



House Bill 1623 – Support
January 20, 2026
Joint Appropriations Committee
Janelle Moos, AARP ND- jmoos@aarp.org

Chairman and Members of the Joint Appropriations Committee,

My name is Janelle Moos, Advocacy Director with AARP North Dakota. AARP is a nonpartisan, nonprofit, nationwide organization with nearly 38 million members. 83,000 of those members live in North Dakota.

Almost one in five Americans reside in rural areas. Residents in rural communities face significant health disparities, and worse health outcomes, across numerous measures and conditions, when compared to urban areas. Lack of access to services is a driver of these disparities. Residents of rural areas also face longer drives to hospitals, as well as hospital closures that leave communities without essential services. All these challenges hit older North Dakotans especially hard as many do not have the mobility, technology, or financial means to obtain care elsewhere. Addressing health care disparities in rural and underserved areas will require a multifaceted approach, and we appreciate you seeking feedback in a variety of areas, related to rural health care.

Our comments focus on health care provider access, which we believe has the most direct and immediate impact on older North Dakotans as outlined in ND's Rural Health Transformation grant program application/budget and in HB 1623.

Health Care Workforce

Family Caregivers

Policies that focus on revitalizing the health care workforce can improve patient access to care. AARP believes that when someone needs care, there needs to be someone to take care of them. Often, a family caregiver is the first and closest point of contact in providing care. Family caregivers are the backbone of the care system in this country, helping older adults, people with disabilities, and veterans live independently in their homes and communities. The physical, emotional, and financial challenges they face in their caregiving roles cannot be overstated, exemplified by a poll released by AARP earlier this year on family caregivers. Millions of family caregivers provide \$600 billion annually in unpaid labor to their loved ones. This includes assisting with daily activities such as eating, bathing, dressing, meal preparation, finding and coordinating care, managing medications, transportation to medical and other appointments, performing complex medical/nursing tasks, supporting their loved one through care transitions such as from hospital to home, managing finances, and so much more. The assistance they provide saves taxpayers billions of dollars, by helping to delay or prevent more costly nursing home care

and unnecessary hospital stays. Without them, America's health and long-term care systems would collapse.

However, too often, family caregivers do not get the support, including education and training, that they need to take care of the person they are assisting.

Six in ten family caregivers are also balancing outside employment with caregiving responsibilities. Typical caregivers of someone who lives in a rural area have lower education and household income than caregivers of those living in a suburban or urban area. Caregivers of someone living in a rural area typically do not live in a rural area themselves. Caregivers of rural-living recipients more often report high levels of financial strain and have experienced a greater number of financial impacts due to caregiving. Family caregivers on average spend over \$7,200 annually in out-of-pocket caregiving expenses. Caregivers of rural-living recipients more often have difficulty taking care of their own health and less often report having health insurance.

We urge the committee to support family caregivers by offering meaningful assistance through the Rural Health Transformation program. This includes financial relief, access to respite care for temporary breaks, and education and training to help caregivers navigate their responsibilities. Additionally, caregivers need help locating essential resources. It is critical to make both caregiving and the search for paid care more manageable. These efforts will help reduce the economic and emotional burdens associated with caregiving and promote the overall health and well-being of family caregivers.

Direct Care Workers

AARP also notes that most individuals want to live in their own homes and not in a nursing home. In a 2021 AARP survey, three-fourths of adults age 50-plus told us they wish to remain in their current homes and communities for as long as possible. Older adults need more options for getting care at home, which is also generally more cost-effective. Investing in home care will help individuals get the services and support they need, where, when, and how they need them. As noted previously, family caregivers assist their older parents, spouses, siblings, grandparents, and other loved ones so they can live independently in their homes. When family caregivers are not available or cannot provide all the assistance individuals need, the paid direct care workforce are important partners and provide critical support.

Health Care Access

Telehealth

Telehealth can play an integral part in health care delivery. Not only does telehealth provide protection from exposure to infection and allows patients to receive care without putting themselves or their providers at increased health risk, it also has great potential to enhance access to quality care in rural and underserved areas. Telehealth can benefit older adults by reducing or eliminating travel and wait times, distance and transportation barriers, and certain travel or transportation costs. Access to telehealth can also improve independence and autonomy. Telehealth benefits can be particularly significant for older adults in rural areas or underserved communities. These individuals face added

barriers to care and may have to travel further, or incur additional costs, when visiting providers and specialists. In some cases, a

specialist or provider may be so far away that the distance is prohibitive, in which case the person may forgo care altogether.

AARP ND thanks the Committee and the staff from the ND Department of Health and Human Services for examining health care delivery in rural and underserved areas and the transparency in how the money will be spent and allocated, as well as accepting consumer input throughout the process.

Connecting and investing in the health of residents living in rural communities is critical. The Rural Health Transformation grant supports many of the same priorities AARP has, including improving the health, safety and independence of rural North Dakotans. We think HB 1623 is an important step forward in helping older North Dakotans remain in their communities as they age, therefore, we urge you to support the bill.

Thank you.