



NORTH DAKOTA FACT SHEET

AAFP on Health Reform

The AAFP believes that policies should be adopted to ensure continued progress towards health care for all supported by a payment system that rewards value of care over volume of service. The health system should promote prevention and wellness, protect patients from financial barriers to needed services and build a primary care physician workforce that can meet the growing demand for care.

North Dakota Family Medicine

- There are 363 family physicians in North Dakota.
- North Dakota has 6 family medicine residency programs.
- North Dakota has 56 medically underserved areas/populations.
- 21.3% of the residents in North Dakota live in a health professional shortage area.

Medicaid in North Dakota

- In 2015, 10% of people in North Dakota were covered by Medicaid/CHIP.
- Medicaid/CHIP enrollment increased by 13,500 between 2013 and 2016.
- North Dakota's uninsured rate decreased from 11% in 2013 to 8% in 2015.
- In North Dakota, 56% of Medicaid spending is for Medicare beneficiaries.¹
- If North Dakota were to maintain Medicaid expansion with decreased federal support, it would increase state costs by \$15.5 million in 2021, and \$147.9 million in 2024.²

Impact of the Better Care Reconciliation Act (HR 1628 being considered by the US Senate)

- 25,100 people in the state of North Dakota would lose their health coverage by 2026.³
- In North Dakota, 111,000 non-elderly adults have a declinable preexisting condition.⁴
- In North Dakota, premiums would rise. For example, if a 40-year-old in Bismarck, earning \$30,000 a year, purchased a silver plan they would pay a \$440 increase in premium. A 60-year-old would pay a \$3,320 increase in premium.⁵
- The BCRA would limit access to substance abuse treatment by cutting Medicaid. In North Dakota, 61 people died of overdose deaths in 2015.⁶

¹ *Medicaid State Fact Sheets*. (2017, January 26). Retrieved from <http://kff.org/interactive/medicaid-state-fact-sheets/>

² Broadus, Matt, Edwin Park. (2017, June 23). Retrieved from <http://www.cbpp.org/research/health/senate-bill-would-effectively-eliminate-medicaid-expansion-by-shifting-hundreds-of>

³ Gee, Emily. (2017, June 27). *Coverage Losses by State for the Senate Health Care Repeal Bill*. Retrieved from <https://www.americanprogress.org/issues/healthcare/news/2017/06/27/435112/coverage-losses-state-senate-health-care-repeal-bill/>

⁴ Claxton, Gary, Cynthia Cox, Anthony Damico, Larry Levitt, and Karen Pollitz. (2016, December 12). *Pre-existing Conditions and Medical Underwriting in the Individual Insurance Market Prior to the ACA*. Retrieved from <http://kff.org/health-reform/issue-brief/pre-existing-conditions-and-medical-underwriting-in-the-individual-insurance-market-prior-to-the-aca/>

⁵ Premiums and Tax Credits under the Affordable Care Act vs. the Senate Better Care Reconciliation Act: Interactive Maps. (2017, June 23). Retrieved from <http://www.kff.org/interactive/premiums-and-tax-credits-under-the-affordable-care-act-vs-the-senate-better-care-reconciliation-act-interactive-maps/>

⁶ *Drug Overdose Death Data*. (2016, December 16). Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

AAFP Headquarters

11400 Tomahawk Creek Pkwy.
Leawood, KS 66211-2680
800.274.2237 • 913.906.6000
fp@aaafp.org

AAFP Washington Office

1133 Connecticut Avenue, NW, Ste. 1100
Washington, DC 20036-1011
202.232.9033 • Fax: 202.232.9044
capitol@aaafp.org