to find a heartbeat, the physician may be referred to the State Board of Medical Examiners for disciplinary action. This would appear to mandate a level of testing that may not currently be the standard of care in our state. There are also a number of potentially cumbersome

documentation requirements. This bill exempts medically induced abortions from its scope, but not failed attempts at medically induced abortions that might be at risk for birth defects from the medications utilized. No exceptions for rape, incest, or serious genetic conditions or defects are allowed in the language. Another large concern is that fetal cardiac activity can be detected by transvaginal ultrasound at five to six weeks following the last menstrual period, or three to four weeks of gestational age. This early window does not comply with the current federal standards of the law.

SB 2302 failed in the Senate 19-29 in early February. It called for an "ethical treatment of human embryos" and provided a penalty for the treating physician. As it was written, it would have ended the practice of in vitro fertilization in the state of North Dakota. SB 2303 passed in the Senate twice, after being amended and receiving a fiscal note, but failed in the House 43-49-2. This bill would allow for physicians to be prosecuted for murder, manslaughter, or negligent homicide for the performance of abortions, with no exception for rape, incest, or serious genetic or congenital conditions. It also would make physicians eligible for prosecution in cases of disposing of embryos, which would have directly affected the doctors performing in vitro fertilization, thus making this family planning option less accessible and available to patients. The only exception made for an abortion in the terms of this bill is the existence of a life-threatening condition of the mother. Earlier language in the bill that had been amended out had also allowed for irreparable harm to the mother's health. Similar to the other bills, the penalty would fall on the treating physician, not the patient.

SB 2368 passed in the Senate 30-17 and in the House 60-32 and was known as the "pain bill". It went to conference committee, which struck some language from the bill, and went on to pass again in the House with the same vote. The premise of this bill is fetal pain, with again, no exceptions in cases of rape, incest, or serious genetic or congenital conditions. This bill would create problems for physicians managing women who experience complications after 20 weeks. Quite simply, this bill asserts that a fetus can feel pain at the 20-week mark and thus does not allow abortions to be performed after that time. It would affect late second term abortions, which are not commonly done in North Dakota. There does not appear to be any new penalties attached to this bill, other than reporting a violation to the Attorney General.

Senate Concurrent Resolution (SCR) 4009 is the proposed amendment that will go to the polls for the public to vote on during the 2014 general election. It passed in the House 57-35-2 and in the Senate with a vote of 26-21. This amendment states, "The inalienable right to life of any human being at any stage of development must be recognized and protected." This bill places all pregnancies into the hands of the state to determine under what terms, if any, she may terminate it. It also creates extensive issues involving end-of-life care, organ donation, and living wills.

Doctor of the Day

The 2013 NDMA Doctor of the Day Program began January 16 and continued until the end of the session. Not only did it provide a fantastic service to our legislators, but it also afforded the volunteer doctors an excellent opportunity to observe the 2013 ND Legislative Assembly in action.

As the Doctor of the Day, the volunteer physician provided primary care services to legislators and staff in a designated room at the capitol, where basic exam equipment and OTC medications were available. Some physicians experienced a packed scheduled and others were able to observe the legislative session while carrying a pager. We heard rave reviews from the appreciative legislators; thank you for offering your time and talents while increasing physician visibility at the capitol! With your help and many repeat-volunteers, we were able to provide on-site physician care during 25 of the 80 days of the session.

Thank you to all of our volunteers!

Robert Beattie, MD, James Brosseau, MD, Jeff Hostetter, MD, Anne Keating, MD, Emmet Kenney, MD, Ted Kleiman, MD accompanied by his wife, Linda Getz-Kleiman, MD, Thomas Magill, MD, Sarah McCullough, MD, Denise McDonough, MD, Fadel Nammour, MD, Kausar Nazir, MD, Mary Nybakken, MD, Jeremiah Penn, MD, Jacqueline Quisno, MD, Guy Tangedahl, MD, Karin Willis, MD, and Dennis Wolf, MD.

Other Bills

Bottle Rocket Legislation, HB 1257

The opponents of the bottle rocket ban introduced legislation to lift the ban. NDSEPS, NDOA, Dr. Doug Litchfield, and Dr. Charlie Volk testified against the bill. It received a do not pass recommendation in the House Government Affairs committee. Unfortunately, the ban was supported by a contingent of representatives and the legislation passed in the house. NDMA and NDSEPS worked with the ND Optometric Association and the ND Fire Chiefs Association to defeat the bill in the Senate, thus keeping the sale of bottle rockets banned in the state of North Dakota.

Fireworks Legislation, HB 1259

The same bottle rocket opponents also brought legislation to allow the sale of fireworks over the New Year's holiday. This bill passed in the house and when it went to the Senate side for testimony, NDSEPS and the ND Fire Chiefs opposed it. Despite that action, it passed by one vote in the Senate.

NDMA and NDSEPS worked with the ND Optometric Association and the ND Fire Chiefs Association to defeat the bill in the Senate, thus keeping the sale of bottle rockets banned in the state of North Dakota.

Tanning, HB 1188

North Dakota has a ban on tanning under the age of 14, except with physician's permission. From ages 14-18, parental permission is required. HB 1188 would have removed those restrictions. The bill was defeated in the House early in the session.

Interim Studies Adopted by Legislative Management

Throughout the session, legislative management studies are proposed along with some bills in order to ascertain needs and current resources in use. On May 20, 2013, the 69 proposed studies were voted upon; 42 were approved. Of those 42, 10 caught our interest, including:

Signing of SB 2323

SB 2323 outlined the mandatory reporting of vulnerable adult abuse, and this important piece of legislation was signed into law by the Governor on April 24, 2013. Cher Meyer, a concerned citizen of District 20 introduced this matter to Senator Phil Murphy when he was campaigning door to door in the fall of 2012. Senator Murphy, along with Senator Mathern and Representative Guggisberg, championed this bill throughout the session. To learn more about SB 2323, visit the North Dakota Legislation site, www.legis.nd.gov.

Pictured with Governor Jack Dalrymple (center) are (front) Senator Phil Murphy, District 20; and Cher Meyer; (back) Senator Tim Mathern, District 11; Kim Jacobson, Traill County Social Services Director; Representative Ron Guggisberg, District 11; and Courtney M. Koebele, NDMA Executive Director.

- *HB 1012: Study the immediate needs and challenges of the North Dakota health care delivery system, implementing the Healthy North Dakota initiative, examining Medicaid reform, and the feasibility of developing a plan for a private health care model that will comply with the federal health care reform in a manner that will provide high-quality, accessible, and affordable care for North Dakota citizens.*

- *HB 1012: Study the need for a comprehensive system of care for individuals with brain injury, including services available to veterans who are returning from wars, the impact of the inclusion of all acquired brain injury on traumatic brain injury programs, the need for a statewide registry for brain injury, the need for increased awareness of the impact of brain injury, the need for screening for brain injury in the education system, the availability of community support systems, the availability of specialized substance abuse services, the examination of the long-term care needs, the availability of home and community-based services, services available from independent living centers, the needs for transitional supportive housing, and the suitability of the current level of care determination for brain injury.*

- *HB 1034: 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 (this study was required).*

- *HB 1051: Study the Workforce Safety and Insurance preferred provider program created under Sections 65-05-28.1 and 65-05-28.2 (this study was required).*

- *HB 1362: Study the effects of the federal Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act of 2010, due to the dramatically changing health care system in the state, including alternatives to the federal Patient Protection and Affordable Care Act and the Medicaid expansion provisions to make health care more accessible and affordable to the citizens of the state, including access, the cost of providing services, the Medicare penalty to the state's providers, and the Medicaid payment system.*

- *SCR 4002: Study the feasibility and desirability of community paramedics providing additional clinical and public health services, particularly in rural areas of the state, including the ability to receive third-party reimbursement for the cost of these services and the effect of these services on the operations and sustainability of the current emergency medical services system.*

- *SB 2015: Study the use of the structures and property of the James River Correctional Center and the State Hospital to determine the best and most efficient use of the properties.*

- *SB 2024: Study the comprehensive statewide tobacco prevention and control plan used in this state, including a review of the service delivery system for the comprehensive statewide tobacco prevention and control programs provided by the Tobacco Prevention and Control Executive Committee and the State Department of Health, whether the delivery system is fiscally efficient, and how the delivery system is consistent with the Centers for Disease Control and Prevention's best practices for comprehensive statewide tobacco prevention and control programs provided in the state and ways to improve the health and policy outcomes of the programs; and review of how the comprehensive statewide tobacco prevention and control programs provided by the two agencies address the Native American population on the Indian reservations.*

- *SB 2243: Study behavioral health needs, including consideration of behavioral health needs of youth and adults and consideration of access, availability, and delivery of services.*

- *SB 2375: Study home and community-based services in the state, including the need to expand the home and community-based services Medicaid waiver to cover 24-hour emergency assistance, adult companion service, behavioral programming, chore services, customized living services, environmental modifications, and transition modification support.*

NDMA will follow these studies and the respective committees, participating fully in the interim meetings.

Final Thoughts

NDMA is proud of its accomplishments this session and the strong relationships NDMA has with other lobbying groups, legislators, and constituents. Things can change quickly at the capitol, so we are very fortunate that Courtney M. Koebele can dedicate an incredible amount of time to the session, before and after hours. And thank you to all of you that donated your time and expertise to push positive legislation forward. The next session is only a short 18 months away - let the countdown begin!

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NDMA
NORTH DAKOTA MEDICAL ASSOCIATION

2013 Events Calendar

September 6-7

North Dakota Society of Obstetrics and Gynecology, Ramada Plaza Suites, Fargo, ND.

For more information, contact Dennis Lutz, M.D. at 701.852.1555

September 28

North Dakota Society of Eye Physicians and Surgeons Annual Meeting, Buffalo City Rotisserie Grill, Jamestown, ND.

For more information, contact the NDSEPS office at 701.223.9475

October 3-4

NDMA Annual Meeting, Ramada Plaza Suites, Fargo, ND.

For more information, contact the NDMA office at 701.223.9475

October 4

North Dakota Chapter American College of Physicians 2013 Annual Meeting, UND Medical Education Center, Fargo, ND.

For information about this and future meetings, please contact Pam Heisler at 701.780.6129

October 31 - November 2

North Dakota Academy of Family Physicians Annual Meeting, Alerus Center, Grand Forks, ND.

For more information, contact Brandy Jo Frei at 701.772.1730 or email brandy@ndafp.org

May 2-3, 2014

North Dakota and South Dakota Chapters of the American College of Surgeons 2014 Annual Meeting, Holiday Inn - City Centre, Sioux Falls, SD.

For more information contact the ND Chapter office at 701.223.9475