

Senate Human Services Committee

HB 1028

March 6, 2023

Chair Lee and Committee Members my name is Courtney Koebele, and I am speaking on behalf of the Community HealthCare Association of the Dakotas (CHAD). This non-profit membership organization serves as the primary care association for North Dakota and South Dakota.

First, I would like to share a little background on the health care organizations we are talking about and their reach in North Dakota. Community health centers are non-profit, community-driven primary care clinics with a special designation of Federally Qualified Health Center (FQHC). Each clinic provides high-quality primary and preventive care to all individuals, with or without insurance and regardless of their ability to pay. North Dakota has five community health centers located in 19 communities with a total of 21 delivery sites. They serve approximately 36,000 primary and behavioral health care patients and nearly 13,000 dental patients.

Community health centers are in rural and urban North Dakota. In rural communities, the community health care clinic supports a community's ability to retain local health care options and support access to health care where rural Dakotans live and work. For example, Northland Health Center has clinics in Rolette, St. Johns, Ray, McClusky, Turtle Lake, Minot, and Bismarck. Health centers are essential medical homes where patients find services that promote health, diagnose and treat disease, manage chronic conditions and disabilities,

and cope with other life challenges that prevent them from getting healthy and staying healthy.

Clinics need to offer and be reimbursed for the wide range of services critical to improving patients' overall health. When integrated with primary healthcare, a Community Health Worker (CHW) can enhance team-based, patient-centered care by complementing the work of healthcare professionals. CHWs help primary care providers understand the patient's social barriers to care and the real problems that patients face daily that can impact their health outcomes.

We support this bill but ask that it be amended. CHAD supports the amendments submitted to allow a pathway for reimbursement for CHW. The other amendment CHAD requests is that the bill be amended to specify that Community Health Workers be deemed billable providers at Federally Qualified Health Centers (FQHC). FQHCs have a slightly different payment model that requires this clarification. Ensuring that FQHCs are able to utilize Community Health Workers supports the goals which include reaching the underserved populations who are core to the FQHC mission with the outreach, education, and engagement services needed to improve their health outcomes.

A final amendment would be on page 2, line 20 to read "a statewide association representing Federally qualified health care centers."

Thank you for allowing me to testify in support of HB 1028 and to raise the need for community health workers as billable providers at Federally Qualified Health Centers, commonly referred to as community health centers, throughout the state.