

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

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

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

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

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

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

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

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

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

I would be happy to answer any questions.

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Proposed HB 1029 amendments:

- Add community health representatives to the bill for the purposes of Medicaid reimbursement.
- Section 2.2
Services covered under this section ~~may be initiated upon referral from~~ ~~must be under a care plan~~ ~~ordered by~~ a licensed physician, physician assistant, registered nurse, advanced practice registered nurse, dentist, pharmacist, or psychologist.
- Section 2.3:
Covered services include care coordination, health system navigation, resource coordination, health promotion and coaching, ~~advocacy on behalf of the recipient, helping a recipient enroll in health coverage, medication or medical equipment delivery, transporting recipient to healthcare services~~ and health education.
- Section 2.4:
Noncovered services include ~~advocacy on behalf of the recipient~~, case or care management, child care, chore services, companion services, employment services, ~~helping a recipient enroll in a government program or insurance~~, interpreter services, ~~medication or medical equipment delivery~~, personal care services, respite care, services outside the scope of the ordered care plan, socialization, transporting the recipient ~~to non-healthcare services~~, and travel time.