2023 HOUSE HUMAN SERVICES

HB 1029

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1029
1/9/2023

Relating to regulation of community health workers and Medicaid reimbursement for community health worker services; and to provide a contingent effective date.

Chairman Weisz called the meeting to order at 2:16pm.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

Discussion Topics:

- Patient outcomes
- Health care costs
- CHW study
- Health care services
- Reimbursement of services
- Resource management and coordination
- Food delivery for health care workers
- Data comparisons
- Tribal CHW taskforce
- Fiscal Note

Jennifer Clarke, for the Legislative Council, Health and Human Services, introduced HB 1029.

Senator Roers spoke in favor of HB 1029.

Rep. Dobervich offered testimony in support of HB 1029 (#12635).

Wendy Schmidt, Senior Learning and Developmental Specialist for Sanford Health, offered testimony in support of HB 1029 (#12610) (#12613).

Dores Borges, Community Health Care Worker for Sanford Health, offered information and oral support for HB 1029.

Shelby Stein, House Programs Analyst, Tribal Health Administration, provided testimony in support of HB 1029 (#12612).

Courtney Koebele, on behalf of the Community HealthCare Association of the Dakotas, provided testimony in support of bill (#12589).

Mandy Dendy, Coverage Policy Director, Medical Services, with the Department of Health and Human Services provided neutral testimony regarding HB 1029 (#12621).

Kevin Dufany, on behalf of Spirit Lake Nation Tribal Health, spoke in opposition to HB 1029.

Chairman Weisz adjourned the meeting at 3:04pm.

Additional written testimony:

Melissa Hauer, General Counsel, and Vice President of the North Dakota Hospital Association, offered testimony in supportive of HB 1029 (#12591).

Phillip Jacobs, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1029
2/8/2023

Relating to regulation of community health workers and Medicaid reimbursement for community health worker services; and to provide a contingent effective date.

Chairman Weisz called the meeting to order at 10:55 AM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

Discussion Topics:

- Committee action
- Scope of practice

Representative Porter moved a DO NOT PASS on HB 1029.

Seconded by Representative Prichard.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	N
Representative Gretchen Dobervich	N
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion carries 12-2-0.

Representative Dobervich moved to reconsider the previous action.

Seconded by Vice Chairman Ruby.

Voice vote: Motion carries

Representative Prichard moves a DO NOT PASS on HB 1029.

Seconded by Vice Chairman Ruby.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion carries: 14-0-0.

Bill carrier: Representative Dobervich.

Chairman Weisz adjourned the meeting at 11:05 AM.

Phillip Jacobs, Committee Clerk By: Leah Kuball

REPORT OF STANDING COMMITTEE

HB 1029: Human Services Committee (Rep. Weisz, Chairman) recommends **DO NOT PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1029 was placed on the Eleventh order on the calendar.

TESTIMONY

HB 1029

House Human Services Committee

HB 1029

January 9, 2023

Chairman Weisz and Committee Members my name is Courtney Koebele, and I am speaking on behalf of the Community HealthCare Association of the Dakotas (CHAD). This non-profit membership organization serves as the primary care association for North Dakota and South Dakota.

First, I would like to share a little background on the health care organizations we are talking about and their reach in North Dakota. Community health centers are non-profit, community-driven primary care clinics with a special designation of Federally Qualified Health Center (FQHC). Each clinic provides high-quality primary and preventive care to all individuals, with or without insurance and regardless of their ability to pay. North Dakota has five community health centers located in 19 communities with a total of 21 delivery sites. They serve approximately 36,000 primary and behavioral health care patients and nearly 13,000 dental patients.

Community health centers are in rural and urban North Dakota. In rural communities, the community health care clinic supports a community's ability to retain local health care options and support access to health care where rural Dakotans live and work. For example, Northland Health Center has clinics in Rolette, St. Johns, Ray, McClusky, Turtle Lake, Minot, and Bismarck. Health centers are essential medical homes where patients find services that promote health, diagnose and treat disease, manage chronic conditions and disabilities, and cope with other life challenges that prevent them from getting healthy and staying healthy.

Clinics need to offer and be reimbursed for the wide range of services critical to improving patients' overall health. When integrated with primary healthcare, a Community Health Worker (CHW) can enhance team-based, patient-centered care by complementing the work of healthcare professionals. CHWs help primary care providers understand the patient's social barriers to care and the real problems that patients face daily that can impact their health

outcomes. In addition, CHWs build trust between patients and their health care team to solve issues and figure out how to implement their clinical care plans.

We support this bill but ask that you amend it to specify that Community Health Workers be deemed billable providers at Federally Qualified Health Centers (FQHC), which we believe is consistent with the intention of the legislation. FQHCs have a slightly different payment model that requires this clarification. Ensuring that FQHCs are able to utilize Community Health Workers supports the goals of this bill which include reaching the underserved populations who are core to the FQHC mission with the outreach, education, and engagement services needed to improve their health outcomes.

Thank you for allowing me to testify in support of HB 1029 and to raise the need for community health workers as billable providers at Federally Qualified Health Centers, commonly referred to as community health centers, throughout the state.

2023 House Bill 1029

House Human Services Committee

Representative Robin Weisz, Chairman

January 9, 2023

Chairman Weisz and members of the House Human Services Committee, I am Melissa Hauer, General Counsel/VP of the North Dakota Hospital Association (NDHA). I testify in support of House Bill 1029 and ask that you give the bill a **Do Pass** recommendation.

Hospitals support this bill because it would provide a framework for oversight of, and financial resources for, community health workers (CHW) in our state.

CHWs provide support and health education needed by patients to successfully modify behaviors, increase engagement in treatment plan development, and increase the likelihood of improved health outcomes. CHWs increase the health care workforce and help patients receive care in the community. Although the scope of practice of CHWs can vary across states, they are usually frontline, public health professionals who have similar cultural knowledge, practices, and beliefs, or life experiences as the people they serve in the community. They often serve as a link between their community and needed healthcare and social services, helping to improve timely access to those services.

A large body of evidence shows that CHWs can help improve chronic disease control and mental health, promote healthy behavior, improve patients' perceived quality of care, shrink health disparities, and reduce emergency care use, hospitalizations, and health care spending[1]. CHW programs can be cost-effective and offer a positive return on investment (ROI). A recent study found that for every dollar invested in a CHW intervention, Medicaid payers saw an average ROI of $2.47.

[1] https://www.aha.org/building-and-sustaining-health-care-workforce-community-health-workers, Nov. 2021, Critical Inputs for Successful Community Health Worker Programs.

To succeed, CHW programs need to have sustainable funding arrangements. Nearly half the states in the U.S., plus Washington, D.C., have some form of Medicaid financing for CHWs, such as 1115 waivers or state plan amendments that allow CHWs to deliver preventive care, provide supports for specific populations, or include CHWs as part of Health Homes. Additionally, some private health care payers and providers have opted to internally finance CHW programs, based on an assumption or demonstration of reduced costs.

Developing standards for CHWs in our state, as this bill would do, offers the potential to provide transparent expectations for organizations that employ, partner with, and contract with CHWs. Expectations would align with established definitions of CHW identity and scope of practice thereby promoting the infrastructure and financial resources CHWs need to provide high-quality support to people in their communities. We think the increased support of CHWs is a win for patients, hospitals, and payers.

Please give the bill a Do Pass recommendation. Thank you.

Respectfully Submitted,

Melissa Hauer, General Counsel/VP
North Dakota Hospital Association

House Human Services
Rep. Robin Weisz, Chair
Date TBD, 2023
HB 1029

Good afternoon, Chairman Weisz and members of the committee. My name is Wendy Schmidt and I serve as a Senior Learning and Development Specialist for Sanford Health. One of my roles is to oversee the Community Health Worker program for the Bismarck region.

Thank you for your consideration of this important workforce opportunity and proven strategy to improving patient outcomes and reducing healthcare costs.

CHWs and Community Health Representatives (the tribal equivalent to CHWs) are trained public health workers who serve as a bridge between communities and the healthcare system. They are non-licensed providers with specific training to help patients address their Social Determinants of Health outside the clinic setting. Many people ask what's the difference between a CHW and a social worker? A public health nurse? A CNA? I can explain. CHWs and CHRs are certified, not licensed. This means we can fill these roles with high school educated healthcare job seekers and then complete a certification course, therefore eliminating the barrier of a college degree. It also means lower workforce costs. These courses already exist in MN and SD. We have been able to utilize their online programs successfully which would eliminate the immediate need for ND to create a certification program. This role also offers an opportunity for individuals who are interested in healthcare, but not wanting, or able, to provide physical care. And finally, it takes the pressure off of nurses and social workers, who are already working in a short staffed situation, to perform at the top of their scope.

To help illustrate the role a bit more, I am going to allow Doris, a CHWS at Sanford, to share some examples of what she does as the Sanford Bismarck CHW.

Now that we know what a CHW and CHR does and how they help our patients, I want to explain how they can save the state and healthcare money. Please refer to the attached power point.

- Slide 1: Total and monthly number of referrals from healthcare providers within Sanford from Jan. 1, 2021 through the first week of December 2022.
- Slide 2: Number of statewide encounters and is separated out by in person and telephone encounters.
- Slide 3: In-person encounters by region.
- Slide 4: Total number of unique patients served.
- Slides 5 and 6: Average reduction in ED visits and inpatient encounters once a CHW is added to the care team.
- Slide 7: Overall cost savings secondary to slides 5 and 6.
- Slide 8: Estimated total cost of one CHW to Medicaid over a 15-month period and the actual cost savings to Medicaid from January 2021 to March 2022.

The projected yearly cost to the State if Sanford Health hired 10 FTEs—our strategic CHW goal—would be approximately $58,000.

Thank you for your time and your consideration. Community health workers are proven resource to both save healthcare dollars and improve patient outcomes. By supporting HB 1029, North Dakota leverages training programs already in place and creates a pathway to Medicaid reimbursement. In terms of workforce, CHWs are not a magic bullet, but they can be an important piece of workforce solutions available to healthcare providers across the state.

I would be happy to answer any questions.

Wendy Schmidt MBA, BAN, RN
Senior Learning and Development Specialist
Sanford Health
Wendy.Schmidt2@SanfordHealth.org
701-323-2416

Proposed HB 1029 amendments:

- Add community health representatives to the bill for the purposes of Medicaid reimbursement.

- Section 2.2
  Services covered under this section may be initiated upon referral from ~~must be under a care plan ordered by~~ a licensed physician, physician assistant, registered nurse, advanced practice registered nurse, dentist, pharmacist, or psychologist.

- Section 2.3:
  Covered services include care coordination, health system navigation, resource coordination, health promotion and coaching, advocacy on behalf of the recipient, helping a recipient enroll in health coverage, medication or medical equipment delivery, transporting recipient to healthcare services and health education.

- Section 2.4:
  Noncovered services include ~~advocacy on behalf of the recipient~~, case or care management, child care, chore services, companion services, employment services, ~~helping a recipient enroll in a government program or insurance~~, interpreter services, ~~medication or medical equipment delivery~~, personal care services, respite care, services outside the scope of the ordered care plan, socialization, transporting the recipient to non-healthcare services, and travel time.

Health Administration

Mandan, Hidatsa & Arikara Nation | Three Affiliated Tribes

701-627-7522 | 701-627-7637
1302 12th St N • New Town, ND 58763

Testimony
House Bill No. 1029
House Human Services Committee
January 9, 2023

Chairman Weisz and members of the House Human Services Committee, my name is Shelby Stein and I am the Health Programs Analyst in the Tribal Health Administration department for the MHA Nation. I am here today to provide testimony in support of House Bill No. 1029. Our support is contingent upon tribal Community Health Representatives (CHRs) being recognized as Community Health Workers within this bill.

The Community Health Representative (CHR) program was established in 1968. CHRs are the original community health workers (CHWs) and they serve as a link between the community and clinical services and work to facilitate access to necessary care and services. CHRs are CHWs. CHRs are well trained to provide a broad range of services. The CHR training requirements are set by the Indian Health Service and consists of the CHR Basic Training course as well as several optional advanced training modules. The CHR Basic Training course is comprehensive and contains 17 primary training topics, including advocacy skills, care coordination and system navigation, and social determinates of health. In additional, many CHRs are also certified CNAs.

For the MHA Nation, our CHRs expand services to community members across the Fort Berthold reservation. As written in Section 2, number 3 of HB 1029, the proposed covered services include care coordination, health system navigation, resource coordination, health promotion and coaching, and health education. CHRs have been and will continue to provide these services and because of this, CHRs should be recognized as CHWs in this bill and tribal health entities should be able to be reimbursed for these services on par with all other CHW providers.

CHRs and CHWs assist their patients with a range of services that address barriers to accessing the care they need or barriers to adhering to their treatment plan. They help patients navigate our complex healthcare system. By coordinating and advocating for their patients, CHRs and CHWs are able to help their patients access the care and services they need, which can help reduce future healthcare costs by addressing issues before they require ER or hospital care.

Again, MHA Nation's support for this bill is contingent upon tribal Community Health Representatives (CHRs) being recognized as Community Health Workers. To that end, we recommend two revisions to HB 1029. First, we request to add advocacy on behalf of the recipient, helping a recipient enroll in health coverage, and medication or medical equipment delivery be added as covered services within Section 2. Next, we request a

change to Section 2, number 2, to state that services covered under this section be initiated upon a referral, not under a care plan.

Lastly, I previously provided testimony in support of House Bill No. 1028. The MHA Nation supports both HB 1028 and 1029, again only if tribal CHRs are recognized as CHWs, and it is our opinion that the best outcome would be to combine both of these bills in order to support the CHW task force work as well as to support an expedited route to Medicaid reimbursement for CHWs.

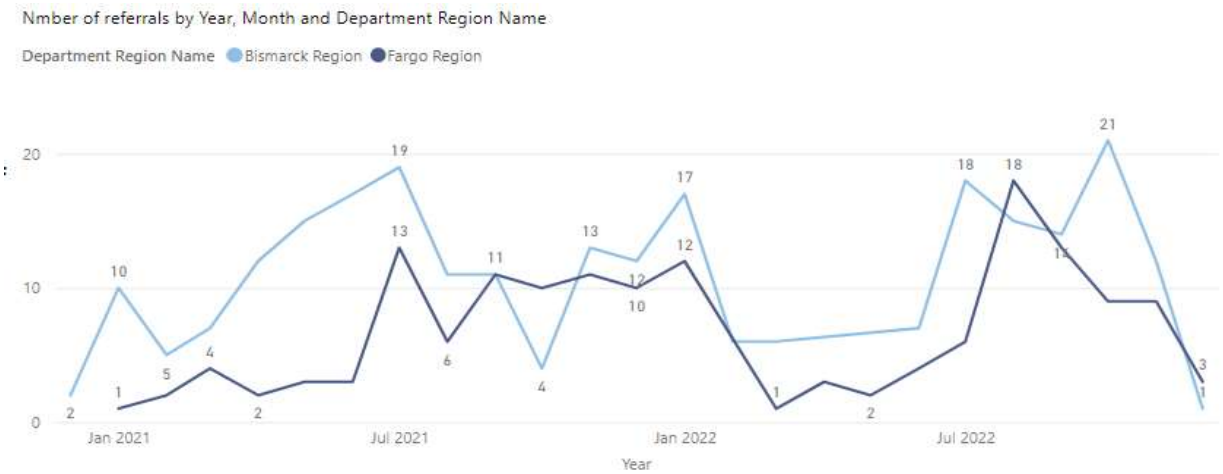
Chairman Weisz and members of the committee, thank you for the opportunity to testify today and as long as the bill is amended to recognize CHRs as CHWs, the MHA Nation supports HB 1029. This concludes my testimony. I would be happy to answer any questions the committee may have.

Thank you,

Shelby Stein, RDN, LRD
Health Programs Analyst
MHA Nation | Three Affiliated Tribes
701-421-8274
Shelby.stein@ihs.gov

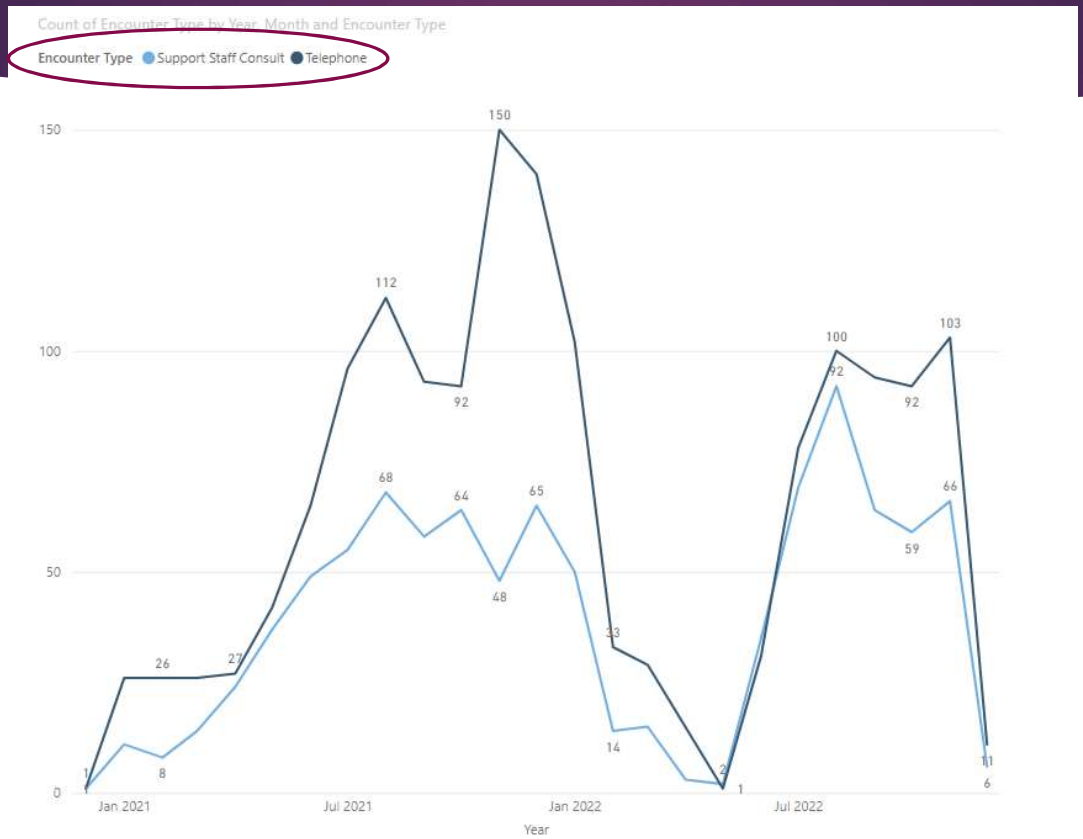
Referrals

	Total # of Referrals Since 2020
Fargo Region (includes Hillsboro)	156
Bismarck	255
Total	411



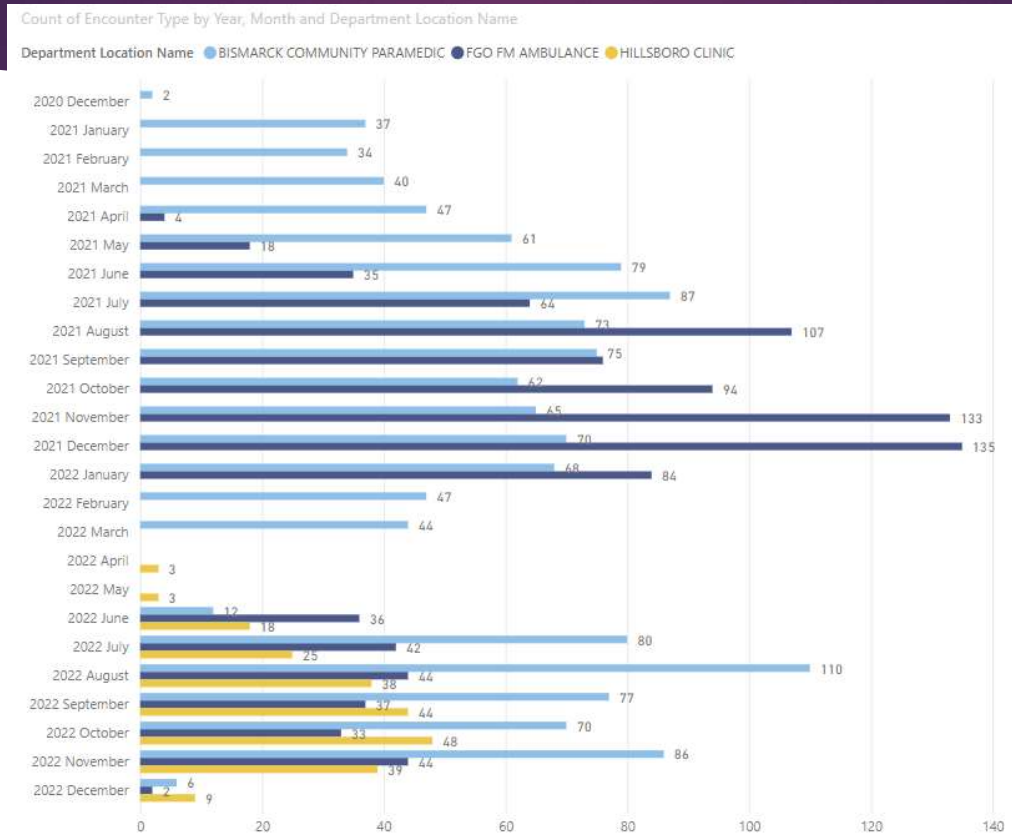
*The final data point is the first month of December

Encounters (statewide)



*The final data point is the first month of December

Encounters (in person by region)



*The final data point is the first month of December

Patients served

	Patients Served
Fargo	203
Bismarck	279
Hillsboro	32
TOTAL	**513**

Hospital and ED Encounters

SANFORD HEALTH

Effective Date of Care Manager Relationship: 5/1/2021 – 5/31/2022

Region: Fargo

Relationship Team: Community Health Worker

Care Team Manager: Fargo CHW

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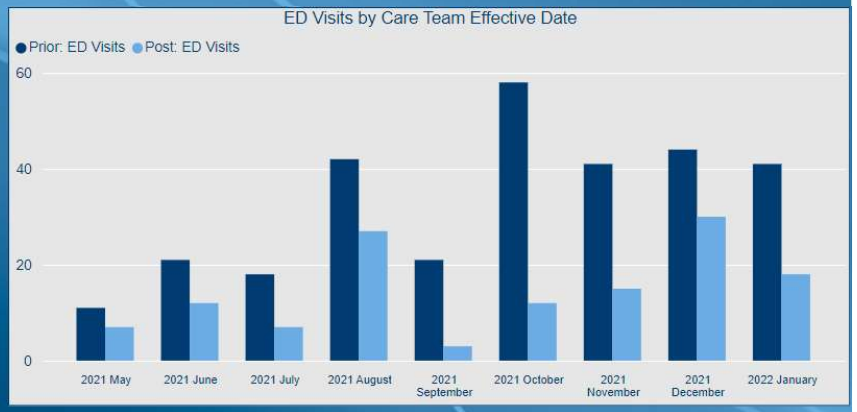
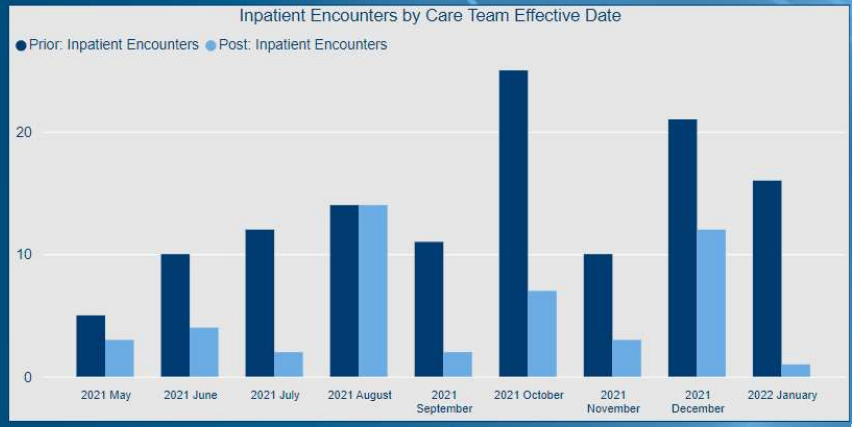
ED Visits by Car

Year	Prior: ED Visits	Post: ED Visits	% Change
2021	**256**	**113**	**-55.9%**
May	11	7	-36.4%
June	21	12	-42.9%
July	18	7	-61.1%
August	42	27	-35.7%
September	21	3	-85.7%
October	58	12	-79.3%
November	41	15	-63.4%
December	44	30	-31.8%
2022	**41**	**18**	**-56.1%**
January	41	18	-56.1%
Total	**297**	**131**	**-55.9%**



Inpatient Encounters by Care Team Effective Date

Year	Prior: Inpatient Encounters	Post: Inpatient Encounters	% Change
2021	**108**	**47**	**-56.5%**
May	5	3	-40.0%
June	10	4	-60.0%
July	12	2	-83.3%
August	14	14	0.0%
September	11	2	-81.8%
October	25	7	-72.0%
November	10	3	-70.0%
December	21	12	-42.9%
2022	**16**	**1**	**-93.8%**
January	16	1	-93.8%
Total	**124**	**48**	**-61.3%**



Hospital and ED Encounters

SANFORD HEALTH

Effective Date of Care Manager Relationship: 5/1/2021 – 5/31/2022

Region: Bismarck Region

Relationship Team: Community Health Worker

Care Team Manager: BERGMANN, JORDAN

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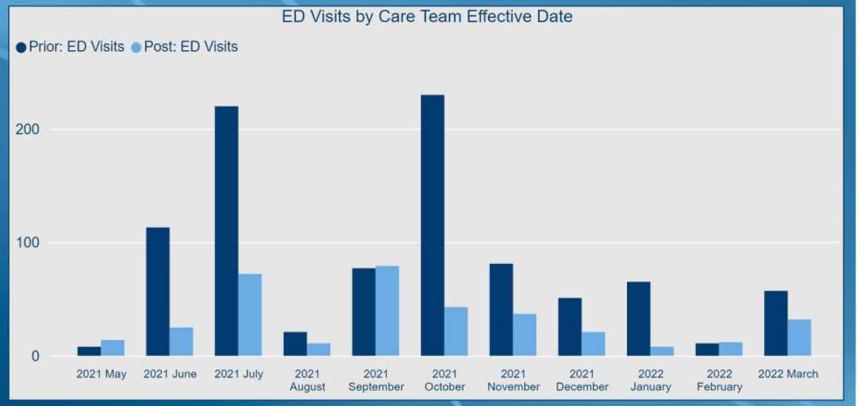
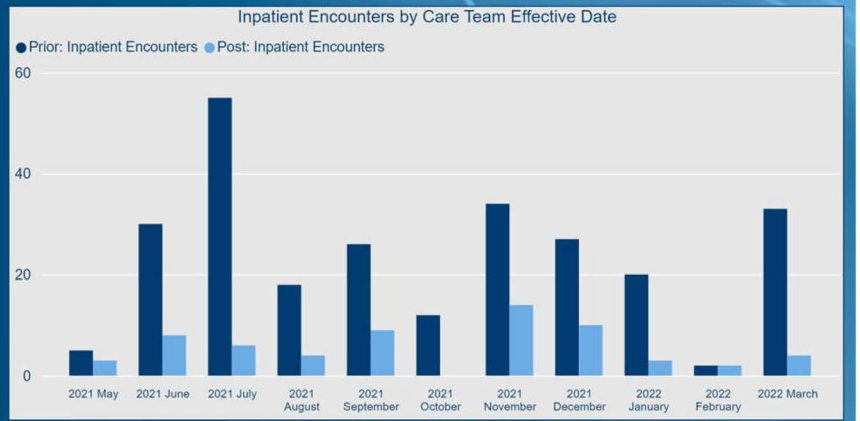
ED Visits by Care Team Effective Date

Year	Prior: ED Visits	Post: ED Visits	% Change
2021	**801**	**302**	**-62.3%**
May	8	14	75.0%
June	113	25	-77.9%
July	220	72	-67.3%
August	21	11	-47.6%
September	77	79	2.6%
October	230	43	-81.3%
November	81	37	-54.3%
December	51	21	-58.8%
2022	**133**	**52**	**-60.9%**
January	65	8	-87.7%
February	11	12	9.1%
March	57	32	-43.9%
Total	**934**	**354**	**-62.1%**



Inpatient Encounters by Care Team Effective Date

Year	Prior: Inpatient Encounters	Post: Inpatient Encounters	% Change
2021	**207**	**54**	**-73.9%**
May	5	3	-40.0%
June	30	8	-73.3%
July	55	6	-89.1%
August	18	4	-77.8%
September	26	9	-65.4%
October	12	0	-100.0%
November	34	14	-58.8%
December	27	10	-63.0%
2022	**55**	**9**	**-83.6%**
January	20	3	-85.0%
February	2	2	0.0%
March	33	4	-87.9%
Total	**262**	**63**	**-76.0%**



Average Direct Cost Per Encounter (2021)

Fargo

- Inpatient: $12,136.99
  - 13 ave visits → 5 ave visits
  - Average monthly savings: $97,095.92
- ED: $347.14
  - 33 ave visits → 14 ave visits
  - Average monthly savings: $6,595.66

Bismarck

- Inpatient: $9,601.34
  - 24 avg visits → 6 ave visits
  - Average monthly savings: $173,496.21
- ED: $375.15
  - Average monthly savings: $19,508
  - 84 ave visits → 32 ave visits

Projected Fiscal Impact for Medicaid

Units from Jan 2021 – March 2022	SD Reimbursement Rate	CHW Cost to Medicaid
119	30.89	$7,351.82

	Jan 2021 – March 2022	Average Direct Cost per Encounter 2021 (Sanford)	Total Medicaid Savings
# ED Visits Avoided	373	$375.15	$139,930.95
# Reduced Hospital Encounters	57	$9,601.34	$547,276.38
Total Savings			$687,207.33

NORTH Dakota | Health & Human Services
Be Legendary.

Testimony
House Bill No. 1029
House Human Services Committee
Representative Weisz, Chairman
January 9, 2023

Chairman Weisz, and members of the House Human Services Committee, I am Mandy Dendy, Coverage Policy Director, Medical Services, with the Department of Health and Human Services (Department). I appear before you to provide information on House Bill No. 1029.

Section 2 is specific to Medicaid coverage of Community Health Workers (CHW). Medicaid payment for CHW services can be authorized under the state plan preventative services benefit as services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law. Preventative services are defined within federal regulations as those that: 1) prevent disease, disability, and other health conditions or their progress; 2) prolong life; and 3) promote physical and mental health and efficiency. 42 CFR 440.130.

Adding coverage of CHW services to the North Dakota Medicaid state plan as preventative services would require a state plan amendment. It would also require:

- description of specific services CHWs are permitted to deliver,
- practitioner qualifications for those services,
- service limitations, and
- payment methodology for coverage of the services.

This is important because the CHW scope of practice in Section 1 of this Bill will determine whether, how, and which services North Dakota Medicaid can cover. What is listed in Section 2, subsection 3, Covered Services must align with the Scope of Practice from Section 1 of this Bill and those services cannot be duplicative of services already covered by Medicaid. For example, care coordination is currently a service covered for people under the 1915(i) state plan amendment which provides home and community-based services for people with behavioral health conditions. A mechanism would need to be developed to ensure there is no duplication of services.

Certification of CHWs in Section 1 would require additional Department resources including a full-time equivalent position to address administrative rules, the certification process, and any related administration. It is unknown if there are existing CHW certification standards that could be adopted, such as standards used by another state, or if the Department would need to develop standards. The scope of practice that is established could determine certification standards to a large extent.

As you are aware, House Bill 1028 would create a community health worker task force which may address some of the Department's concerns about aligning stakeholders, scope of practice, and certification standards. The Department recommends that further work is done to clarify these items so that a well-functioning community health worker program that best meets the needs of the state can be established.

This concludes my testimony. I am happy to try to answer any questions the committee may have. Thank you.

House Bill 1029
North Dakota House of Representatives
Human Services Committee
Rep. Gretchen Dobervich
January 9, 2023 2:15 pm

Mr. Chairman and Members of the House Human Services Committee my name is Representative Gretchen Dobervich. I represent District 11 in South Central Fargo. I come before you with HB 1029, a bill passed out of the Legislative Interim Committee on Health Care, related to study of a community health workers program.

HB 1029 authorizes the North Dakota Department of Health and Human Services to develop, implement, and reimburse a community health worker program. It directs the North Dakota Department of Health and Human Services to establish certification and recertification for community health workers and determine the education and experience required to be certified as a community health worker in North Dakota.

HB 1029 requires North Dakota Medicaid to cover services performed by a community health worker under a care plan written by a licensed medical professional. Services that can be provided under HB 1029 are limited to care coordination, health system navigation, resource coordination, health promotion and coaching and health education. Some of these services are already billable to existing programs under North Dakota Medicaid.

Included in the list of services that cannot be billed for is transportation, which can be a barrier to care in rural areas. Interpretation services are also not included. While larger communities in North Dakota have options for professional interpreter services, these may not be available in all areas of the state and maybe needed specific to medical and health promotion and understanding a plan of care. Socialization is also not included, but may be included in a plan of care for a person with chronic illness or a mental health diagnosis who does not qualify for services under another provider, have access to another provider of these services, or does not have unpaid caregivers who can provide the service.

HB 1029 does not authorize a community health worker to practice within the scope of practice of another regulated profession, such as nursing, medicine, dentistry, pharmacy, or psychology. Yet there are some services such as visual oral cancer screenings that are performed by CHWs in several states that do not require any medical equipment, no invasive procedures, and has been successful in getting patients to their medical providers for sooner, less costly oral cancer care and treatment. In several states CHWs are trained and certified to perform filament tests on the feet of patients with diabetes. This test is used to test for nerve damage related to diabetes. In one case a patient had a thumb tack that had been in their foot for some time that they did not feel as a result of nerve damage. The CHW was visiting and discovered it when conducting the filament test and was able to get the patient to medical care immediately and