



Health Administration

Mandan, Hidatsa & Arikara Nation | Three Affiliated Tribes

701-627-7522 | 701-627-7637
1302 12th St N • New Town, ND 58763

Testimony House Bill No. 1029 House Human Services Committee January 9, 2023

Chairman Weisz and members of the House Human Services Committee, my name is Shelby Stein and I am the Health Programs Analyst in the Tribal Health Administration department for the MHA Nation. I am here today to provide testimony in support of House Bill No. 1029. Our support is contingent upon tribal Community Health Representatives (CHRs) being recognized as Community Health Workers within this bill.

The Community Health Representative (CHR) program was established in 1968. CHRs are the original community health workers (CHWs) and they serve as a link between the community and clinical services and work to facilitate access to necessary care and services. CHRs are CHWs. CHRs are well trained to provide a broad range of services. The CHR training requirements are set by the Indian Health Service and consists of the CHR Basic Training course as well as several optional advanced training modules. The CHR Basic Training course is comprehensive and contains 17 primary training topics, including advocacy skills, care coordination and system navigation, and social determinates of health. In additional, many CHRs are also certified CNAs.

For the MHA Nation, our CHRs expand services to community members across the Fort Berthold reservation. As written in Section 2, number 3 of HB 1029, the proposed covered services include care coordination, health system navigation, resource coordination, health promotion and coaching, and health education. CHRs have been and will continue to provide these services and because of this, CHRs should be recognized as CHWs in this bill and tribal health entities should be able to be reimbursed for these services on par with all other CHW providers.

CHRs and CHWs assist their patients with a range of services that address barriers to accessing the care they need or barriers to adhering to their treatment plan. They help patients navigate our complex healthcare system. By coordinating and advocating for their patients, CHRs and CHWs are able to help their patients access the care and services they need, which can help reduce future healthcare costs by addressing issues before they require ER or hospital care.

Again, MHA Nation's support for this bill is contingent upon tribal Community Health Representatives (CHRs) being recognized as Community Health Workers. To that end, we recommend two revisions to HB 1029. First, we request to add advocacy on behalf of the recipient, helping a recipient enroll in health coverage, and medication or medical equipment delivery be added as covered services within Section 2. Next, we request a

change to Section 2, number 2, to state that services covered under this section be initiated upon a referral, not under a care plan.

Lastly, I previously provided testimony in support of House Bill No. 1028. The MHA Nation supports both HB 1028 and 1029, again only if tribal CHRs are recognized as CHWs, and it is our opinion that the best outcome would be to combine both of these bills in order to support the CHW task force work as well as to support an expedited route to Medicaid reimbursement for CHWs.

Chairman Weisz and members of the committee, thank you for the opportunity to testify today and as long as the bill is amended to recognize CHRs as CHWs, the MHA Nation supports HB 1029. This concludes my testimony. I would be happy to answer any questions the committee may have.

Thank you,

Shelby Stein, RDN, LRD
Health Programs Analyst
MHA Nation | Three Affiliated Tribes
701-421-8274
Shelby.stein@ihs.gov