

Senate Human Services
Senator Judy Lee, Chair
March 6, 2023
HB 1028

Good morning Chair Lee 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.

Community Health Workers (CHWs) have been a recognized public health resource since the 1970s. In more recent years, CHWs have gained well-deserved recognition for their proven ability to address the unique health and social issues within their communities.

CHWs offer services and insight that can span the scope of multiple care models. The Health Resources and Services Administration (HRSA) defined the many known service outcomes of the CHW model as:

- Better understanding between community members and the health and social service system
- Increased use of health care services at the right time and in the right place
- Improved access to health care and preventative services
- Improved health outcomes
- Enhanced communication between community members and health providers
- Improved adherence to health recommendations
- Reduced need for emergency and specialty services⁴

The Department of Labor Statistics reports there 126,700 CHWs today and the field is growing quickly.

In 2020 Sanford's North Dakota locations were awarded a grant from the Administration for Community Living. This grant allowed us to add three CHWs to our team. One in Fargo, Traill County and Bismarck. Additionally, South Dakota was awarded a federal grant in 2021 which led to the addition of multiple CHWs placed throughout rural clinics. These CHWs have become irreplaceable on our healthcare teams and the data is clear which I will present shortly. CHWs benefit patients, the healthcare system and the state.

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 other states including Minnesota and South Dakota. We have been able to leverage their online programs successfully which would eliminate the immediate need for North Dakota 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.

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 PowerPoint:

- 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 Medicaid program if Sanford Health hired 10 FTEs—our strategic CHW goal—would be approximately \$58,000. We project the savings to the State would be more than \$500,000.

All told, CHWs have had tremendous impact on patient outcomes and cost of care. As we all come together to address workforce, access to healthcare services, reducing healthcare costs, community services aimed at keeping people in their homes and addressing social determinants of health, CHWs check all the boxes and we are excited

to grow this program. Community health workers are a proven resource to save healthcare dollars, expand workforce and improve patient outcomes.

In addition to supporting HB 1028 as written, we respectfully ask you to consider adding core elements necessary for North Dakota's Medicaid program to begin the process of establishing Medicaid reimbursement with this legislation rather than waiting until the 2025 Session. The task force and planning scope identified in the bill are important and no doubt will create thoughtful strategies to create the best program possible, but we offer that moving forward with Medicaid reimbursement now would be a positive step to help patients now.

Attached to my testimony are suggested additions to the bill that would establish a narrow scope of practice, focused list of covered services, and enabling legislation to establish Medicaid reimbursement.

Thank you for your time and your consideration. I would be happy to answer any questions.

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Proposed HB 1028 amendments:

SECTION 1.

Scope of practice.

A community health worker provides health system navigation, resource coordination and preventative health services to prevent disease, disability, or other health condition or their progression for an individual with a chronic condition or at risk for a chronic condition. This section does not authorize a community health worker to practice within the scope of practice of another regulated profession, such as nursing, medicine, pharmacy, or psychology.

Scope of coverage.

1. Medical assistance coverage must include payment for services provided by a community health worker who is providing services within the scope of practice for a community health worker.
2. Services covered under this section may initiated upon referral from a physician, physician assistant, advanced practice registered nurse or registered nurse.
3. Covered services include health system navigation, identifying applicable resources, community resource coordination, application assistance, arranging transportation to medical and social service appointments and health promotion and education that is part of an approved, evidence-based program such as chronic disease self-management.
4. Non-covered services include care planning, case or care management, childcare, chore services, companion services, employment services, personal care services, respite care, travel time and services that duplicate waiver-approved Medicaid services for which the recipient is determined eligible.

SECTION 4. DEPARTMENT OF HEALTH AND HUMAN SERVICES - COMMUNITY HEALTH WORKERS - MEDICAID STATE PLAN AMENDMENT. During the 2023-25 biennium the department of health and human services shall seek a Medicaid state plan amendment to authorize the reimbursement of certified community health workers and community health representatives. Upon amendment of the Medicaid state plan, the executive director of the department of health and human services shall certify this fact to the legislative council.