

## Reauthorizing Medicaid Expansion

### The #1 priority for a strong healthcare delivery system

Medicaid Expansion, approved by the North Dakota Legislature in 2013, covers 20,000 North Dakota lives under the age of 65 with incomes below 138 percent of the federal poverty level. It provides access to affordable care for working North Dakotans who make too much to qualify for traditional Medicaid, but not enough to qualify for health insurance subsidies.

### Medicaid Expansion's economic impact to North Dakota: \$542 million

Without state investment in Medicaid Expansion, North Dakota loses this economic generator with trickle-down impacts to communities, businesses, and individuals.

## Side effects of not funding Medicaid Expansion in North Dakota may include:



20,000 North Dakotans **will lose health coverage**



**Hospital and clinic closures**, especially in rural areas



Healthcare **jobs lost**



**Longer patient wait times** for all North Dakotans



**Fewer health services** for all North Dakotans



**Higher health insurance premiums** for all North Dakotans



Questions?  
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# 2017



# Hospital Legislative Priorities



# Let's Keep North Dakota's Healthcare Delivery System Strong

The State of North Dakota has a long-standing history of supporting the health and wellbeing of North Dakotans through sensible, responsible investments in the state's healthcare infrastructure. In 2017, NDHA cites four critical priorities to maintain excellent healthcare for all of its residents. For additional information see NDHA's legislative issue briefs at [www.ndha.org](http://www.ndha.org).

## Medicaid Expansion Reauthorization

As outlined in the previous panels, Medicaid Expansion has a direct economic impact of \$542 million while providing coverage to 20,000 North Dakota residents and keeping health insurance costs low for businesses.

- Support Medicaid Expansion Reauthorization. Without reauthorization, Medicaid Expansion sunsets on July 31, 2017.
- For every \$5 the state invests in Medicaid Expansion in 2017, approximately \$95 in federal funding received.

## Medicaid Reimbursement

North Dakota's traditional Medicaid program covers nearly 70,000 low-income children and their adult caregivers, pregnant women, and individuals with disabilities including the aged and blind

- Restore budget to 2015 – 2017 appropriated amounts. April 2016 allotment reduced payments to hospitals/physicians by \$31 million.
- Support inflationary budget increase.

## Workforce

Workforce challenges threaten access to healthcare services and quality of care. With more than 1,000 unfilled nursing positions, North Dakota health care providers are forced to hire expensive, temporary staff or limit access to critically-needed services. Hospitals unable to recruit and retain core staff increasingly are forced to divert patients out of town and out of state.

- Support fair reimbursement rates: Healthcare operates on a fixed reimbursement system, meaning providers cannot increase charges to offset increasing labor costs. Reimbursement rates must be equitable to the cost of care.
- Support interstate licensure legislation for Physicians, Registered Nurses, Advanced Practice Registered Nurses, and Physical Therapists.
- Support increased enrollment slots in nursing and other healthcare education programs.
- Support enhanced protection for healthcare workers assaulted on the job.

## Behavioral Health (Mental Health & Substance Abuse)

A strong behavioral health system that proactively supports the health of North Dakotans translates into stronger families and communities, fewer emergency department visits, and a reduced burden on society generally. North Dakota's behavioral health system has critical gaps that need to be addressed.

- Support reimbursement for early intervention programs which will lead to better access and more effective care.
- Support integration and collaboration between behavioral health and medical providers.
- Support programs for community awareness, prevention, treatment, and recovery strategies to combat prescription opioid and heroin abuse.
- Support changes to the Medicaid reimbursement system to allow access to less costly and more effective medication.

## NDHA Member Hospitals

- Altru Health System, Grand Forks
- Ashley Medical Center, Ashley
- Cavalier County Memorial Hospital, Langdon
- CHI Lisbon Health, Lisbon
- CHI Mercy Health, Valley City
- CHI Mercy Hospital, Devils Lake
- CHI Oakes Hospital, Oakes
- CHI St. Alexius Health Carrington Medical Center
- CHI St. Alexius Health Dickinson Medical Center
- CHI St. Alexius Health Garrison Memorial Hospital
- CHI St. Alexius Health Turtle Lake
- CHI St. Alexius Health Williston Medical Center
- CHI St. Alexius Health, Bismarck
- Cooperstown Medical Center, Cooperstown
- Essentia Health, Fargo
- Fargo VA Healthcare System, Fargo
- First Care Health Center, Park River
- Heart of America Medical Center, Rugby
- Jacobson Memorial Hospital, Elgin
- Jamestown Regional Medical Center, Jamestown
- Linton Hospital, Linton
- McKenzie County Healthcare Systems, Watford City
- Mountrail County Medical Center, Stanley
- Nelson County Health System, McVie
- ND State Hospital, Jamestown
- Northwood Deaconess Health Center, Northwood
- Pembina County Memorial Hospital, Cavalier
- Prairie St. John's, Fargo
- Presentation Medical Center, Rolla
- Quentin Burdick Memorial Healthcare Facility, Belcourt
- Red River Behavioral Health System, Grand Forks
- Sakakawea Medical Center, Hazen
- Sanford Hillsboro Medical Center, Hillsboro
- Sanford Mayville Medical Center, Mayville
- Sanford Medical Center, Bismarck
- Sanford Medical Center, Fargo
- Southwest Healthcare Services, Bowman
- St. Aloisius Medical Center, Harvey
- St. Andrew's Health Center, Bottineau
- St. Luke's Medical Center, Crosby
- Tioga Medical Center, Tioga
- Towner County Medical Center, Cando
- Trinity Kenmare Community Hospital, Kenmare
- Unity Medical Center, Grafton
- Vibra Hospital Central Dakota, Mandan
- Vibra Hospital, Fargo
- West River Regional Medical Center, Hettinger
- Wishek Community Hospital, Wishek