

2023 SENATE HUMAN SERVICES

SB 2155

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2155
1/30/2023

Relating to an appropriation to the department of health and human services for federally qualified health center grants; and to provide for a legislative management study on expanding the number of federally qualified health centers.

10:24 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, Weston, Hogan** are present. **Senator K. Roers** was absent.

Discussion Topics

- Qualified community health centers
- Enhance urban and rural communities
- Legislative management study
- Expand primary and preventive care

10:25 AM **Senator Lee** introduced SB 2155. No written testimony.

10: 28 Am **Courtney Koeble, President ND Medical Association** introduced **Shelley Ten Napel**

10:28 AM **Shelly Ten Napel, Chief Executive Officer of the Community Healthcare Association of the Dakotas, CHAD** testified in favor. #17508

10:38 AM **Patrick Gulbranson, Chief Executive Officer, Family HealthCare Dental Clinics** testified in favor. #17597

10:45 AM **Rachel Thomas Chief Financial Officer, Northland Healthcare Centers** testified in favor. #17610

10:48 AM **Shelly Ten Napel**, verbally provided additional information.

10:48 AM **Brian Williams CEO, Coal Country Community Health Center** testified in favor. #17653

10:51 AM **Mara Jiran, Chief Executive Officer of Spectra Health** testified in favor. #17583

10:55 AM **Shelly Ten Napel**, verbally provided additional information.

Additional Written Testimony:

Brad Gibbens, Acting Director and Assistant Professor, Center for Rural Health

neutral #17636

Landis Larson, President of the ND AFL-CIO in favor #17615

Kristin Rubbelke, Executive Director, NASW-ND in favor #17617

Andrea Olson, Executive Director, Community Action Partnership of North Dakota in favor #17531

Deborah Swanson, Director, Grand Forks Public Health in favor #17456

10:56 AM **Madam Chair Lee** closed the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2155
2/1/2023

Relating to an appropriation to the department of health and human services for federally qualified health center grants; and to provide for a legislative management study on expanding the number of federally qualified health centers.
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9:36 AM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present.

Discussion Topics

- Qualified community health centers
- Legislative management study

Senator Cleary moved **DO PASS** and **REREFER** to **APPROPRIATIONS**.

Senator Hogan seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

The motion passed 6-0-0.

Senator Cleary will carry SB 2155.

9:39 AM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2155: Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2155 was rereferred to the **Appropriations Committee**. This bill does not affect workforce development.

2023 SENATE APPROPRIATIONS

SB 2155

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Roughrider Room, State Capitol

SB2155
2/8/2023

A BILL for an Act to provide an appropriation to the department of health and human services for federally qualified health center grants; and to provide for a legislative management study on expanding the number of federally qualified health centers.

10:08 AM Senator Dever opened the public hearing on SB 2155.
Members present: Senators Dever, Davison, Burckhard, Mathern, Kreun

Topics:

- Underserved urban/rural communities
- Comprehensive healthcare
- CHAD
- Immigrants, vulnerable, uninsured
- Primary, dental, behavioral services
- Staffing & continuing services
- Medicaid

10:09 AM Senator Judy Lee introduced the bill and CHAD Community Health Centers.

10:12 AM Courtney Coble, Executive Director, Community Health Centers of the Dakotas, introduced Rachel Thomas.

10:14 AM Rachel Thomas, CFO, Northland Health Centers, testified in favor.
Testimony # 19631.

10:24 AM Nadine Boe, CEO, Northland Health Centers, verbally testified in favor.

10:34 AM Chairman Dever closed the hearing.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Roughrider Room, State Capitol

SB 2155
2/8/2023

A BILL for an Act to provide an appropriation to the department of health and human services for federally qualified health center grants; and to provide for a legislative management study on expanding the number of federally qualified health centers.

3:59 PM PM Chairman Dever opened the meeting.

Members present: Senators Dever, Davison, Burckhard, Mathern, Kreun.

Discussion Topics:

- Community health centers
- Amendment
- Assistance for rural areas
- Incremental growth model
- Renovation
- New Building Projects

4:00 PM – Committee discussion.

4:08 PM Levi Kinnischtzke, Senior Budget Analyst, Legislative Council advised the committee that the amendments proposed are almost ready and it would probably be best to wait on taking further action at this time.

4:08 PM – Chairman Dever adjourned the meeting.

Rick Schuchard on behalf of Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Roughrider Room, State Capitol

SB 2155
2/10/2023

A BILL for an Act to provide an appropriation to the department of health and human services for federally qualified health center grants; and to provide for a legislative management study on expanding the number of federally qualified health centers
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9:44 AM Chairman Dever opened the meeting.

Chairman Dever and Senators Burckhard, Davison, Kreun and Mathern were present.

Discussion Topics:

- Amendments
- Committee action

9:45 AM Senator Mathern moves to adopt amendment LC 23.0333.02001.
Motion seconded by Senator Davison.

9:46 AM Roll call vote was taken.

Senators	Vote
Senator Dick Dever	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y

Motion passed 5-0-0.

9:47 AM Senator Davison moved to further amend the bill, page one, line eight, change language from two million to one million. Senator Kreun seconded the motion.

9:52 AM Roll call vote was taken.

Senators	Vote
Senator Dick Dever	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Curt Kreun	Y
Senator Tim Mathern	N

Motion passed 4-1-0.

9:53 AM Senator Davison moved to Do Pass the Bill as amended.
Motion seconded by Senator Burckhard.

9:54 AM Roll call vote is taken.

Senators	Vote
Senator Dick Dever	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y

Motion passed 5-0-0.

Senator Mathern will carry the bill.

This bill does not affect workforce development.

9:55 AM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

SB 2155
2/15/2023

A BILL for an Act to provide an appropriation to the department of health and human services for federally qualified health center grants; and to provide for a legislative management study on expanding the number of federally qualified health centers

8:23 AM Chairman Bekkedahl opened the meeting on SB 2238.

Members present: **Senators Bekkedahl, Krebsbach, Burckhard, Davison, Dever, Dwyer, Erbele, Kreun, Meyer, Roers, Schaible, Sorvaag, Vedaa, Wanzek, Rust, and Mathern.**

Discussion Topics:

- Committee action

8:39 AM Senator Dever moved to adopt amendment. LC 23.0333.02002

8:40 AM Senator Davison seconded.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	N
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	N
Senator Terry M. Wanzek	Y
Senator David Rust	Y

Motion passed 14-2-0

8:44 AM Senator Dever moved a Do Pass as Amended.

8:45 AM Senator Mathern seconded.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y

Motion passed 16-0-0

8:46 AM Senator Cleary will carry.

8:46 AM Chairman Bekkedahl adjourned meeting.

Nathan Liesen on behalf of Kathleen Hall, Committee Clerk

February 10, 2023

AK
2-15-23
(1-1)

PROPOSED AMENDMENTS TO SENATE BILL NO. 2155

Page 1, line 8, replace "\$2,000,000" with "\$1,000,000"

Page 1, line 9, remove "and"

Page 1, line 10, remove "grants to establish federally qualified health centers"

Page 2, remove lines 1 through 3

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2155: Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (16 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2155 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 1, line 8, replace "\$2,000,000" with "\$1,000,000"

Page 1, line 9, remove "and"

Page 1, line 10, remove "grants to establish federally qualified health centers"

Page 2, remove lines 1 through 3

Renumber accordingly

2023 HOUSE HUMAN SERVICES

SB 2155

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2155
3/15/2023

A BILL for an Act to provide an appropriation to the department of health and human services for federally qualified health center grants

Chairman Weisz called the meeting to order at 9:19 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:

- Poverty level of patients
- Community health centers

Sen. Lee introduced SB 2155, speaking in support.

Courtney Koebele, with the North Dakota Medical Association, introduced Patrick Gulbranson.

Patrick Gulbranson, Chief Executive Officer of Family HealthCare, supportive testimony (#24994) (#24995).

Courtney Koebele, with the North Dakota Medical Association, spoke in support.

Additional written testimony:

Rachel Thomas, Chief Financial Officer for Northland Health Centers, supportive testimony (#24932).

Mara Jiran, Chief Executive Officer of Spectra Health, supportive testimony (#25005).

Elizabeth Loos, National Association of Social Workers, supportive testimony (#25081).

Chairman Weisz adjourned the meeting at 9:38 AM.

Phillip Jacobs, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2155
3/21/2023

A BILL for an Act to provide an appropriation to the department of health and human services for federally qualified health center grants

Chairman Weisz called the meeting to order at 3:44 PM.

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 work
- Amendment

Chairman Weisz called for a discussion on SB 2155.

Rep. McLeod moved to adopt amendment (#23.0333.03001) (#27270) to SB 2155.

Seconded by Vice Chairman Ruby.

Voice vote not unanimous.

Roll Call Vote:

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

Motion carries 8-6-0.

Rep. McLeod moved a do pass as amended and rerefer to the Appropriations Committee on SB 2155.

Seconded by Rep. Dobervich.

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	N
Representative Karen M. Rohr	Y

Motion carries 13-1-0.

Carried by Rep. Anderson.

Chairman Weisz adjourned the meeting at 3:52 PM.

Phillip Jacobs, Committee Clerk

23.0333.03001
Title.04000

Adopted by the House Human Services
Committee

March 21, 2023

DR
191
3-21-23

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2155

Page 1, line 8, replace "\$1,000,000" with "\$2,000,000"

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2155, as engrossed: **Human Services Committee (Rep. Weisz, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (13 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). Engrossed SB 2155 was placed on the Sixth order on the calendar.

Page 1, line 8, replace "\$1,000,000" with "\$2,000,000"

Renumber accordingly

2023 HOUSE APPROPRIATIONS

SB 2155

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Brynhild Haugland Room, State Capitol

SB 2155
4/3/2023

Federally qualified health center grants; and to provide for a legislative management study on expanding the number of federally qualified health centers.
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9:29 AM Chairman Vigesaa Called the meeting to order and roll call was taken-

All Members Present; Chairman Vigesaa, Representative Kempenich, Representative B. Anderson, Representative Bellew, Representative Brandenburg, Representative Hanson, Representative Kreidt, Representative Martinson, Representative Mitskog, Representative Meier, Representative Mock, Representative Monson, Representative Nathe, Representative J. Nelson, Representative O'Brien, Representative Pyle, Representative Richter, Representative Sanford, Representative Schatz, Representative Schobinger, Representative Strinden, Representative G. Stemen and Representative Swiontek.

Discussion Topics:

- Charity Care
- Funding Amount
- Service Expansion

Representative Weisz- Introduces the bill and its purpose.

Committee Discussion

9:52 AM Chairman Vigesaa Closed the meeting for SB 2155

Risa Berube, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Brynhild Haugland Room, State Capitol

SB 2155
4/3/2023

Federally qualified health center grants; and to provide for a legislative management study on expanding the number of federally qualified health centers.
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10:48 AM Chairman Vigesaa Called the meeting to order and roll call was taken-

Members present; Chairman Vigesaa, Representative Kempenich, Representative B. Anderson, Representative Bellew, Representative Brandenburg, Representative Hanson, Representative Kreidt, Representative Martinson, Representative Mitskog, Representative Meier, Representative Mock, Representative Monson, Representative Nathe, Representative J. Nelson, Representative O'Brien, Representative Pyle, Representative Richter, Representative Sanford, Representative Schatz, Representative Schobinger, Representative Strinden, Representative G. Stemen and Representative Swiontek.

Discussion Topics:

- Committee Action

Representative J. Nelson Move a Do Pass

Representative Strinden- Seconds the Motion

Roll call vote.

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	Y
Representative Bert Anderson	Y
Representative Larry Bellew	Y
Representative Mike Brandenburg	Y
Representative Karla Rose Hanson	Y
Representative Gary Kreidt	Y
Representative Bob Martinson	Y
Representative Lisa Meier	Y
Representative Alisa Mitskog	Y
Representative Corey Mock	A
Representative David Monson	Y
Representative Mike Nathe	Y
Representative Jon O. Nelson	Y
Representative Emily O'Brien	Y
Representative Brandy Pyle	Y
Representative David Richter	N
Representative Mark Sanford	Y

House Appropriations Committee

SB 2155

April 3, 2023

Page 2

Representative Mike Schatz	N
Representative Randy A. Schobinger	Y
Representative Greg Stemen	Y
Representative Michelle Strinden	Y
Representative Steve Swiontek	Y

Motion Carries 20-2-1 Representative K. Anderson will carry the bill.

10:51 AM Chairman Vigesaa Closed the meeting for SB 2155

Risa Berube, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2155, as engrossed and amended: Appropriations Committee (Rep. Vigesaa, Chairman) recommends DO PASS (20 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2155, as amended, was placed on the Fourteenth order on the calendar.

TESTIMONY

SB 2155

Senate Human Services Committee
SB 2155
January 30, 2023

Chairman Lee and Senate Human Services Committee Members:

I am pleased to present my written testimony in support of SB 2155. This bill will provide an appropriation to North Dakota Health and Human Services for grants to the state's Federally Qualified Health Centers (FQHC); and to provide for a legislative management study on expanding the number of FQHC's – sometimes referred to as community health centers – in North Dakota.

My experience with community health centers in North Dakota has been positive. In my role with Grand Forks Public Health, we worked to bring a community health center to our region, and it has made a huge impact on our ability to achieve public health goals. Specifically, community health centers provide critical medical, behavioral, and dental care for residents who find it difficult to access this care, and as a result there has been an increase in population health indicators among the patients served by health centers.

Community health centers sustain a needed community resource for the most vulnerable North Dakotans. From my experience as a public health professional in Grand Forks, it was common for residents to not receive care for newly diagnosed tuberculosis, delay preventive services such as vaccinations and health screenings, and go years without behavioral health or dental care. We sought to close these gaps through the Alliance for Healthcare Access and the Northern Valley Dental Coalition. From that work, Spectra Health was established to serve residents of our region. A key service that health centers provide is care coordination and case management, ensuring that patients do not experience barriers and receive the highest quality and most efficient care possible. Examples of successful collaboration are the addiction services that Spectra Health provides through the state opioid treatment program and to clients of the Grand Forks Withdrawal Management Center, and cancer screening services through the Women's Way program.

Spectra Health has established itself as a key community partner working side by side with Grand Forks Public Health and other health and human service organizations to provide cost effective care and fill gaps in service delivery. Spectra Health has been a fantastic partner throughout the COVID-19 pandemic and beyond. We can no longer imagine meeting the needs of all the residents of our community without their robust community outreach efforts.

An appropriation of state funds would offset the costs of the uncompensated care that health centers deliver and would allow them to provide medical, behavioral, and oral health services to more patients. Grand Forks is not the only community that would benefit from the comprehensive whole-person primary care that is provided at a community health center. The

model is able to be replicated in many other communities in our state creating jobs in the health care field that are needed in all corners of North Dakota.

I encourage you to support this important investment in access to quality health care in all regions of North Dakota, and **pass Senate Bill 2155**. Thank you for letting me share my experience with you today.

Debbie Swanson, RN, MS
Director, Grand Forks Public Health
3334 Primrose Ct.
Grand Forks, ND 58201
dswanson@gra.midco.net
701-739-2901

Senate Human Services Committee
SB 2155
January 30, 2023

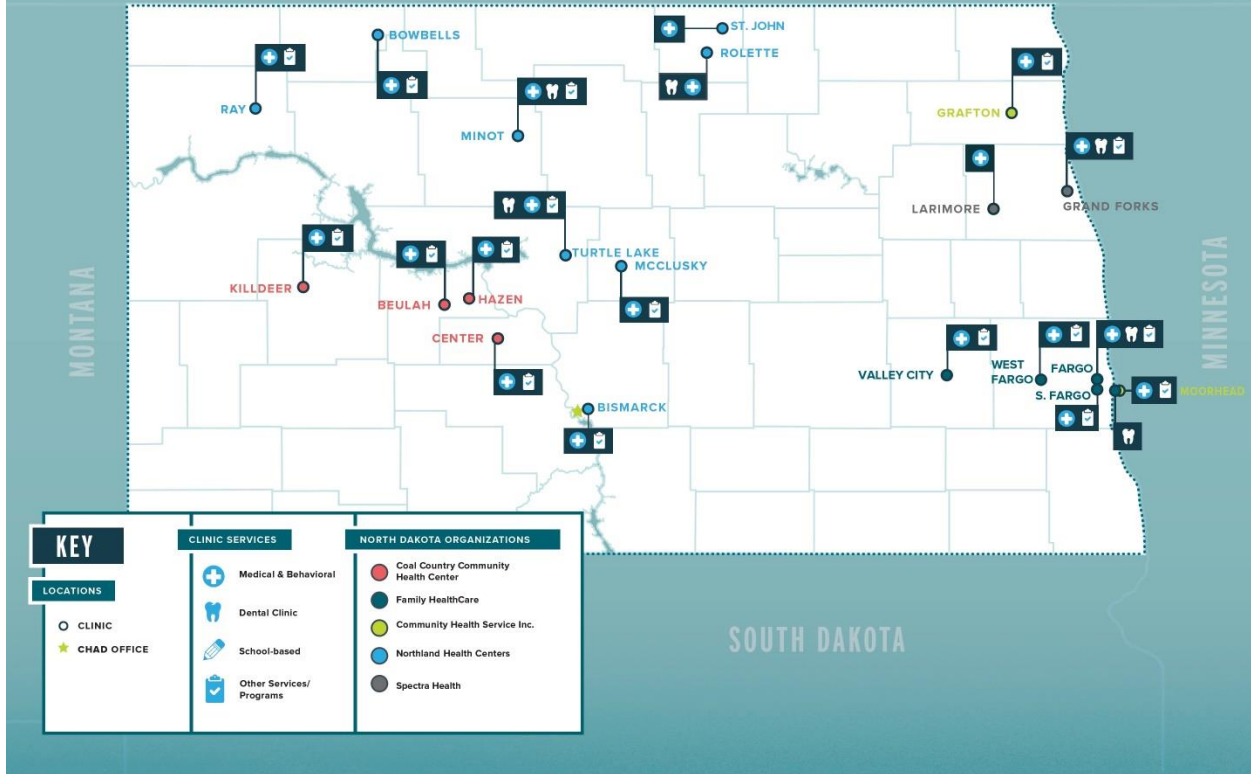
Chairman Lee and Human Services Committee Members, my name is Shelly Ten Napel, and I am the Chief Executive Officer of the Community HealthCare Association of the Dakotas, also known as CHAD. CHAD is the membership association that supports community health centers and urban Indian health centers in North Dakota and South Dakota. I am pleased to present testimony in support of Senate Bill 2155. This bill will provide an appropriation to the Department of Health and Human Services to: provide grants to support and enhance services at current community health centers; offer grants to support community assessments that could expand the reach of the health center program into underserved rural and urban communities; and provide for a legislative management study during the interim session on increasing the number of community health centers and their coordination with local public health units.

First, I would like to share a little background on the health care organizations we are talking about and their reach in North Dakota and note that we have leaders from the several of the health centers in North Dakota here with us today.

Community health centers are non-profit, community-driven primary care clinics with a unique Federally Qualified Health Center (FQHC) designation. 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 in 19 communities with 21 delivery sites. They serve approximately 36,000 primary and behavioral health care patients and nearly 13,000 dental patients.



COMMUNITY HEALTH CENTER LOCATIONS



Community health centers, or CHCs, are in rural and urban North Dakota. In rural communities, they support a community's ability to retain local health care options and support access to health care where rural North Dakotans live and work. In urban areas, they tend to care for underserved populations. CHCs serve patients without stable housing, work to meet the needs of refugee and resettlement populations, and provide care for migrant farmworkers. They offer dental services to underserved populations, and they have stepped up to play a significant role in addressing the opioid epidemic and meeting the behavioral health needs of their patient populations.

While we know the need for care exists, the resources to provide those services are difficult to find. CHCs provided nearly \$11 million in uncompensated care to North Dakota residents over the last two years. CHCs do work to maximize existing funding sources, which include reimbursement for services, patient payments, grant dollars for specific programs, and federal

appropriations. But, with rising wages and a growing population needing services, additional resources are required to meet the ever-increasing needs.

Community health centers reduce overall health care costs by reducing emergency room visits and hospitalizations for Medicaid recipients. Specifically, a study done in 2016 noted that CHCs reduce costs by 24 percent compared to other providers in the Medicaid program. In addition, CHCs reduce uncompensated care costs for other providers by preventing emergency room visits and avoidable hospitalizations for uninsured or underinsured patients in the community.

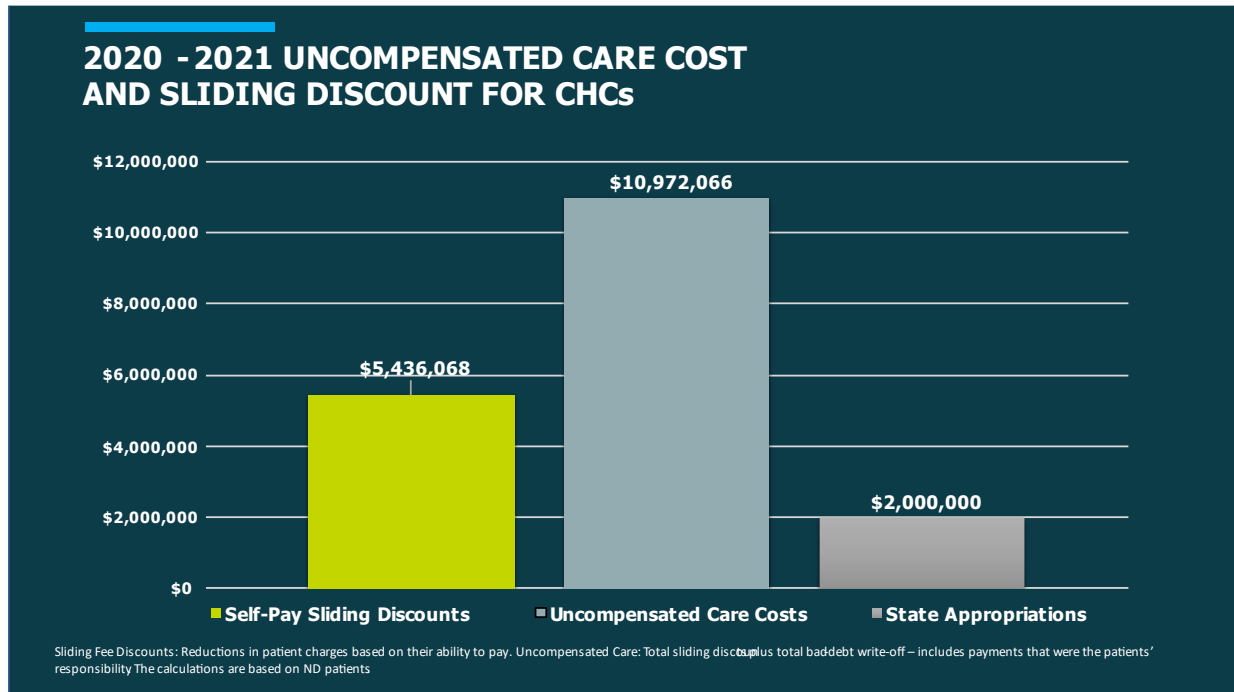
Community health centers are all governed by community- and patient-led boards. As a result, they are focused on meeting community needs. In some cases they do this through partnerships with other health and service providers, including local public health, local social service agencies and other area health care providers. Collaboration is part of the DNA of health centers, both in response to program requirements and as an outgrowth of how they are governed.

You will hear directly from several CHCs about the unmet health and wellness needs in their communities and how additional funding would enable them to better support overall community health. In general, this appropriation would sustain and improve the reach of community health centers to the most vulnerable. It will help them respond to workforce challenges and shortages, enable health IT investments that support quality improvement, put more resources towards social and environmental barriers to health in underserved communities, and sustain outreach, translation, transportation, and other non-billable services.

This bill lays out a funding allocation methodology that mirrors a model currently used in other states to support their CHCs. This methodology is based on the total sliding fee discounts offered to patients at each health center. By law, CHCs must offer sliding fee discounts based on income to uninsured and underinsured patients. Each health center's sliding fee discount amount is already reported publicly to the federal government using a consistent methodology. This approach will limit additional administrative effort for the health centers and the state.

As this chart shows, in 2020 and 2021, the total sliding fee discounts that were offered to patients by North Dakota community health centers was nearly 5.5 million dollars. Total

uncompensated care, which is sliding fee discounts plus bills that were written off because patients were unable to pay was more than twice that amount.



To help address this shortfall, we ask you to consider allocating \$2 million in state resources to CHCs over the next biennium so they can sustain and grow their impact in the state. Twenty-nine states currently appropriate state resources to CHCs to support their mission, and we hope you will agree that North Dakota CHCs should be added to this list.

Thank you and I am happy to take any questions.



January 30, 2023

Dear Madam Chair Lee and members of the committee:

My name is Andrea Olson and I'm the Executive Director of Community Action Partnership of North Dakota (CAPND). We are a nonprofit organization representing the collective interests of our members and the low-income population of the state through representation and education for more than 40 years. The services provided by our regional Community Action Partnership agencies serve low-income families, many of those who need access to Community Health Services.

Both Community Action and Community Health Centers are working to address social determinants of health; those social and economic barriers that prevent people from getting healthy and sustaining health. There is a significant relationship between health and economic status; one impacts the other. Poor health can be the result of poverty, and poverty can be the result of poor health. When determinants of health work against some or are left unaddressed, they create health inequities which lead to worse outcomes and more expensive care.

North Dakota needs Community Health Centers; they play an integral role in our state's health care system serving over 36,000 patients a year. Of those patients, 74% lived in families earning less than 200% of the federal poverty level. Simultaneously, Community Action served over 20,000 people who fell within those same income guidelines i.e. we can attest to the significant need that Community Health Centers play and recognize that Health Centers routinely identify needs such as food, housing, transportation, and others, during primary care visits and refer patients to local community resources.

Additionally, health centers make important contributions to their local economy, generating local jobs as well as substantial cost savings for the overall health care system. Often a "main street anchor" of their communities, health centers in North Dakota employed 369 full-time workers and generated an economic impact of more than \$90 million in the year 2021.

We fully support an increase of \$2 million to support Community Health Centers. Adequate funding will allow an opportunity many families experiencing poverty across North Dakota will to achieve health and well-being.

Sincerely,

Andrea Olson, MS, CCAP, NCRT/NCRI
Community Action Partnership of North Dakota
Executive Director

North Dakota Senate Human Services Committee
SB 2155
January 30, 2023

Chairman Lee, and Members of the Committee, my name is Mara Jiran and I am the Chief Executive Officer of Spectra Health, a federally qualified health center (FQHC) with clinics located in Grand Forks and Larimore, North Dakota. I thank you for your time and for the opportunity to provide testimony to encourage you to vote yes for SB 2155.

Spectra Health has been a critical resource in rural and urban northeast North Dakota for nearly twenty years. Much like our partner health centers, we provide comprehensive primary care services, that include medical, dental, behavioral health, case management, optometry, chiropractic, and addiction services. We have significantly invested in integrating behavioral health services into all aspects of primary care through an evidenced-based model that focuses on brief behavioral health interventions. Essentially what this means is that Spectra Health has onsite behavioral health professionals that are available for immediate support, as opposed to a behavioral health visit that is scheduled in 2-3 weeks. We have seen great success in this integrated behavioral health model – resulting in improved patient satisfaction and wellbeing along with improved coordination of care with other health systems, including the human service center in our region.

Furthermore, through partnership with local public health, Spectra Health has significantly expanded access to much needed substance use disorder services. Recognizing the gaps in care within our region, the partnership with local public health has helped to develop and grow crucial services. We now have two onsite licensed addiction counselors and our team of primary care providers are able to offer medications for both opioid and alcohol use disorders. Embedding these services within an integrated primary care setting reduces the stigma of receiving care for addiction services and has dramatically improved the lives of those struggling with addiction.

While Spectra Health serves individuals and families with or without insurance, we recognize that some of our neighbors need extra support. In 2016 we hired our first social worker to provide case management services. Since that time, we have grown to seven (7) full time case managers and support a minimum of one social work intern. This investment is a critical resource to address various social determinants of health that include, but are not limited to, food and housing insecurity, transportation assistance, assistance applying for insurances, etc. At the height of the COVID pandemic, Spectra Health saw a 300% increase in case management visits. The need for case management services has not waned and has, in fact, grown as more and more North Dakotans try to make ends meet with rising costs.

This is both an exciting and challenging time in health care. Health centers across the state are uniquely responding to the needs of each of our communities. We are investing to ensure

access to behavioral health and recovery services are available in our rural and urban communities from the Badlands to the Red River Valley. Your support of SB 2155 is an investment in these critical services via a primary care delivery system that is both cost effective and easily accessible to all North Dakotans.

Thank you for the opportunity to share this testimony and I welcome any questions.

Respectfully,

Mara Jiran, CEO
Spectra Health

North Dakota Senate Human Services Committee
Senate Bill (SB) 2155
Monday, January 30, 2023

Chairman Lee, and Members of the Committee, I am Patrick Gulbranson, Chief Executive Officer of Family HealthCare based in Fargo, North Dakota and urge you to vote yes for SB 2155. I am pleased to present testimony in support of SB 2155.

Family HealthCare's mission is to provide high quality healthcare for every person. Family HealthCare is a private, non-profit, federally qualified health center (FQHC) that has been operating in the community for over 30 years. As an FQHC, Family HealthCare is governed by a volunteer Board of Directors, of which a majority of members are patients of Family HealthCare. Annually, Family HealthCare provides comprehensive primary care, including medical, dental, behavioral health, pharmacy, optometry, lifestyle medicine, and other services, to approximately 15,000 unique patients including over 52,000 visits. A large portion of our patients have incomes at or below the 200% Federal Poverty Level, and reside in Cass and Barnes Counties, North Dakota, and Clay County, Minnesota. Nearly 25% of our patients are uninsured, approximately 53% of our patients have Medicaid, and 1 in 4 of our patients are best served in a language other than English.

The need for access to comprehensive primary care continues to rise in our community. In particular, the need for access to dental services continues to grow in our service area and Family HealthCare is committed to expanding our capacity to serve more dental patients. Currently, we simply cannot expand our dental services fast enough; additional funding would assist us in striving to meet this need for more access.

Family HealthCare could utilize the additional funding from SB 2155 to increase our capacity of serving more dental patients in our clinics and Mobile Clinic Unit, a 40-foot truck unit with 2 dental operatories/medical exam rooms, by increasing the number of dental operatories and hiring additional staff. Our dental clinics serve over 7,100 patients and in 2022, the Mobile Clinic Unit provided 848 encounters comprising of 182 dental visits, 628 immunizations, 23 physical exams, and 15 optometry exams to patients who would likely not receive care elsewhere. The additional funding could assist us in having the Mobile Clinic Unit operational more days of the year. The demand for our Mobile Clinic Unit to provide services in our community at schools, senior living facilities, social service organizations, our Homeless Health Services clinic, and other locations far exceeds our current ability to due to limited staffing and financial resources. The additional investment in health centers would prevent more unnecessary emergency room visits and avoidable hospitalizations in our communities, creating shared savings across the healthcare continuum.

Thank you for allowing me to bring this testimony before you today and I am happy to answer any questions.

Sincerely,
Patrick Gulbranson
Chief Executive Officer, Family HealthCare

Testimony in support of:
Senate Bill 2155

January 30th, 2023

Chairman Lee and Committee Members, my name is Rachel Thomas and I work for Northland Health Centers as the Chief Financial Officer. Northland Health Centers serves eight communities in the central and northern areas of the state, with most of these communities having less than 500 individuals in the cities' populations. We provide medical, dental, and behavioral healthcare services. With the support of federal and private funds we have been able to provide MAT (Medication-Assisted Treatment) services in nearly all our communities for over five years and are proud to say we have helped over 200 individuals receive opioid use disorder care. We have also been providing traditional behavioral healthcare services in one of our communities for the past eight years and are looking to hire staff and expand that service to reach other communities that don't have those available services. By voting yes, you can assist us in expanding that reach, and help us invest in communities that need these services.

The patients we serve in the communities without behavioral healthcare are those that are most vulnerable, some fall under 200% of the federal poverty guidelines and some don't have the means of transportation to travel to an area where those services are provided. By not providing behavioral healthcare services to these individuals, the risk of preventable ER admissions increases, community involvement decreases, and overall health and wellbeing of these individuals deteriorates. There is a huge need in our smaller communities, and we are committed to providing behavioral healthcare services to those individuals. The risk we take is pulling current staff out of production (leaving another gap in care) to travel to these small communities and meet the unmet needs of our patients. By supporting this bill, it would ensure health centers could provide the needed care without an added risk.

I urge you to support Senate Bill 2155 so that in the underserved areas of our state individuals can receive the behavioral healthcare they need.

Thank you for your consideration.

Testimony of Landis Larson, ND AFL-CIO President
In Support of SB 2155
January 30, 2023

Chairperson Lee and members of the Senate Human Services:

My name is Landis Larson, President of the North Dakota AFL-CIO. The North Dakota AFL-CIO is the federation of labor unions in North Dakota, representing the interests of all working people in our state.

I am testifying on behalf of the North Dakota AFL-CIO in support of Senate Bill 2155.

Community Healthcare Centers are so vital to many of our rural working families, oftentimes being the closest and most affordable option to get routine care. That's important to us because most working families don't have a lot of time or extra money to travel the hours that may be needed to get to the healthcare options in our largest communities. We all know that even with the best preparations, travel plans are often at the whims of North Dakota weather.

North Dakota is somewhat unique in that we have a number of large industrial employers in rural areas of our state. These working families are the backbone of many of our small communities. Many of our rural workers are already commuting long distances to work, and adding miles on to access healthcare makes it harder to make appointments. If we didn't have Community Health Centers serving our rural populations in the communities in which they live and work, we are sure our working families would have decreased health outcomes, especially when it comes to things like routine care, behavioral health and even dental care. The extra costs to these families would be significant. We are excited that we have an opportunity to not only sustain, but grow this important network of community health centers to serve more working families closer to home.

Community Health Centers are also important economic drivers in our communities, accessing federal funding and creating good jobs. Those good jobs spend money in our communities and have a multiplier effect to help economic growth in sectors like services and housing.

The North Dakota AFL-CIO fully supports SB 2155 and our Community Health Centers.

TESTIMONY on SB 2155
from the
NATIONAL ASSOCIATION OF SOCIAL WORKERS—NORTH DAKOTA CHAPTER
to the
ND Senate Human Services Committee
January 30, 2023

Chairman Lee and members of the Senate Human Services Committee:

The Board of Directors and Advocacy Committee of the NASW-ND submits this testimony in support of Senate Bill 2155. We appreciate the opportunity to share our perspective.

NASW-ND strongly supports SB 2155 for the following reasons:

1. The bill would appropriate \$2 million to the department of health and human services to help offset costs of uncompensated care at health centers and to expand the number of community health centers in areas of the Dakotas with healthcare shortages.
2. Community health centers serve as vital access points for behavioral health and substance use disorder treatment for underserved communities. In 2021, health centers in ND provided more than 33,000 mental health visits and more than 8,000 substance use visits.
3. Health centers are addressing the social determinants of health – those social and economic barriers that prevent people from getting healthy and sustaining health over time. Within medical primary care visits, health centers routinely identify needs such as food, housing, transportation, and others, and connect patients with needed resources.

The NASW-ND respectfully requests that members of the Senate Human Services Committee vote Do Pass on this bill.

Testimony Written by:

Amy Phillips, MSSW, MDiv, PhD,
Vice President, Board of Directors NASW-ND
Member, NASW-ND Advocacy Committee

Megan Olson, MSW
Member, NASW-ND Advocacy Committee

Testimony submitted by:

Kristin Rubbelke,
Executive Director
NASW-ND

The North Dakota Chapter of the National Association of Social Workers (NASW-ND) is a membership association representing social workers in the state of North Dakota. The mission of NASW-ND is to strengthen and protect the practice of social work in North Dakota and to advance sound and equitable social policy. Our support of SB 2155 is solidly grounded in our organization's mission.

January 30, 2023

**Testimony to Senate Human Services
 SB 2155
 FQHC and Study**

Chairman Lee and members of the Committee. Thank you for accepting my testimony on SB 2155. I am Brad Gibbens, MPA, Acting Director and Assistant Professor, Center for Rural Health (CRH), UND School of Medicine and Health Sciences. The role of the CRH is to work with rural communities to improve access to community health services, improve population health, and to assist rural communities in building their capacity to meet local needs. Rural health is vital to rural community independence and survival as it contributes not only to the health of individuals and overall population health, but also as a significant factor in the economic, social, and cultural dynamic of the rural community. While we operate through a number of programs two primary program areas are the State Office of Rural Health (SORH) and the Medicare Rural Hospital Flexibility Program (Flex) which also includes the Small Hospital Improvement Program (SHIP). These are supported by federal funds from the Health Resources and Services Administration. Flex works directly with Critical Access Hospitals (CAHs) providing technical assistance, education, assessment and planning, resources, and other services. This now includes an education process to explore a new federal hospital category called the Rural Emergency Hospital. Under Flex, we have created the CAH Quality Network (all 37 CAHs belong) to improve patient quality and safety and a separate Rural Health Clinic Network meeting the needs of the states 54 federally certified RHCs. The SORH provides necessary resources to CRH to facilitate our work with a range of health and community organizations including public health, EMS, CHC, nursing homes, schools, economic development, tribal health, aging services, and others. The CRH also has programs and services to address health workforce, behavioral and mental health, and Native health and aging (e.g. the National Resource Center on Native American Aging). We work closely with the ND Department of Health and Human Services on behavioral health, community care services development, and health workforce, to name a few. Much of our work is in the area of service development (including grant development), assessment, planning, facilitation, education, and connections to other resources. CRH is also home to the national Rural Health Information Hub (RHI Hub) which is essentially a national resource center for rural health and the Rural Health Research Gateway (both HRSA supported)

The rural health landscape has numerous provider groups/organizations, some private and some public that are viewed as “safety net” providers which includes community health centers, rural health clinics, Critical Access Hospitals, and public health. Rural EMS is a particular focus. In general, virtually all rural health organizations exist in a turbulent and fast changing environment. We recognize the American health system is changing as we move from a volume-based system (i.e., payment associated with delivered services) to one based more on value (payment associated with outcomes and performance). This is a significant and complex change. CRH is actively engaged with others in developing a pathway to value for rural providers. There are population/demographic, financial, workforce, regulatory, and other environmental factors that influence organizational viability. Thus, they also impact the entire rural community. Ultimately, all of these community organizations strive to provide the best services they can to improve the health of their populations. Building local capacity to make rational decisions is fundamental.

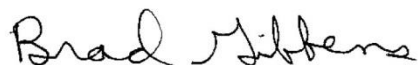
Community Health Centers are essential providers and it is positive to stabilize their viability. On a personal note, I have had the opportunity to work with our local Grand Forks CHC, Spectra Health on their commendable work to be part of our Grand Forks efforts to address homelessness. My church has been able to provide emergency funds to Spectra to help keep some families in their homes. That is a good example of addressing population health and the social determinants of health. For my church this is an opportunity to be a partner to a worthy community effort. CHCs expand their impact via community partnerships. I greatly appreciate and admire the use of a sliding fee scale as a way to provide primary care, oral health, and mental health services to financially vulnerable individuals and families. Community Health Centers are critical providers.

I do have some concerns with the legislation. While CRH works with and supports CAHs, RHCs, and CHCs it is clear they are different models and the needs of one may conflict with the needs of others. We must acknowledge this. Sometimes there is collaboration and an understanding to work together for the good of the community; however, there have been times where there has been organizational conflict. Some years ago, CRH worked with a few communities to build consensus as there was turbulence involving CAHs and CHCs. Please understand it is natural that some providers (e.g. hospitals and RHCs) question the use of state funds to support one type of health organizational structure (CHC) in expansion into their traditional markets. This perspective has been presented to me. Health care is by nature a competitive operation and we have witnessed this with larger health systems expanding into a community that has its own health system. We accept this as it is part of how private health organizations expand. It is an example of health care capitalism and we tend to view competition as positive. The difference may be that that competition is part of the private market and does not involve public dollars supporting one of the structures. We risk duplicating services in small markets that struggle to maintain what is already present. We are at a juncture nationwide where we now see non-health organizations (e.g. Walmart, Amazon, Target, and others) entering and providing direct patient services. Many traditional health systems feel that pressure. The world is changing.

I am offering these insights less as objections than as additional factors to consider. Cautionary considerations. In my almost 38 years in health care I have seen many successful efforts (and failures) to improve access to care. By-in-large collaboration between groups is the best means to meet community health needs. I think we all want to avoid unnecessary conflict. All the provider groups are sincerely committed to improving access, improving health status, and community viability. In terms of assessment activities, I would recommend “put the community first.” That is the goal. Different structures can work together when offered the opportunity to do so. An assessment process that is inclusive of all local providers and community representatives, having them at the table for discussions, considering their unique contributions, taking time to understand different positions, and considering overall implications can make a significant community contribution.

In conclusion we hope and trust that a process can be developed that is based on collaboration and inclusivity rather than competition to meet unmet community health needs and to avoid duplicative effort.

Thank you,

A handwritten signature in black ink that reads "Brad Gibbens". The signature is written in a cursive, slightly slanted style.

Brad Gibbens, Acting Director and Assistant Professor

Senate Human Services Committee

SB 2155

January 30, 2023

Chairman Lee and Committee Members, my name is Brian G. Williams, I am the CEO of Coal Country Community Health Center. Coal Country Community Health Center (CCCHC) has 4 clinic locations in Mercer, Oliver, and Dunn Counties. In addition to those 4 clinic sites, we also provide behavioral health services in the Killdeer, Beulah, Hazen, and Center School Districts.

CCCHC provides several behavioral health services in a collaborative model with the schools, Knife River Care Center, and Sakakawea Medical Center. The services we provide to our youth in the school districts is vital in assisting youth now during times of need but also providing them with skills to utilize throughout their lives. Unfortunately, CCCHC does not always receive reimbursement for services and this funding would allow us to sustain these services and provide opportunities to grow the school based behavioral health services within our current collaboration.

I respectfully encourage the committee to support SB 2155.

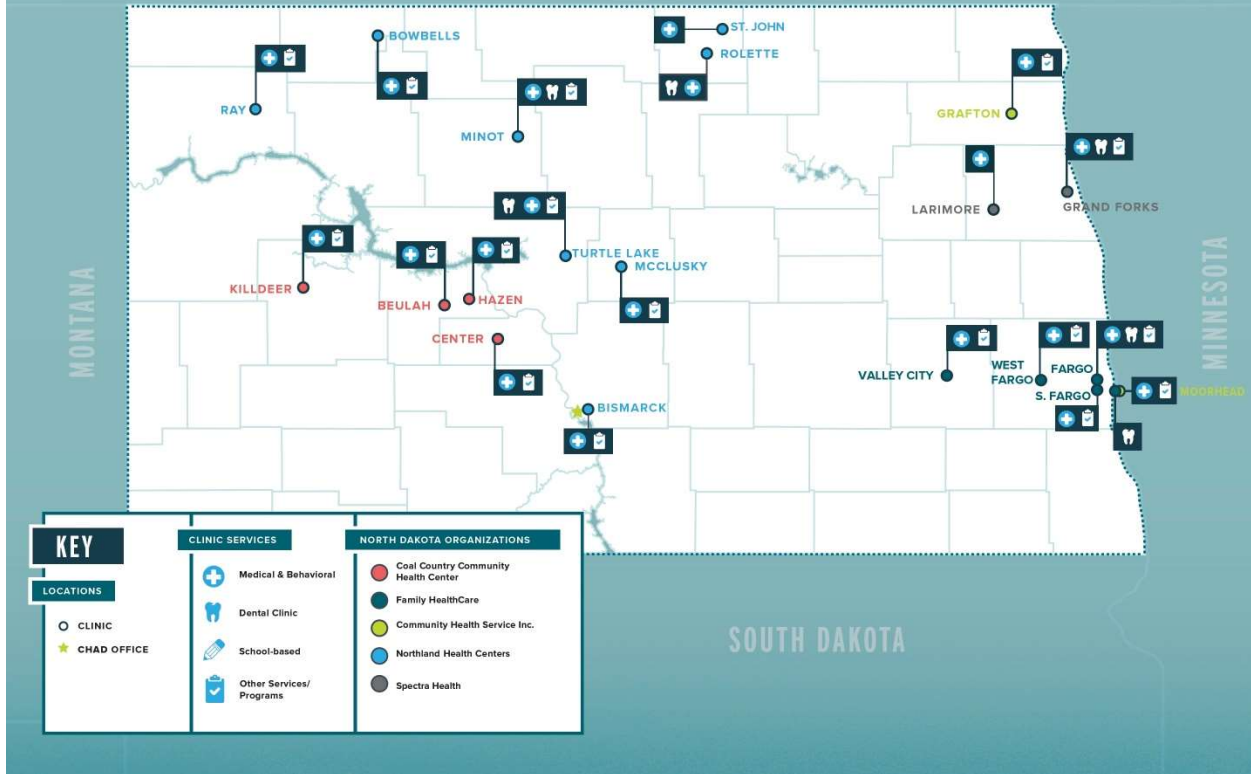
Senate Appropriations Committee
SB 2155
February 8, 2023

Chair Bekkedahl, Vice Chair Krebsbach, and Appropriations Committee Members, my name is Rachel Thomas, and I am the CFO of Northland Health Centers. Northland Health Centers serves eight communities in the central and northern areas of the state, providing medical, dental and behavioral health services. I am pleased to present testimony in support of Senate Bill 2155. This bill will provide an appropriation to the Department of Health and Human Services to: provide grants to support and enhance services at current Community Health Centers or CHC's; offer grants to support community assessments that could expand the reach of the health center program into underserved rural and urban communities; and provide for a legislative management study during the interim session on increasing the number of CHC's and their coordination with local public health units.

I am here representing all CHC's across North Dakota. You will note that in addition to the testimony I am sharing today, several of my colleagues submitted written testimony as well. CHC's are non-profit, community-driven clinics with a unique Federally Qualified Health Center (FQHC) designation. 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 different CHC's in 19 communities with 21 delivery sites. We serve approximately 36,000 medical and behavioral health care patients and nearly 13,000 dental patients. In 2021, about 20% of health center patients were uninsured, 12% were best served in a language other than English, and nearly half lived in families with an income below the federal poverty level.



COMMUNITY HEALTH CENTER LOCATIONS



CHC's, are in rural and urban communities of North Dakota. In rural communities, we support the community's ability to retain local health care options and support access to health care where rural North Dakotans live and work. In urban areas, our focus is the underserved and underinsured populations. We offer dental services, focusing on the unmet needs of Medicaid patients. We play a significant role in addressing the opioid epidemic through Medications for Opioid Use Disorder (MOUD) treatment. We strive to meet the mental health needs of our patient populations through traditional and integrated therapy models. We also serve patients without stable housing, work to meet the needs of refugee and resettlement populations and provide care for migrant farmworkers.

While we know the need for care exists, the resources to provide these services are difficult to find. CHC's have provided nearly \$11 million in uncompensated care to North Dakota residents over the last two years. We work to maximize existing funding resources, which include

reimbursement for services, patient payments, grant dollars for specific programs, and federal appropriations. But, with rising wages and a growing population needing services, additional resources are required to meet the ever-increasing needs.

CHC's reduce overall health care costs by reducing emergency room visits and hospitalizations for Medicaid recipients. Specifically, a study done in 2016 noted that CHC's reduce costs by 24% compared to other providers in the Medicaid program. In addition, CHC's reduce uncompensated care costs for other providers by preventing emergency room visits and avoidable hospitalizations for uninsured or underinsured patients in the community.

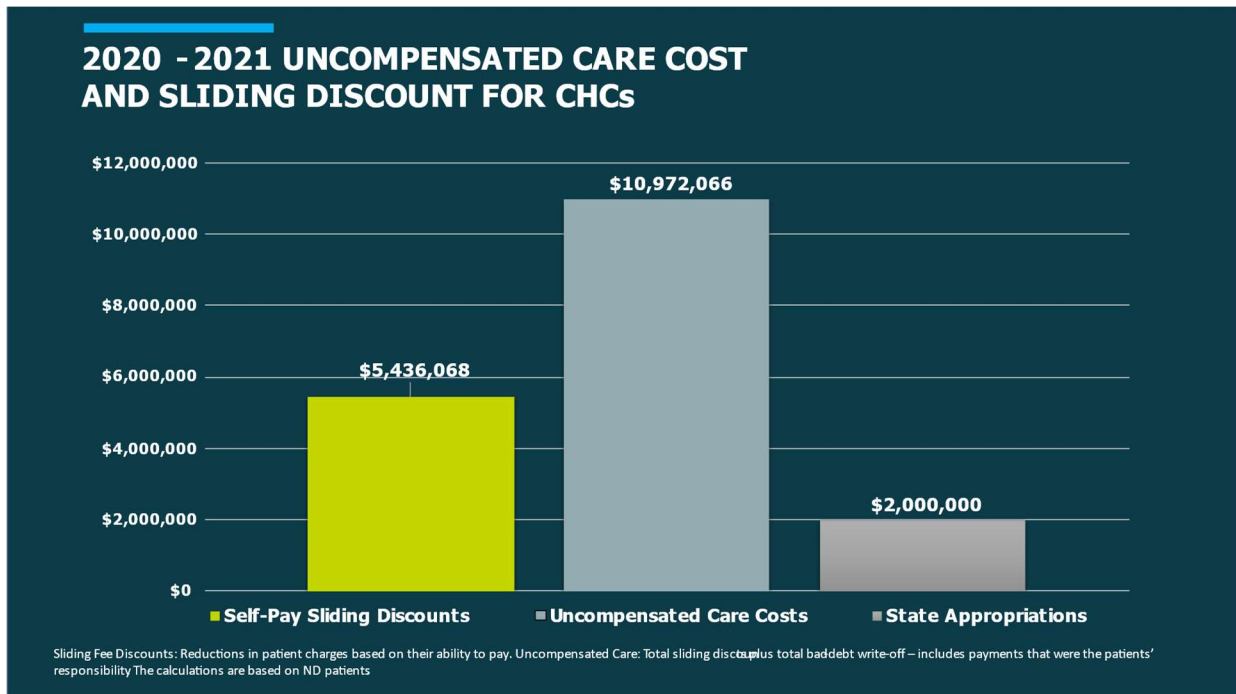
CHC's are all governed by community and patient-led boards. As a result, we are focused on meeting community needs. In some cases, we do this through partnerships with local health and service providers. Collaboration is part of a CHC's core principles, both in response to program requirements as well as an outcome of how we are governed.

Every CHC faces different obstacles involving the unmet health and wellness needs in their communities and have provided testimony for how additional funding would enable them to better support overall community health. In general, this appropriation would sustain and improve the reach of CHC's to the most vulnerable. It will help us respond to workforce challenges and shortages, enable health IT investments that support quality improvement, put more resources towards social and environmental barriers to health in underserved communities, and sustain outreach, translation, transportation, and other non-billable services.

This bill lays out a funding allocation methodology that mirrors a model currently used in other states to support their CHC's. This methodology is based on the total sliding fee discounts offered to patients at each health center. CHC's are required to offer sliding fee discounts based on income to uninsured and underinsured patients. Each health center's sliding fee discount amount is already reported publicly to the federal government using a consistent methodology. This approach will limit additional administrative efforts for the health centers and the state.

As this chart shows, in 2020 and 2021, the total sliding fee discounts that were offered to patients by North Dakota CHC's was nearly 5.5 million dollars. Total uncompensated care,

which is sliding fee discounts plus patient balances that were written off due to patients being unable to pay was more than twice that amount.



To help address this shortfall, we ask you to consider allocating \$2 million in state resources to CHC's over the next biennium so we can sustain and grow our impact in the state. Twenty-nine states currently appropriate state resources to CHC's to support their mission, and we hope you will agree that North Dakota CHC's should be added to this list.

Thank you and I am happy to take any questions.

23.0333.02002

Sixty-eighth
Legislative Assembly
of North Dakota

SENATE BILL NO. 2155

Introduced by

Senators Lee, Hogan, Hogue

Representatives Dobervich, M. Ruby, Strinden

1 A BILL for an Act to provide an appropriation to the department of health and human services
2 for federally qualified health center grants; and to provide for a legislative management study on
3 expanding the number of federally qualified health centers.

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

5 **SECTION 1. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES -**

6 **FEDERALLY QUALIFIED HEALTH CENTER GRANTS.** There is appropriated out of any
7 moneys in the general fund in the state treasury, not otherwise appropriated, the sum of

8 ~~\$2,000,000~~ \$1,000,000, or so much of the sum as may be necessary, to the department of

9 health and human services for the purpose of providing grants to federally qualified health

10 centers ~~and grants to establish federally qualified health centers~~, for the biennium beginning

11 July 1, 2023, and ending June 30, 2025.

- 12 1. For purposes of this section, "federally qualified health center" means an entity
- 13 receiving a grant under United States Code, title 42, section 254b.
- 14 2. The department of health and human services shall award grants from the funds
- 15 appropriated in this section to federally qualified health centers in North Dakota to
- 16 continue, expand, and improve federally qualified health center services to low-income
- 17 populations. The grant amount for each center must be proportional to the amount of
- 18 discounts granted to patients of the center for the most recent calendar year to the
- 19 total amount of discounts granted by all centers in North Dakota during the most
- 20 recent calendar year as reported on the federal uniform data system report in
- 21 conformance with the bureau of primary health care program expectations policy
- 22 information notice 98-23, except one federally qualified health center may receive no
- 23 more than 50 percent of the total amount of grants awarded under this subsection.

1 ~~3. The department may use up to \$200,000 of the funds appropriated in this section for~~
2 ~~community assessment and planning grants to establish federally qualified health~~
3 ~~centers in new communities that qualify for a federally qualified health center.~~

4 **SECTION 2. LEGISLATIVE MANAGEMENT STUDY - FEDERALLY QUALIFIED HEALTH**

5 **CARE CENTER EXPANSION.** During the 2023-24 interim, the legislative management shall
6 consider studying the expansion of federally qualified health care centers. The study must
7 include consideration of increasing the number of federally qualified health care centers in the
8 state and improving federally qualified health care center collaboration with local public health
9 units. The legislative management shall report its findings and recommendations, along with
10 any legislation required to implement the recommendations, to the sixty-ninth legislative
11 assembly.

Testimony in support of:
Senate Bill 2155

March 15, 2023

Chairman Weisz, Vice Cahir Rohr and House Human Services Committee Members, my name is Rachel Thomas and I work for Northland Health Centers as the Chief Financial Officer. Northland Health Centers serves eight communities in the central and northern areas of the state, with most of these communities having less than 500 individuals in the cities' populations. We provide medical, dental, and behavioral healthcare services. With the support of federal and private funds we have been able to provide MAT (Medication-Assisted Treatment) services in nearly all our communities for over five years and are proud to say we have helped over 200 individuals receive opioid use disorder care. We have also been providing traditional behavioral healthcare services in one of our communities for the past eight years and are looking to hire staff and expand that service to reach other communities that don't have those available services. By voting yes, you can assist us in expanding that reach, and help us invest in communities that need these services.

The patients we serve in the communities without behavioral healthcare are those that are most vulnerable, some fall under 200% of the federal poverty guidelines and some don't have the means of transportation to travel to an area where those services are provided. By not providing behavioral healthcare services to these individuals, the risk of preventable ER admissions increases, community involvement decreases, and overall health and wellbeing of these individuals deteriorates. There is a huge need in our smaller communities, and we are committed to providing behavioral healthcare services to those individuals. The risk we take is pulling current staff out of production (leaving another gap in care) to travel to these small communities and meet the unmet needs of our patients. By supporting this bill, it would ensure health centers could provide the needed care without an added risk.

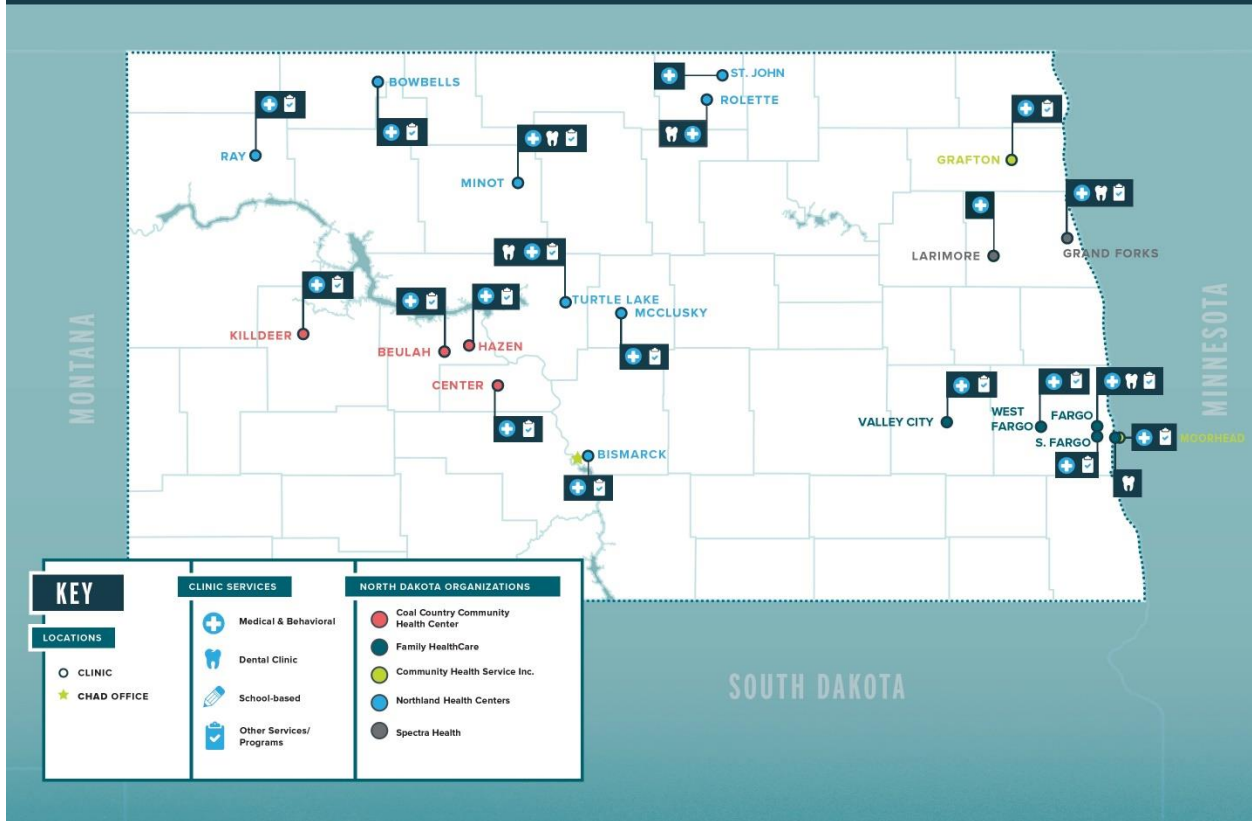
I urge you to support Senate Bill 2155 so that in the underserved areas of our state individuals can receive the behavioral healthcare they need.

Thank you for your consideration.

North Dakota House Human Services Committee
SB 2155
March 15, 2023

Chair Weisz, Vice Chair Ruby, and House Human Services Committee Members, my name is Patrick Gulbranson, and I am the Chief Executive Officer of Family HealthCare based in Fargo, North Dakota, and a board member of the Community Healthcare Association of the Dakotas, which represents community health centers across North Dakota. I am pleased to present testimony in support of Senate Bill 2155, which passed the Senate Human Services and Appropriations Committees with unanimous do pass recommendations and passed the full Senate with a nearly unanimous vote of 46-1. This bill will provide an appropriation to the Department of Health and Human Services to provide grants to support the sustainability and development of services at community health centers. The bill also calls for a legislative management study regarding how the number of community health centers in North Dakota may be increased and how to improve collaboration with local public health units.

Along with my colleague Brian Williams, Chief Executive Officer of Coal Country Community Health Center, I am here representing community health centers across North Dakota. You will note that – in addition to the testimony I am sharing today – several of my colleagues submitted testimony in writing. Community health centers are non-profit, community-driven primary care clinics with a unique Federally Qualified Health Center (FQHC) designation. 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 in 19 communities with 21 delivery sites. They serve approximately 36,000 primary and behavioral health care patients and nearly 13,000 dental patients. In 2021, about 20% of health center patients were uninsured, 12% were best served in a language other than English, and nearly half lived in families with an income below the federal poverty level.



Community health centers, or CHCs, are in rural and urban North Dakota. In rural communities, they support a community's ability to retain local health care options and support access to health care where rural North Dakotans live and work. In urban areas, they tend to care for underserved populations. CHCs serve patients without stable housing, work to meet the needs of refugee and resettlement populations, and provide care for migrant farmworkers. They offer dental services to underserved populations, and they have stepped up to play a significant role in addressing the opioid epidemic and meeting the behavioral health needs of their patient populations.

While we know the need for care exists, the resources to provide those services are difficult to find. CHCs provided nearly \$11 million in uncompensated care to North Dakota residents over the last two years. CHCs do work to maximize existing funding sources, which include reimbursement for services, patient payments, grant dollars for specific programs, and federal

appropriations. But, with rising wages and a growing population needing services, additional resources are required to meet the ever-increasing needs. In addition, there are [research estimates](#) that the impact of ending the Medicaid continuous eligibility policies of the public health emergency will have about a negative impact between \$1.8 and \$2.6 million on CHCs in North Dakota.

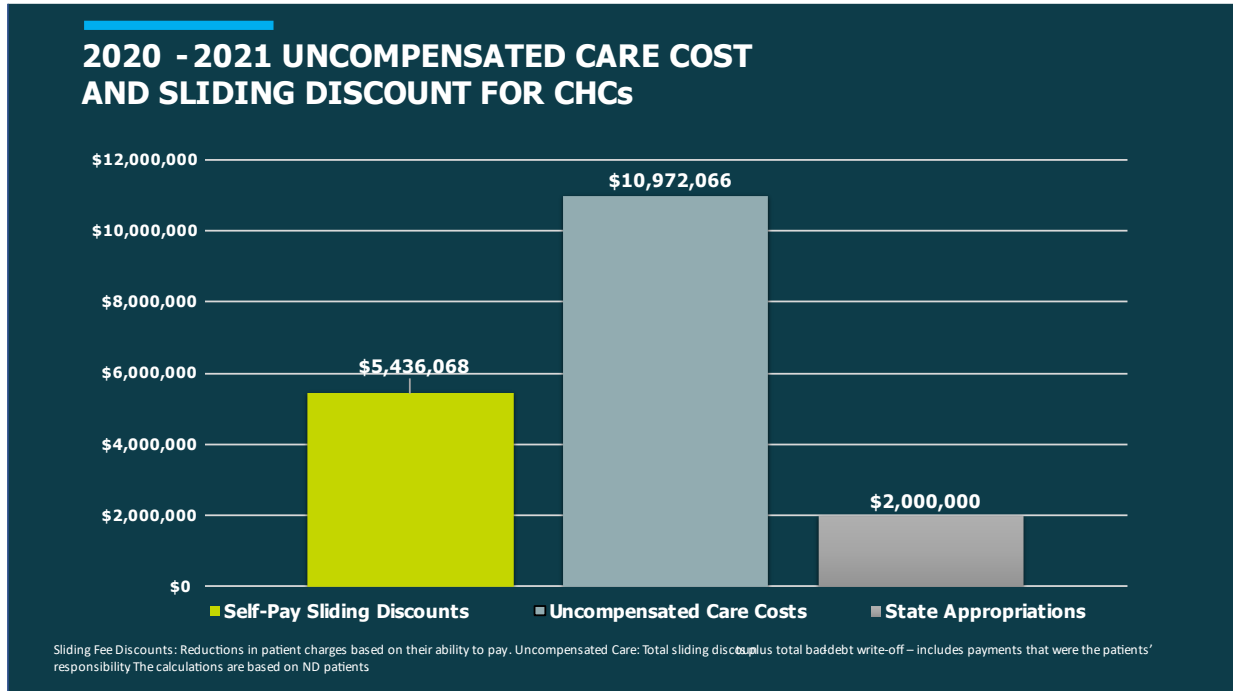
Community health centers reduce overall health care costs by reducing emergency room visits and hospitalizations for Medicaid recipients. Specifically, a study done in 2016 noted that CHCs reduce costs by 24 percent compared to other providers in the Medicaid program. In addition, CHCs reduce uncompensated care costs for other providers by preventing emergency room visits and avoidable hospitalizations for uninsured or underinsured patients in the community.

Community health centers are all governed by community- and patient-led boards. As a result, they are focused on meeting community needs. In some cases they do this through partnerships with other health and service providers, including local public health, local social service agencies and other area health care providers. Collaboration is part of the DNA of health centers, both in response to program requirements and as an outgrowth of how they are governed.

This appropriation would sustain and improve the reach of community health centers to the most vulnerable. It will help them respond to workforce challenges and shortages, enable health IT investments that support quality improvement, put more resources towards social and environmental barriers to health in underserved communities, and sustain outreach, translation, transportation, and other non-billable services.

This bill lays out a funding allocation methodology that mirrors a model currently used in other states to support their CHCs. This methodology is based on the total sliding fee discounts offered to patients at each health center. By law, CHCs must offer sliding fee discounts based on income to uninsured and underinsured patients. Each health center's sliding fee discount amount is already reported publicly to the federal government using a consistent methodology. This approach will limit additional administrative effort for the health centers and the state.

As this chart shows, in 2020 and 2021, the total sliding fee discounts that were offered to patients by North Dakota community health centers was nearly 5.5 million dollars. Total uncompensated care, which is sliding fee discounts plus bills that were written off because patients were unable to pay was more than twice that amount.



To help address this shortfall, we ask you to consider allocating \$2 million in state resources to CHCs over the next biennium so they can sustain and grow their impact in the state. While the final recommendation from the Senate Appropriations Committee was for \$1 million over the biennium, we ask this committee to re-instate the original request from Senate sponsor Judy Lee for \$2 million. An annual allocation of \$500,000 spread across 5 health care organizations will limit the impact of the state funding. While it would help cover the shortfall caused by wage pressure and unwinding Medicaid continuous eligibility, but it would not enable the expanded services that our communities need. Twenty-nine states currently appropriate state resources to CHCs to support their mission, and we hope you will agree that North Dakota CHCs should be added to this list.

Thank you for allowing me to bring this testimony before you today and I am happy to answer any questions. Respectfully, Patrick Gulbranson, CEO, Family HealthCare

North Dakota House Human Services Committee
Senate Bill (SB) 2155
Wednesday, March 15, 2023

Chair Weisz, Vice Chair Ruby, and Members of the Committee, I am Patrick Gulbranson, Chief Executive Officer of Family HealthCare based in Fargo, North Dakota and urge you to vote yes for SB 2155. I am pleased to present testimony in support of SB 2155.

Family HealthCare's mission is to provide high quality healthcare for every person. Family HealthCare is a private, non-profit, federally qualified health center (FQHC) that has been operating in the community for over 30 years. As an FQHC, Family HealthCare is governed by a volunteer Board of Directors, of which a majority of members are patients of Family HealthCare. Annually, Family HealthCare provides comprehensive primary care, including medical, dental, behavioral health, pharmacy, optometry, lifestyle medicine, and other services, to approximately 15,000 unique patients including over 52,000 visits. A large portion of our patients have incomes at or below the 200% Federal Poverty Level, and reside in Cass and Barnes Counties, North Dakota, and Clay County, Minnesota. Nearly 25% of our patients are uninsured, approximately 53% of our patients have Medicaid, and 1 in 4 of our patients are best served in a language other than English.

The need for access to comprehensive primary care continues to rise in our community. In particular, the need for access to dental services continues to grow in our service area and Family HealthCare is committed to expanding our capacity to serve more dental patients. Currently, we simply cannot expand our dental services fast enough; additional funding would assist us in striving to meet this need for more access.

Family HealthCare could utilize the additional funding from SB 2155 to increase our capacity of serving more dental patients in our clinics and Mobile Clinic Unit, a 40-foot truck unit with 2 dental operatories/medical exam rooms, by increasing the number of dental operatories and hiring additional staff. Our dental clinics serve over 7,100 patients and in 2022, the Mobile Clinic Unit provided 848 encounters comprising of 182 dental visits, 628 immunizations, 23 physical exams, and 15 optometry exams to patients who would likely not receive care elsewhere. The additional funding could assist us in having the Mobile Clinic Unit operational more days of the year. The demand for our Mobile Clinic Unit to provide services in our community at schools, senior living facilities, social service organizations, our Homeless Health Services clinic, and other locations far exceeds our current ability to due to limited staffing and financial resources. The additional investment in health centers would prevent more unnecessary emergency room visits and avoidable hospitalizations in our communities, creating shared savings across the healthcare continuum.

Thank you for allowing me to bring this testimony before you today and I am happy to answer any questions.

Sincerely,
Patrick Gulbranson
Chief Executive Officer, Family HealthCare

North Dakota House Human Services Committee
SB 2155
March 15, 2023

Chair Weisz, Vice Chair Ruby and House Human Services Committee Members, my name is Mara Jiran and I am the Chief Executive Officer of Spectra Health, a federally qualified health center (FQHC) with clinics located in Grand Forks and Larimore, North Dakota. I thank you for your time and for the opportunity to provide testimony to encourage you to vote yes for SB 2155.

Spectra Health has been a critical resource in rural and urban northeast North Dakota for twenty years. Much like our partner health centers, we provide comprehensive primary care services, that include medical, dental, behavioral health, case management, optometry, chiropractic, and addiction services. We have significantly invested in integrating behavioral health services into all aspects of primary care through an evidenced-based model that focuses on brief behavioral health interventions. Essentially what this means is that Spectra Health has onsite behavioral health professionals that are available for immediate support, as opposed to a behavioral health visit that is scheduled in 2-3 weeks. We have seen great success in this integrated behavioral health model – resulting in improved patient satisfaction and wellbeing along with improved coordination of care with other health systems, including the human service center in our region.

Furthermore, through partnership with local public health, Spectra Health has significantly expanded access to much needed substance use disorder services. Recognizing the gaps in care within our region, the partnership with local public health has helped to develop and grow crucial services. We now have two onsite licensed addiction counselors, and our team of primary care providers are able to prescribe medications for both opioid and alcohol use disorders. Embedding these services within an integrated primary care setting reduces the stigma of receiving care for addiction services and has dramatically improved the lives of those struggling with addiction in urban and rural North Dakota.

While Spectra Health serves individuals and families with or without insurance, we recognize that some of our neighbors need extra support. In 2016 we hired our first social worker to provide case management services. Since that time, we have grown to seven (7) full time case managers and support a minimum of one social work intern. This investment is a critical resource to address various social determinants of health that include, but are not limited to, food and housing insecurity, transportation assistance, assistance applying for insurances, etc. At the height of the COVID pandemic, Spectra Health saw a 300% increase in case management visits. The need for case management services has not waned and has, in fact, grown as more and more North Dakotans try to make ends meet with rising costs.

This is both an exciting and challenging time in health care. Health centers across the state are uniquely responding to the needs of each of our communities. We are investing to ensure access to behavioral health and recovery services are available in our rural and urban communities from the Badlands to the Red River Valley. Your support of SB 2155 is an investment in these critical services via a primary care delivery system that is both cost effective and easily accessible to all North Dakotans.

Thank you for the opportunity to share this testimony and I welcome any questions.

Respectfully,

Mara Jiran, CEO
Spectra Health



**TESTIMONY on SB 2155
from the
NATIONAL ASSOCIATION OF SOCIAL WORKERS—NORTH DAKOTA CHAPTER
to the
ND House Human Services Committee
March 15, 2023**

Chairman Weisz and members of the House Human Services Committee:

The Advocacy Committee of the NASW-ND submits this testimony in support of Senate Bill 2155. Additionally, we ask that you restore the original request of \$2 million. We appreciate the opportunity to share our perspective.

NASW-ND strongly supports SB 2155 for the following reasons:

1. The original bill would appropriate \$2 million to the department of health and human services to help offset costs of uncompensated care at health centers and to expand the number of community health centers in areas of the Dakotas with healthcare shortages.
2. Community health centers serve as vital access points for behavioral health and substance use disorder treatment for underserved communities. In 2021, health centers in ND provided more than 33,000 mental health visits and more than 8,000 substance use visits.
3. Health centers are addressing the social determinants of health – those social and economic barriers that prevent people from getting healthy and sustaining health over time. Within medical primary care visits, health centers routinely identify needs such as food, housing, transportation, and others, and connect patients with needed resources.

The NASW-ND respectfully requests that members of the House Human Services Committee restore the bill to the original request of \$2 million and vote Do Pass on the restored bill.

Testimony Written by:

Amy Phillips, MSSW, MDiv, PhD,
Vice President, Board of Directors NASW-ND
Member, NASW-ND Advocacy Committee

Megan Olson, MSW
Member, NASW-ND Advocacy Committee

Testimony submitted by:

Elizabeth Loos
NASW-ND Lobbyist

The North Dakota Chapter of the National Association of Social Workers (NASW-ND) is a membership association representing social workers in the state of North Dakota. The mission of NASW-ND is to strengthen and protect the practice of social work in North Dakota and to advance sound and equitable social policy. Our support of SB 2155 is solidly grounded in our organization’s mission.

Proposed Amendment – SB 2155

Page 1 line 8, replace "\$1,000,000" with "\$2,000,000"