

Written Testimony in Support of House Concurrent Resolution No. 3015

Greetings Chairman Lee and members of the Senate Human Services Committee and thank you for the opportunity to speak this morning. My name is Alyson Saville and I'm a constituent of District 22, residing in West Fargo. I'm here today in support of House Concurrent Resolution No. 3015 which would study the feasibility of a Community Health Worker (CHW) Program in North Dakota.

Up until a few months ago I was completely unfamiliar with the position of Community Health Worker. While in a Public Health course at NDSU this past fall I had the opportunity to do a semester long group project and we opted to research Community Health Workers. Representative Dobervich shared the brief report we created but I'd like to share a summary of what we learned and why I think they would be a great addition in North Dakota.

Community Health Workers are trained to carry out healthcare related functions. They can perform a wide variety of tasks including home visits, health education, and chronic disease care, just to name a few. Services provided can foster self-reliance and local participation and are less expensive than clinic-based services. Access to services is critical to good health, yet rural residents in North Dakota face a variety of barriers. By promoting access to healthcare services, CHWs can help improve health outcomes and quality of life in rural communities.

In terms of economic impact, Community Health Workers can be a link between the community and health care providers which can not only improve care quality but decrease costs. They help to reduce unnecessary hospitalizations, urgent care, and emergency room visits, and assist patients with self-managing their care. We interviewed a Community Health Paramedic employed at Sanford in Bismarck as part of our group project and he relayed that the hospital saved approximately \$1.1 million dollars in nine months with only one person in the position. The program is presently free of charge to patients and is cost mitigation for the hospital. The program is expected to grow and shows how the implementation of CHWs can benefit North Dakota.

Other states have shown positive economic outcomes since implementing CHWs as well. A Health System in New Mexico had a savings of \$2 million dollars in one year and an Arkansas CHW program saw a 3:1 return on investment. These are just a few examples of how Community Health workers can provide cost savings.

Traditionally, many CHW programs were run by community-based organizations using grant funds or their own operating budgets. However, centers for Medicare and Medicaid Services implemented a rule change in 2014 that expanded preventive services reimbursement. The change allows community-based preventive services to be delivered by CHWs and reimbursed if recommended by a licensed provider. North Dakota can utilize the funding blueprints for CHWs that have already been established by other states.

The licensing requirements for CHWs vary depending on what level of care they are providing. As an example, in Minnesota CHWs receive a certificate from a Minnesota State Colleges and Universities System with the approved curriculum or they can have at least 5 years of supervised experience with an enrolled health professional. Additionally, they must work under the direct supervision of one of those professionals. If this were to be implemented in North Dakota having the NDDoH oversee certification would utilize licensing and certifying systems already in place in North Dakota.

Since we've all experienced significant personal and community changes because of Covid-19, it's important to think about how Community Health Workers could significantly help with these types of crises. Across the country, CHWs at every level are providing crucial services within their communities. Their services range from ensuring our vulnerable, elderly community members are able to get groceries and medications all the way to providing complex medical care at home, keeping patients out of hospitals and reducing community spread. On many tribal reservations, community health representatives are also performing the vital function of contact tracing, utilizing their knowledge and personal connection with their communities. In Bismarck, Sanford's community paramedic stated that he saw an 800% increase in home care referrals due to the pandemic, all of which helped keep patients from tying up hospital resources and helped prevent unnecessary community contact for sick and vulnerable patients. Community health workers are an under-utilized resource, and that has become especially apparent during the current health crisis.

My husband's 96-year-old grandmother from Mandan had a mild case of Covid-19 and ended up having several stays in the hospital due to her age. I think that the services of a Community Health Worker may have allowed her to stay at home and recover which would have helped her mental health immensely and kept a hospital room open. We've also experienced overcrowded hospitals for months due to Covid-19, with some patients having to have procedures done in hospital hallways. The implementation of CHWs is a solution for capacity problems without having to invest more in infrastructure.

I want to thank the committee again for letting me provide testimony in support of this resolution. I hope that you consider supporting resolution 3015 so we can take the first step towards allowing Community Health Workers to be implemented in the state of North Dakota. Please let me know if you have any questions.