15.0422.03005

Sixty-fourth Legislative Assembly of North Dakota

FIRST ENGROSSMENT

ENGROSSED SENATE BILL NO. 2321

Introduced by

effective date.

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Senators Mathern, J. Lee

1 A BILL for an Act to create and enact chapter 23-48 and a new section to chapter 50-24.1 of the 2 North Dakota Century Code, relating to the certification of a community health-3 worker-community health representative and to medical assistance reimbursement; to provide a 4 report; and to provide an effective date.for an Act to direct the department of human services to 5 seek federal medical assistance coverage for tribal community health representative services; 6 to provide for a legislative management study; to provide for a report; and to provide an

8 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

9	SECTION 1. Chapter 23-48 of the North Dakota Century Code is created and enacted as		
10	follows:		
11	23-48-01. Definitions.		
12	The definitions in this section are applicable to this chapter.		
13	1. "Certified community health worker-community health representative" means a		
14	community health worker-community health representative who is certified under this		
15	chapter, applies an understanding of the experience, language, and culture of the		
16	populations that the individual serves, and provides, as part of a health care team,		
17	direct services that are aimed at optimizing individual and family health and dental		
18	outcomes, and which may include:		
19	a. Informal and motivational counseling and education;		
20	<u>b.</u> <u>Interventions to maximize social supports;</u>		
21	<u>c. Participation in care coordination;</u>		
22	<u>d. Participation in case management;</u>		
23	e. Facilitation of access to health care, dental care, and social services;		
24	f. Health and dental screenings; and		

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1	g. Other services as permitted by rule.
2	2. "Community health worker-community-health representative" means an individual
3	who:
4	a. Is a trusted, knowledgeable, front line worker;
5	b. Lives in or has familiarity with the community in which the individual provides
6	<u>services;</u>
7	<u>c.</u> Bridges cultural and linguistic barriers;
8	d. Promotes access to health care and health coverage;
9	e. Helps to improve health outcomes; and
10	f. Serves as a critical link between the community in which the individual provides
11	services and the health care system, thereby reducing health care access
12	disparities, enhancing health care quality and affordability, and empowering
13	individuals and communities in the pursuit of better health.
14	3. "Department" means the state department of health.
15	23-48-02. Administration.
16	1. The department shall develop and administer a program to provide for the certification
17	of community health workers-community health representatives.
18	2. The health council shall adopt rules to implement the program. The rules must
19	address:
20	a. Education, experience, and training requirements to qualify for certification under
21	this chapter;
22	b. Continuing education standards for certification renewal;
23	c. Grounds for certification denial, suspension, revocation, and reinstatement; and
24	d. Fees for certification and certification renewal.
25	3. The state health officer may issue a cease-and-desist order to a person violating this
26	chapter or rules adopted under this chapter.
27	23-48-03. Certified community health worker-community health representative - Use
28	of designation.
29	Before an individual practices as, claims to be, or uses a letter designation indicating that
30	the individual is a certified community health worker-community health representative, the
31	individual must be certified in accordance with this chapter.

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1	23-48-04. Criminal history record check.		
2	The department shall check or cause to be checked the criminal history record of each		
3	applicant for certification and may check or cause to be checked the criminal history record of		
4	each applicant for recertification. An applicant who is denied certification based on information		
5	obtained through a criminal history record check may appeal the denial at the applicant's		
6	expense.		
7	23-48-05. Fees.		
8	The department shall deposit fees collected under this chapter in the department's		
9	operating fund.		
10	23-48-06. Initial certification - Waiver of criteria.		
11	<u>-1.</u>	An applicant for certification shall submit to the department an application and	
12		associated fees at the time and in the manner required by the department.	
13	<u> 2.</u>	The department may waive one or more certification criteria in the case of an	
14		individual who provides satisfactory evidence of health care training, work experience,	
15		or other education, comparable to the certification standards required by this chapter.	
16	<u> 3.</u>	An individual seeking a waiver of criteria in accordance with subsection 2 shall	
17		demonstrate familiarity with the community health worker-community health	
18		representative program in this state and shall agree to limit the individual's practice to	
19		this state.	
20	<u>4.</u>	A certificate issued under this section is valid for three years.	
21	23- 4	18-07. Certification - Renewal.	
22	<u>1.</u>	An applicant for certification renewal shall submit to the department an application and	
23		associated fees for certification renewal. Each individual is responsible for ensuring	
24		that the renewal of certification is completed in a timely manner.	
25	<u> 2.</u>	The department shall issue a renewal certificate that is valid for three years to each	
26		qualified applicant.	
27	<u> 3.</u>	As a condition of certification renewal, the department shall require an applicant to	
28		complete ten hours of approved continuing education each year.	

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health workers-community health representatives.

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SECTION 4. EFFECTIVE DATE. This Act becomes effective on July 1, 2016, or uponapproval from the center for medicare and medicaid services for the department of humanservices to secure one hundred percent federal funding of the medicaid costs for the services of the community health worker-community health representative, whichever occurs later.

SECTION 1. MEDICAL ASSISTANCE COVERAGE - TRIBAL COMMUNITY HEALTH REPRESENTATIVE SERVICES. The department of human services shall seek federal medical assistance coverage for tribal community health representative services if the representative provides for the coordination of care and education services and if the services are provided under the supervision of a physician, a physician's assistant, a registered nurse, an advanced practice registered nurse, a behavioral health professional, an optometrist, or a dentist for the period beginning with the effective date of this Act and ending June 30, 2017.

SECTION 2. REPORT. The department of human services shall provide a report to the sixty-fifth legislative assembly on the medicaid enrollment by community health representatives and on medicaid service utilization of clients receiving services from tribal community health representatives. The department of human services shall compare medicaid service utilization before and after the medicaid enrollment of community health representatives.

SECTION 3. LEGISLATIVE MANAGEMENT STUDY. During the 2015-16 interim, the legislative management shall consider studying the feasibility and desirability of implementing a community health worker-community health representative program to assist with optimizing individual and family health and dental outcomes through services which include informal and motivational counseling and education; interventions to maximize social support; participation in care coordination; participation in case management; facilitation of access to health care, dental care, and social services; and health and dental screenings. The study must consider the requirements for licensing or certifying community health workers including education, experience, and training requirements and review the availability of medical assistance coverage for services provided by community health workers. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly.

SECTION 4. EFFECTIVE DATE. Sections 1 and 2 of this Act become effective on July 1. 2016, or on approval from the centers for medicare and medicaid services for the department of

- 1 human services to secure one hundred percent federal funding of the medicaid costs for the
- 2 services of the community health representative, whichever occurs later.