

HCR 3015 Community Health Worker Study Testimony

Good Morning Chairwoman Lee and Members of the Senate Human Services Committee. For the record, my name is Miranda Furchner, and I am a constituent of District 30. I am also an Emergency Medical Technician and student in the Master of Public Health program at North Dakota State University.

I come before you this morning with HCR 3015 which requests a study of how community health workers could expand access to health care in North Dakota, reduce healthcare costs, and improve health outcomes for North Dakotans. Community health workers have the ability to fill a key role in our communities, especially in locations that are medically underserved, such as our rural and tribal communities.

Community health workers have the ability to be a liaison between our communities and our medical providers in clinics and hospitals. Typically, community health workers belong to the neighborhood they serve, and they can provide vital services that otherwise are missed by our healthcare system or that would otherwise require the patient to travel to a clinic or hospital. Working hand in hand with medical providers, community health workers connect patients with proactive and preventative care. This helps reduce re-admittance rates to hospitals and emergency rooms.

An example of the effects of reducing admittance rates to hospitals occurred in 2012 through one of the large hospital systems in New Mexico. The hospital assigned community health workers to reach patients with complex health issues or high utilizers of the healthcare system. At 25 months, program showed a cost savings of over \$2 million, with a cost of around \$520,000 to manage the program.

In 2013, Minnesota utilized a partnership program between nurse practitioners and community health workers to reduce cardiovascular disease. A Minnesota study found there was a cost savings of \$157 for every 1% drop in systolic blood pressure, \$190 for every 1% drop in diastolic blood pressure, and \$149 drop for every 1% drop in A1C on average for every patient in the program. This was after one year, and this is an example of only one of many programs in Minnesota that have utilized community health workers, in partnership with medical providers, to not only save money but also improve the health of its citizens.

I have personally seen community health workers effectively serving their communities while I worked as an emergency medical technician on Standing Rock Reservation. A community health representative, employed by the tribe, was performing a routine visit for an elderly male in her community. Knowing something was wrong when she tried to drop off his prescription medications that morning, she called 911, and my ambulance crew and I were able to immediately activate stroke protocols for this patient. This community health representative was poised to be an active force for good for a neighbor of hers who may have not had anyone else checking on him that day.

Community health representatives working for the tribe need established, adequate funding, and our rural communities need access to this type of resource.

I encourage the committee to vote to pass HCR 3015 so that we may explore this opportunity for improving health outcomes for North Dakotans through the utilization of community health workers. Ms. Chairwoman and Members of the Committee, this concludes my testimony, and I stand for questions.