

Testimony
House Bill 1103 - Department of Human Services
House Human Services
Representative Robin Weisz, Chairman

January 9, 2019

Chairman Weisz and members of the House Human Services Committee, I am Pamela Sagness, Director of the Behavioral Health Division of the Department of Human Services (Department). I appear today to provide testimony in support of House Bill 1103.

House Bill 1103, Sections 1,3, and 4, amend and create two new sections to chapter 50-31 of North Dakota Century Code to give authority to the Department's Behavioral Health Division to license medication units, which are a satellite clinic of an existing licensed opioid treatment program (OTP).

An opioid treatment program provides medication in conjunction with addiction counseling services to individuals with an opioid use disorder. Authority to license opioid treatment programs was enacted during the 2013 session. To date there are three operating opioid treatment programs in the state (Minot, Bismarck, and Fargo). As of September 2018, there have been 859 admissions to these opioid treatment programs.

Individuals accessing an opioid treatment program may receive doses of methadone at the clinic daily, as required by federal regulation. Due to the rural nature of the state, many individuals outside of Minot, Bismarck, and Fargo face challenges of accessing transportation to the opioid treatment program.

House Bill 1103, Section 1, defines medication unit. Section 3 identifies the need for rules and licensure and Section 4, establishes fees for administration and enforcement of chapter 50-31.

Medication unit utilization will increase access to medication assisted treatment for individuals with an opioid addiction, aligning with the Human Services Research Institute (HSRI) recommendations #3, 4, 6, 9, 10, and 11.

House Bill 1103, Section 2, amends section 50-31-05 of the North Dakota Century Code to change the issuing of licenses of substance abuse treatment programs from every 2 years to every 3 years. This change would align to accreditation timelines and reduce frequency of onsite visits.

This concludes my testimony and I am happy to answer any questions.