

2021 SENATE HUMAN SERVICES

SB 2205

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Sakakawea Room, State Capitol

SB 2205
1/25/2021

A BILL for an Act to create and enact a new section to chapter 50-24.1 of the North Dakota Century Code, relating to medical assistance coverage of interpreter services.

Madam Chair Lee opened the hearing on SB 2205 at 9:40 a.m. All members present: Senator Lee, Senator K. Roers, Senator Hogan, Senator Clemens, Senator Anderson, Senator O. Larsen.

Discussion Topics:

- Fiscal note clarification
- Online V.S. in-person interpreters
- Interpreter services for non-Medicaid patients
- Closed captions and TTY services
- Medical interpreter qualifications and training
- Re-imbursement of interpreter services with non-Medicaid insurance

[9:40] Senator David Clemens, District 16. Introduced SB 2205 and provided testimony #2731 in favor.

[9:42] Courtney Koebele, Executive Director, North Dakota Medical Association. Provided testimony #2442 in favor.

[9:48] Dr. Anne Keating, Ophthalmologist, Fargo, North Dakota. Provided testimony #2715 in favor.

[9:53] Gabriella Balf, Psychiatrist. Provided testimony #3101 in favor.

[9:57] Dr. Kristen Horner, Audiologist. Provided testimony #2551 in favor.

Additional written testimony: N/A

Madam Chair Lee closed the hearing on SB 2205 at 10:03 a.m.

Justin Velez, Committee Clerk

January 25, 2021

Human Services Committee

SB 2205 – Introduction

My name is David Clemens, Senator from District 16 in West Fargo and Fargo, and I am here to introduce Senate Bill 2205.

- SB 2205 is a simple bill that provides:
 - Medical assistance coverage, including Medicaid Expansion, must include for payment for sign and oral language interpreter services for assistance in providing covered health care services to a recipient of medical assistance who has limited English proficiency or who has hearing loss and uses interpreting services. The department shall adopt rules to implement this section.
- This is an issue of great concern to independent clinics. I was approached by a constituent to support this bill after her experiences in opening an ophthalmology clinic. She explained to me that when she sees a patient that needs an interpreter, she pays the interpreter more than what she is reimbursed for the entire medical visit, so it costs her to see the Medicaid patient.

I would ask for your support of Senate Bill 2205.

Any questions.



#2442

Senate Human Services Committee
HB 2205
January 25, 2021

Chair Lee and Committee Members, I am Courtney Koebele, the Executive Director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA supports HB 2205 and the reimbursement for interpretative services by ND Medicaid. This issue was presented at the NDMA Policy Forum in 2019 and it was overwhelmingly supported by the members.

Federal regulations establish a committee to advise the state's Medicaid agency and its Medicaid director on health and medical care services. This committee is called the Medicaid Medical Advisory Committee (MMAC).

This year, North Dakota's MMAC created a Codes/Services Review sub-committee to offer recommendations to Medicaid for additional coverage for applications for coverage of seven different codes and services. That committee consisted of eleven members from the MMAC. The MMAC codes and services sub-committee met five times over the course of the summer to review the codes submitted. The committee received expert presentations on all the issues, and reviewed the detailed applications and attachments explaining the need for the services. The committee scored each service on seven factors: cost, number of patients impacted, whether it was covered by private insurance, proven efficacy, essential for health and well-being; whether it was a noncovered essential component of a service that is covered by Medicaid; and finally whether the service is covered by other insurance or organizations.

Interpreter reimbursement ranked high because it applies to all Medicaid services, and it is essential for quality medical care.

This service is essential to the safety, health and wellbeing for the patients that do not speak English or have hearing impairments. Although professional

providers and community agencies are legally and ethically required to provide interpreter services for their patients, currently there is no direct cost reimbursement for this service provision. This becomes a significant barrier for smaller clinics and rural portions of the state in order to provide appropriate care to all. Without this reimbursement, access to basic medical, dental and mental health care could be severely compromised in our state.

Not only does the provider receive no reimbursement, but many times it costs them to see Medicaid patients that require interpretation services. Under most scenarios, the reimbursement for the medical services is below the cost for even the interpreter, so the clinic pays the interpreter, and the actual medical care is not reimbursed. This is not sustainable. 14 states' Medicaid programs provide coverage for this service. Allowing ND Medicaid approved providers to bill for this service would expand access to care and improve the efficacy of current services in all health domains.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

January 25, 2021

My name is Dr. Anne Keating, M.D. I am an ophthalmologist practicing in Fargo, North Dakota. I have been in practice for the past 10 years with the first 8 years being an employee at Essentia Health in Fargo. The past two years I have been in private practice at Eye Consultants of North Dakota. We have wanted to provide care for Medicaid patients. However, many of them require an interpreter and I was not aware that the interpreter services were not covered by Medicaid and thus we realized when we started receiving the bills for the interpreter services that we were actually paying significantly more to the interpreter than we were reimbursed to see the patient. This is not sustainable for our small business and yet we are one of the few that provides care for Medicaid patients as an ophthalmologist in private practice. Neither Sanford nor Essentia has a cornea specialist and I am the only cornea specialist in Fargo that accepts Medicaid. I support bill SB2205.



January 25th, 2021

From: Missouri River Health

Re: – In Favor of SB 2205

Madam Chair Lee, esteemed committee members

My name is Gabriela Balf and I am a psychiatrist in a small private practice in Bismarck. We are writing to salute the introduction of bill 2205 regarding reimbursement of interpreter services for Medicaid patients who have limited English proficiency or require sign language interpreters.

Access to healthcare in the preferred language is a human right (Constitution of WHO 7/22/1946) and a legal right in US (Title VI, 42 USC sec 2000d) (2016)

Especially in mental healthcare, it is critical that patients benefit from qualified medical interpreters, instead of relying upon family members or friends. Besides the ulterior motives that these family/friend translators may have, they may not be proficient in medical knowledge or able to provide necessary cultural interpretations.

On the other hand, especially in areas where interpreter services may be scarce like in North Dakota, their cost, added to the operating costs of a small practice, becomes rapidly prohibitive. Medicaid reimbursement is insufficient to cover those costs.

Private physicians accepting Medicaid payments are increasingly rare in psychiatry, as national surveys indicate: only 33% younger psychiatrists participate in Medicaid managed plans, as compared to 93% who participate in group commercial plans, due to the lower reimbursement rate (Benson et al 2020).

We salute the relief that will be provided by this measure, as our desire is to serve all the members of our community.

A handwritten signature in black ink, appearing to read "Balf", with a stylized flourish extending to the right.

Thank you for your consideration,

Gabriela Balf-Soran, MD, MPH for Missouri River Health, Bismarck, ND

25 January, 2021

To whom it may concern re: SENATE BILL 2205,

While in a medical setting, patients who do not speak English or speak English as a second language and may have limited English proficiency are at an increased risk of adverse outcomes. Patients who are hard of hearing and/or Deaf and require sign language interpreters are no different. It is inappropriate to expect that 1) a patient should provide his or her own interpreter and 2) that an ad hoc interpreter be expected to fully and accurately interpret complex medical information. Therefore, an appropriately trained, medically-literate, professional interpreter is necessary. Title VI of the Civil Rights Act mandates just this service be provided. However, reimbursement is lacking in many states. This puts an undue financial burden on medical facilities. Use of appropriate interpreter services, both in-person (if possible) and via video and/or telephone, improves patient understanding, compliance with directions, patient satisfaction, and ultimately, patient health outcomes.

As an audiologist, I see first-hand what significant obstacles come up when communication breakdowns occur, both from hearing loss as well as language barriers. I have had the advantage of working with many interpreters throughout my career as a medical professional. I not only appreciate the service for my patients' sake, but for mine as well. It would be impossible for me to ensure that my recommendations and explanation of diagnoses are well-received by a patient who is not proficient in English. Use of interpreters protects me as well as other medical professionals from malpractice risk.

I am fully in support of SENATE BILL NO. 2205.

Kirsten Horner, AuD CCC-A
Doctor of Audiology

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Sakakawea Room, State Capitol

SB 2205
1/26/2021

A BILL for an Act to create and enact a new section to chapter 50-24.1 of the North Dakota Century Code, relating to medical assistance coverage of interpreter services.

Madam Chair Lee opens the discussion on SB 2205 at 3:40 p.m. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

Discussion Topics:

- Medicaid coverage
- Access and limited workforce
- Fiscal impact
- Out of state coverage of interpreter service
- FMAP eligible service

Senator Clemens moves **DO PASS, REREFFER TO APPROPRIATIONS.**

Senator Hogan seconded.

Senators	Vote
Senator Judy Lee	Y
Senator Kristin Roers	N
Senator Howard C. Anderson, Jr.	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Oley Larsen	N

The motion passed 4-2-0.

Senator Clemens will carry SB 2205.

Additional written testimony: N/A

Madam Chair Lee closed the discussion on SB 2205 at 3:50 p.m.

Justin Velez, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2205: Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (4 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). SB 2205 was rereferred to the **Appropriations Committee**.

2021 SENATE APPROPRIATIONS

SB 2205

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

SB 2205

2/2/2021

Senate Appropriations Committee

Relating to medical assistance coverage of interpreter services.
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Chairman Holmberg opened the hearing at 8:29 am.

Senators present: **Holmberg, Krebsbach, Wanzek, Bekkedahl, Poolman, Erbele, Dever, Oehlke, Rust, Davison, Hogue, Sorvaag, Mathern, and Heckaman.**

Discussion Topics:

- Paying for interpretive services/Medicaid

Senator Clemens, District 19, Bill Sponsor – introduced the bill and submitted testimony #4840.

Courtney Koebele, Exec. Director, North Dakota Medical Association testified in favor and submitted testimony #4880.

Tim Blasl, President, ND Hospital Association testified in favor but submitted no written testimony.

Additional written testimony: #4234, #4235, #4245

Senator Holmberg closed the hearing at 8:48 am.

Senator Mathern moved Do Pass on SB 2205.

Senator Davison second.

<i>Senators</i>		<i>Senators</i>	
<i>Senator Holmberg</i>	Y	<i>Senator Hogue</i>	Y
<i>Senator Krebsbach</i>	Y	<i>Senator Oehlke</i>	Y
<i>Senator Wanzek</i>	Y	<i>Senator Poolman</i>	Y
<i>Senator Bekkedahl</i>	Y	<i>Senator Rust</i>	Y
<i>Senator Davison</i>	Y	<i>Senator Sorvaag</i>	Y
<i>Senator Dever</i>	Y	<i>Senator Heckaman</i>	Y
<i>Senator Erbele</i>	Y	<i>Senator Mathern</i>	Y

Roll Call vote: 14-0-0. Motion carried.

Senator Clemens will carry the bill.

Rose Laning, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2205: Appropriations Committee (Sen. Holmberg, Chairman) recommends **DO PASS**
(14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2205 was placed on the
Eleventh order on the calendar.

January 25, 2021

Human Services Committee

SB 2205 – Introduction

My name is David Clemens, Senator from District 16 in West Fargo and Fargo, and I am here to introduce Senate Bill 2205.

- SB 2205 is a simple bill that provides:
 - Medical assistance coverage, including Medicaid Expansion, must include for payment for sign and oral language interpreter services for assistance in providing covered health care services to a recipient of medical assistance who has limited English proficiency or who has hearing loss and uses interpreting services. The department shall adopt rules to implement this section.
- This is an issue of great concern to independent clinics. I was approached by a constituent to support this bill after her experiences in opening an ophthalmology clinic. She explained to me that when she sees a patient that needs an interpreter, she pays the interpreter more than what she is reimbursed for the entire medical visit, so it costs her to see the Medicaid patient.

I would ask for your support of Senate Bill 2205.

Any questions.

**Senate Appropriations Committee****SB 2205****February 1, 2021**

Chairman Holmberg and Committee Members, I am Courtney Koebele, the Executive Director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA supports SB 2205 and the reimbursement for interpretative services by ND Medicaid. This issue was presented at the NDMA Policy Forum in 2019 and it was overwhelmingly supported by the members.

Federal regulations establish a committee to advise the state's Medicaid agency and its Medicaid director on health and medical care services. This committee is called the Medicaid Medical Advisory Committee (MMAC).

This year, North Dakota's MMAC created a Codes/Services Review sub-committee to offer recommendations to Medicaid for additional coverage for applications for coverage of seven different codes and services. That committee consisted of eleven members from the MMAC. The MMAC codes and services sub-committee met five times over the course of the summer to review the codes submitted. The committee received expert presentations on all the issues, and reviewed the detailed applications and attachments explaining the need for the services. The committee scored each service on seven factors: cost, number of patients impacted, whether it was covered by private insurance, proven efficacy, essential for health and well-being; whether it was a noncovered essential component of a service that is covered by Medicaid; and finally whether the service is covered by other insurance or organizations.

Interpreter reimbursement ranked high because it applies to all Medicaid services, and it is essential for quality medical care.

This service is essential to the safety, health and wellbeing for the patients that do not speak English or have hearing impairments. Although professional

providers and community agencies are legally and ethically required to provide interpreter services for their patients, currently there is no direct cost reimbursement for this service provision. This becomes a significant barrier for smaller clinics and rural portions of the state in order to provide appropriate care to all. Without this reimbursement, access to basic medical, dental and mental health care could be severely compromised in our state.

Not only does the provider receive no reimbursement, but many times it costs them to see Medicaid patients that require interpretation services. Under most scenarios, the reimbursement for the medical services is below the cost for even the interpreter, so the clinic pays the interpreter, and the actual medical care is not reimbursed. This is not sustainable. 14 states' Medicaid programs provide coverage for this service. Allowing ND Medicaid approved providers to bill for this service would expand access to care and improve the efficacy of current services in all health domains.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

25 January, 2021

To whom it may concern re: SENATE BILL 2205,

While in a medical setting, patients who do not speak English or speak English as a second language and may have limited English proficiency are at an increased risk of adverse outcomes. Patients who are hard of hearing and/or Deaf and require sign language interpreters are no different. Title VI of the Civil Rights Act mandates medical interpreter services be provided. However, reimbursement is lacking in many states. This puts an undue financial burden on medical facilities to cover the cost. For many businesses, especially small clinics, interpreter service fees are extremely high. They can be so high that it may cost the practice more to see the patient than is reimbursed for his/her medical services.

As an audiologist, I see first-hand what significant obstacles come up when communication breakdowns occur, both from hearing loss as well as language barriers. I have had the advantage of working with many interpreters throughout my career as a medical professional. I not only appreciate the service for my patients' sake, but for mine as well. It would be impossible for me to ensure that my recommendations and explanation of diagnoses are well-received by a patient who is not proficient in English. Use of interpreters protects me as well as other medical professionals from malpractice risk.

I am fully in support of SENATE BILL NO. 2205.

Kirsten Horner, AuD CCC-A

Doctor of Audiology

Appointed American Speech and Hearing Association Audiology Ambassador for the state of North Dakota

4235



January 25th, 2021

From: Missouri River Health

Re: – In Favor of SB 2205

Madam Chair Lee, esteemed committee members

My name is Gabriela Balf and I am a psychiatrist in a small private practice in Bismarck. We are writing to salute the introduction of bill 2205 regarding reimbursement of interpreter services for Medicaid patients who have limited English proficiency or require sign language interpreters.

Access to healthcare in the preferred language is a human right (Constitution of WHO 7/22/1946) and a legal right in US (Title VI, 42 USC sec 2000d) (2016)

Especially in mental healthcare, it is critical that patients benefit from qualified medical interpreters, instead of relying upon family members or friends. Besides the ulterior motives that these family/friend translators may have, they may not be proficient in medical knowledge or able to provide necessary cultural interpretations.

On the other hand, especially in areas where interpreter services may be scarce like in North Dakota, their cost, added to the operating costs of a small practice, becomes rapidly prohibitive. Medicaid reimbursement is insufficient to cover those costs.

Private physicians accepting Medicaid payments are increasingly rare in psychiatry, as national surveys indicate: only 33% younger psychiatrists participate in Medicaid managed plans, as compared to 93% who participate in group commercial plans, due to the lower reimbursement rate (Benson et al 2020).

We salute the relief that will be provided by this measure, as our desire is to serve all the members of our community.

A handwritten signature in black ink, appearing to read "Balf", with a stylized flourish extending to the right.

Thank you for your consideration,

Gabriela Balf-Soran, MD, MPH for Missouri River Health, Bismarck, ND

My name is Michelle Atchison, MD and I am an ophthalmologist and practice owner of Eye Consultants of North Dakota, located in Fargo, ND. I am writing to provide testimony in support of HB 2205.

I see many patients in my office that are covered by ND Medicaid. Many of these patients are children with sight-threatening conditions that require interpreter services in order for me to effectively communicate with the children and their parents. I also see many adult patients with potentially blinding conditions that require interpreter services. It is essential for the safety, health and vision of my non-English speaking patients that I am able to communicate effectively with them.

Medicaid does not currently reimburse the cost of the medical interpreter for our patients. For my small practice, this creates a significant financial burden and potential barrier to care. I would like to provide a few specific recent examples from my clinic.

1. Interpreter directly billed our clinic \$50 for interpreter services. The patient requiring the interpreter never showed up to our clinic, yet we were responsible to pay this bill resulting in an overall loss for our clinic.
2. Interpreter directly billed our clinic \$100 for interpreter services. Our clinic submitted a claim for medical services provided totaling \$280. We received \$90.88 in total for this patient encounter, resulting in a net loss of \$9.12.
3. Interpreter directly billed our clinic \$191 for services and mileage from Grand Forks. Our office billed \$350 for services provided for this patient. We were paid a total of \$145.91 for this patient encounter. After paying the interpreter, our net loss for this visit was \$45.09.

As a physician, I want to continue to provide care for the Medicaid population in our state, but as a business owner this is not sustainable financially. I am concerned that the lack of reimbursement for interpreter services has created a barrier to care access for patients requiring interpreter services. I appreciate your time and consideration, and thank you for the opportunity to provide testimony.

2021 HOUSE HUMAN SERVICES

SB 2205

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2205
3/10/2021 AM

Relating to medical assistance coverage of interpreter services

Vice Chair Rohr opened the committee hearing at 10:08 a.m.

Representatives	Attendance
Representative Robin Weisz	A
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	A
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Medicaid expansion
- Independent clinics

Sen. David Clemens, District 16 (10:08) introduced the bill, testified in favor of and submitted testimony #8455.

Courtney Koebele, Executive Director North Dakota Medical Association (10:12) testified in favor and submitted testimony #8340.

Dr. Gabriela Balf-Soran, Missouri River Health (10:16) testified in favor and submitted testimony #8575.

Additional written testimony: #7821, #8339, #8429

Vice Chair Rohr adjourned at 10:19 a.m.

Tamara Krause, Committee Clerk

March 10, 2021

House Human Services Committee

SB 2205 – Introduction

My name is David Clemens, Senator from District 16 in West Fargo and Fargo, and I am here to introduce Senate Bill 2205.

- SB 2205 is a simple bill that provides the following:
 - Medical assistance coverage, including Medicaid Expansion, must include payment for sign and oral language interpreter services for assistance in providing covered health care services to a recipient of medical assistance who has limited English proficiency or who has hearing loss and uses interpreting services. The department shall adopt rules to implement this section.
- This is an issue of great concern to independent clinics. I was approached by a constituent to support this bill after her experiences in opening an ophthalmology clinic. She explained to me that when she sees a patient that needs an interpreter, she pays the interpreter more than what she is reimbursed for the entire medical visit, so it costs her to see the Medicaid patient.

The larger Medical Groups usually have their own access to interpreters, but it is the smaller providers who are in need of this service.

I would ask for your support of Senate Bill 2205.

Any questions.

**House Human Services Committee****HB 2205****March 10, 2021**

Chairman Weisz and Committee Members, I am Courtney Koebele, the Executive Director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA supports HB 2205 and the reimbursement for interpretative services by ND Medicaid. This issue was presented at the NDMA Policy Forum in 2019 and it was overwhelmingly supported by the members.

Federal regulations establish a committee to advise the state's Medicaid agency and its Medicaid director on health and medical care services. This committee is called the Medicaid Medical Advisory Committee (MMAC).

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This service is essential to the safety, health and wellbeing for the patients that do not speak English or have hearing impairments. Although professional

providers and community agencies are legally and ethically required to provide interpreter services for their patients, currently there is no direct cost reimbursement for this service provision. This becomes a significant barrier for smaller clinics and rural portions of the state in order to provide appropriate care to all. Without this reimbursement, access to basic medical, dental and mental health care could be severely compromised in our state.

Not only does the provider receive no reimbursement, but many times it costs them to see Medicaid patients that require interpretation services. Under most scenarios, the reimbursement for the medical services is below the cost for even the interpreter, so the clinic pays the interpreter, and the actual medical care is not reimbursed. This is not sustainable. 14 states' Medicaid programs provide coverage for this service. Allowing ND Medicaid approved providers to bill for this service would expand access to care and improve the efficacy of current services in all health domains.

Thank you for the opportunity to testify today. I would be happy to answer any questions.



March 10th, 2021

From: Missouri River Health

Re: In Favor of SB 2205

Esteemed Chairman Weisz and House Human Services Committee members

My name is Gabriela Balf and I am a psychiatrist in a small private practice in Bismarck. We are writing to salute the introduction of bill 2205 regarding reimbursement of interpreter services for Medicaid patients who have limited English proficiency or require sign language interpreters.

Access to healthcare in the preferred language is a human right (Constitution of WHO 7/22/1946) and a legal right in US (Title VI, 42 USC sec 2000d) (2016)

Especially in mental healthcare, it is critical that patients benefit from qualified medical interpreters, instead of relying upon family members or friends. Besides the ulterior motives that these family/friend translators may have, they may not be proficient in medical knowledge or able to provide necessary cultural interpretations.

On the other hand, especially in areas where interpreter services may be scarce like in North Dakota, their cost, added to the operating costs of a small practice, becomes rapidly prohibitive. Medicaid reimbursement is insufficient to cover those costs.

Private physicians accepting Medicaid payments are increasingly rare in psychiatry, as national surveys indicate: only 33% younger psychiatrists participate in Medicaid managed plans, as compared to 93% who participate in group commercial plans, due to the lower reimbursement rate (Benson et al 2020).

We salute the relief that will be provided by this measure, as our desire is to serve all the members of our community.

A handwritten signature in black ink that reads "Balf" followed by a stylized flourish.

Thank you for your consideration,

Gabriela Balf-Soran, MD, MPH for Missouri River Health, Bismarck, ND

p: 701.712.9962
f: 701. 425.0596
425 East Avenue C
Bismarck, ND 58501

www.missouririverhealth.com

January 25, 2021

My name is Dr. Anne Keating, M.D. I am an ophthalmologist practicing in Fargo, North Dakota. I have been in practice for the past 10 years with the first 8 years being an employee at Essentia Health in Fargo. The past two years I have been in private practice at Eye Consultants of North Dakota. We have wanted to provide care for Medicaid patients. However, many of them require an interpreter and I was not aware that the interpreter services were not covered by Medicaid and thus we realized when we started receiving the bills for the interpreter services that we were actually paying significantly more to the interpreter than we were reimbursed to see the patient. This is not sustainable for our small business and yet we are one of the few that provides care for Medicaid patients as an ophthalmologist in private practice. Neither Sanford nor Essentia has a cornea specialist and I am the only cornea specialist in Fargo that accepts Medicaid. I support bill SB2205.

March 9, 2021

67th Legislative Assembly of ND

RE: Senate Bill No. 2205

I am writing to you as the managing partner of Dakota Eye Institute. We are a practice of six ophthalmologists, nine optometrists, and two nurse practitioners. In our business, we are seeing an increased need for sign and oral language interpretive services. The increased diversity in our region has caused us to seek sources that provide these services. In order for us to deliver the kind of care patients deserve, we need to provide interpretive services to this growing population. Unfortunately, with decreasing reimbursement for services, it is a financial hardship for practices to absorb payment for interpretive services.

We highly support Senate Bill No. 2205. Receiving payment for these much needed services would help remove the financial burden we currently operate under.

Thank you for listening to our concerns.

Sincerely,



Douglas Litchfield, MD
Managing Partner



2021 SB 2205
House Human Services Committee
Representative Robin Weisz, Chairman
March 10, 2021

Chairman Weisz and members of the House Human Services Committee, I am Melissa Hauer, General Counsel for the North Dakota Hospital Association (NDHA). I testify in support of Senate Bill 2205 and ask that you give this bill a **Do Pass** recommendation.

The bill would require the Department of Human Services to cover costs related to medical interpreters needed for Medicaid beneficiaries who have a hearing loss or clients who have limited English proficiency. Reimbursement of interpreter services is fundamental to quality medical care and is essential for the health and wellbeing for the patients that do not speak English or who have hearing impairments. The use of such interpreters can improve patients' quality of care, enhance understanding of and adherence to medical treatments, and ultimately, decrease health care costs by reducing adverse health care outcomes.

Interpretation services are currently a covered service for the Medicaid Expansion program, but North Dakota has chosen not to reimburse for this service in the traditional Medicaid program. In many cases, it ends up costing the provider out of pocket to see a Medicaid patient that requires interpretation services. The reimbursement for the medical services is below the cost charged by the interpreter. This is especially unfortunate given that federal matching funds are available for states' expenditures related to the provision of oral and written translation administrative activities and services provided for Medicaid recipients. The current ND federal matching rate is approximately 52%. In other words, the federal government would provide over half of the cost of language services needed by Medicaid beneficiaries.

Currently, fourteen states and the District of Columbia directly reimburse Medicaid providers for language services. Allowing North Dakota Medicaid approved providers to be reimbursed for this service would expand access to care and improve communication which leads to better care.

We ask that you give this bill a Do Pass recommendation. I would be happy to respond to any questions you may have. Thank you.

Respectfully Submitted,

Melissa Hauer, General Counsel/VP
North Dakota Hospital Association

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2205
3/10/2021 PM

Relating to medical assistance coverage of interpreter services

Chairman Weisz opened the committee meeting at 3:45 p.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	A
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	A
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Allowable coverage
- Joint commission accreditation
- Integrated health system

Rep. Karen Rohr (3:55) moved **Do Not Pass**

Rep. Greg Westlind (3:55) second

Representatives	Vote
Representative Robin Weisz	Y
Representative Karen M. Rohr	Y
Representative Mike Beltz	Y
Representative Chuck Damschen	N
Representative Bill Devlin	N
Representative Gretchen Dobervich	A
Representative Clayton Fegley	N
Representative Dwight Kiefert	Y
Representative Todd Porter	Y
Representative Matthew Ruby	A
Representative Mary Schneider	N
Representative Kathy Skroch	Y

Representative Bill Tveit	N
Representative Greg Westlind	Y

Motion Carried Do Not Pass 7-5-2

Bill Carrier: Rep. Greg Westlind

Chairman Weisz adjourned at 3:57 p.m.

Tamara Krause, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2205: Human Services Committee (Rep. Weisz, Chairman) recommends **DO NOT PASS** (7 YEAS, 5 NAYS, 2 ABSENT AND NOT VOTING). SB 2205 was placed on the Fourteenth order on the calendar.

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2205
3/22/2021

Relating to medical assistance coverage of interpreter services

Chairman Weisz opened the committee meeting at 10:45 a.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	A
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Patient emergency
- Behavioral Health Services
- Google translation

Rep. Gretchen Dobervich (10:45) moved for reconsideration

Rep. Mary Schneider (10:46) second

Voice Vote – Inconclusive

Representatives	Vote
Representative Robin Weisz	Y
Representative Karen M. Rohr	N
Representative Mike Beltz	N
Representative Chuck Damschen	Y
Representative Bill Devlin	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Dwight Kiefert	N
Representative Todd Porter	N
Representative Matthew Ruby	N

Representative Mary Schneider	Y
Representative Kathy Skroch	A
Representative Bill Tveit	N
Representative Greg Westlind	N

Motion for Reconsideration Fails 6-7-1

Bill Carrier (remains the same when came out of committee): Rep. Greg Westlind

Chairman Weisz adjourned at 10:49 a.m.

Tamara Krause, Committee Clerk