

**House Bill 1028**  
**North Dakota Senate**  
**Human Services Committee**  
**Rep. Gretchen Dobervich**  
**March 6, 2023 9:00am**

Madame Chair and Members of the Senate Human Services Committee my name is Representative Gretchen Dobervich. I work for the people of District 11 in South Central Fargo. I come before you with HB 1028, a bill passed out of the Legislative Interim Health Care Committee, House Human Services Committee, and House Chamber related to the establishment and reimbursement for services for a statewide community health worker program.

Community Health Workers act as connections between community members, clinical and public health, and social services. Community Health Worker is an umbrella term for many community-based care providers including community health representatives serving tribal nations, community paramedics, peer support specialists, and other community-based services. Community Health Workers serve patients who are the least connected to systems of care or at highest risk of needing care, prioritize addressing the social determinates of health in care, improve health literacy to assist patients to better follow through with care plans from their providers, and assist in navigating health systems.

Community Health Workers support patients managing chronic illness, promote healthy behaviors, provide health education, assist in accessing programs and services, conduct public health disease prevention activities, and can conduct health screenings. There are many different supports and activities Community Health Workers can provide.

Community Health Workers work in a variety of settings including but not limited to public health departments, clinical medical systems, community based organizations, faith based organizations, emergency response services, tribal health care, and Federally Qualified Health Centers.

Community Health Workers do not replace place licensed health and social service professionals. Most states have education requirements that a community health worker must meet to be recognized as certified and their work reimbursed by a third party payer, including continuing education requirements.

**Community Health Workers**

1. Improve patient knowledge about their care
2. Improve health outcomes
3. Reduce frequent hospitalizations and emergency room visits, lowering overall healthcare costs

I have uploaded a handout from the Michigan League of Public Policy that does a really nice job of describing who community health workers are, what they do, and how they can improve health outcomes and health care costs as a supplement to my testimony.

HB 1028 seeks to establish a task force of multisector stakeholders to develop a data driven, best practice plan for community health worker education, training, certification, regulation, and ND Medicaid reimbursement, the building blocks of a state managed and funded community health worker program.

The taskforce membership would include, but is not limited to, the Department of Health and Human Services, North Dakota Department of Career and Technical Education, Department of Public Instruction, State Board of Higher Education, University of North Dakota School of Medicine and Health Sciences, North Dakota Center for Rural Health, North Dakota State University and University of North Dakota Departments of Public Health, private insurance providers, healthcare providers, including qualified service providers, and the tribal nations placed in North Dakota. HB 1028 directs the task force to complete their work for the program to begin in 2025.

HB 1028 also directs the taskforce to establish the framework for a community health worker collaborative. South Dakota currently certifies and reimburses community health workers. They have established a community health worker collaborative which essentially serves as a licensing board. More information about it can be found at <https://chwsd.org/>.

There is a fiscal note of \$10,000 of one-time spending for the North Dakota Department of Health and Human Services to contract with an independent facilitator to convene taskforce meetings, facilitate the meetings, collect secondary data as needed, and write and disperse minutes of the meetings. I ask the Senate Human Services Committee to increase that amount to \$100,000. The amount was reduced to \$10,000 in House Human Services as the deadline for bills with fiscal notes over a certain amount had passed prior to HB 1028 being passed out of committee. It would not be possible to find a qualified contract facilitator for the current amount.

Ms. Chairperson and Members of the Senate Human Services Committee I urge you to pass HB 1028 to develop a community health worker program as part of the clinical and public health and social services maintaining and improving the health of North Dakotans.

That concludes my testimony and I stand for questions.