



**2023 House Bill 1028**  
**Senate Human Services Committee**  
**Senator Judy Lee, Chairman**  
**March 6, 2023**

Chairman Lee and members of the Senate Human Services Committee, I am Melissa Hauer, General Counsel/VP of the North Dakota Hospital Association (NDHA). I testify in support of House Bill 1028 and ask that you give the bill a **Do Pass** recommendation.

Hospitals support this bill because it would provide a framework for regulation of community health workers (CHW) in our state.

CHWs provide support and health education needed by patients to successfully modify behaviors, increase engagement in treatment plan development, and increase the likelihood of improved health outcomes. CHWs increase the health care workforce and help patients receive care in the community. Although the scope of practice of CHWs can vary across states, they are usually frontline, public health professionals who have similar cultural knowledge, practices, and beliefs, or life experiences as the people they serve in the community. They often serve as a link between their community and needed healthcare and social services, helping to improve timely access to those services.

A large body of evidence shows that CHWs can help improve chronic disease control and mental health, promote healthy behavior, improve patients' perceived quality of care, shrink health disparities, and reduce emergency care use, hospitalizations, and health care spending<sup>1</sup>. CHW programs can be cost-effective and offer a positive return on investment (ROI). A recent study found that for every dollar invested in a CHW intervention, Medicaid payers saw an average ROI of \$2.47.

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<sup>1</sup> <https://www.aha.org/building-and-sustaining-health-care-workforce-community-health-workers>, Nov. 2021, Critical Inputs for Successful Community Health Worker Programs.

We understand an amendment is being proposed to provide Medicaid reimbursement for CHWs. We would fully support such an amendment. To succeed, CHW programs need to have sustainable funding arrangements. Nearly half the states in the U.S., plus Washington, D.C., have some form of Medicaid payment that allows CHWs to deliver preventive care, provide supports for specific populations, or includes CHWs as part of Health Homes. Additionally, some private health care payers and providers have opted to internally finance CHW programs, based on an assumption or demonstration of reduced costs.

Developing standards for CHWs in our state, as this bill would do, offers the potential to provide transparent expectations for organizations that employ, partner with, and contract with CHWs. Expectations would align with established definitions of CHW identity and scope of practice thereby promoting the infrastructure CHWs need to provide high-quality support to people in their communities. We think the increased support of CHWs is a win for patients, hospitals, and payers.

Please give the bill a **Do Pass** recommendation. Thank you.

Respectfully Submitted,

Melissa Hauer, General Counsel/VP  
North Dakota Hospital Association