

TESTIMONY
HOUSE BILL 1623 – HIA HEALTH
JOINT APPROPRIATIONS COMMITTEE
SENATOR BRAD BEKKEDAHL, CO-CHAIRMAN
REPRESENTATIVE DON VIGESAA, CO-CHAIRMAN
JANUARY 21, 2026

Chairpersons Bekkedahl and Vigesaa, and members of the Joint Appropriations Committee, thank you for the opportunity to speak with you today.

For the record, my name is Tracee Capron, and I serve as Executive Director of HIA Health. I am here today not only on behalf of HIA Health, but on behalf of the citizens of North Dakota, to provide testimony in support of House Bill 1623 and respectfully request a **DO PASS** recommendation.

I want to begin by expressing sincere gratitude to the North Dakota Legislature, Governor Kelly Armstrong, Interim Commissioner Pat Traynor, the Department of Health and Human Services, and the people of North Dakota. Your willingness to act on Rural Health Transformation funding reflects a shared commitment to protecting access to care for every community—no matter how rural, remote, or frontier.

We are here today because rural healthcare systems are strained—but they are not beyond repair.

For more than 40 years, HIA Health—formerly Hospice of the Red River Valley—has delivered care in the community. What we offer today is not theoretical. It is a proven, scalable continuum of care that includes hospice, palliative care, home-based primary care, chronic and principal care management, Qualified Service Provider services, non-medical transportation, community health workers, and grief and bereavement services (provided at no cost to the community).

Care is not defined by a building. It is defined by where life is lived—whether that is a farmhouse, an apartment, a senior living setting, or a tribal community. This model keeps care closer to home, reduces fragmentation, prevents avoidable crises, and strengthens families and communities.

My confidence in this initiative comes from the moment Rural Health Transformation funding became a possibility. We were in Washington, D.C., attending a national conference when we learned about it and immediately contacted the North Dakota Department of Health and Human Services because we believed the state needed to be aware.

What I learned was striking: North Dakota already knew.

Not only did the North Dakota Department of Health and Human Services understand the opportunity, they had already begun laying groundwork identifying gaps, setting expectations, and preparing for disciplined execution.

Workforce shortages remain the single greatest threat to rural healthcare. When a nurse leaves a small town, care often leaves with them. When a provider burns out, an entire region feels it.

Our plan directly addresses this reality. HIA Health has built a local, community-based workforce model with an incredible retention rate, no reliance on locums or traveling staff, and volunteer engagement exceeding federal requirements. Along with the North Dakota Department of Health and Human Services and this body, we also understand that retention of clinicians is imperative to the sustainability of providing quality care in our state – this will require systems that are supported by loan repayment pathways, partnerships with educational institutions, flexible scheduling, clinical ladders, leadership development, and community-rooted training pipelines. This is how you build a durable rural workforce—not just for today, but for the next generation.

This model also strengthens North Dakota’s rural and critical access hospitals, rather than replacing them. By expanding home-based care, reducing unnecessary transports, and supporting and building telehealth capacity – we help preserve critical emergency and inpatient services while giving families more options to receive care at home.

House Bill 1623 allows us to deepen our work in tribal and frontier communities, including expanded home-based primary, palliative, and hospice education; community health worker development; and culturally aligned care integration. Not everyone starts life with the same health or access—but our responsibility is to help people remain as healthy as possible, for as long as possible, where they want to live.

Finally, I want to emphasize one critical operational point: funding structure matters. Rural providers operate on thin margins while traveling long distances, providing grief and bereavement care, and filling gaps others cannot. Upfront investment is essential. When organizations are required to carry too much early financial burden, the real cost is borne by leadership and frontline staff—and workforce erosion follows. HIA Health has worked hard to retain its workforce, and early, equitable distribution of funds is essential to sustaining that success.

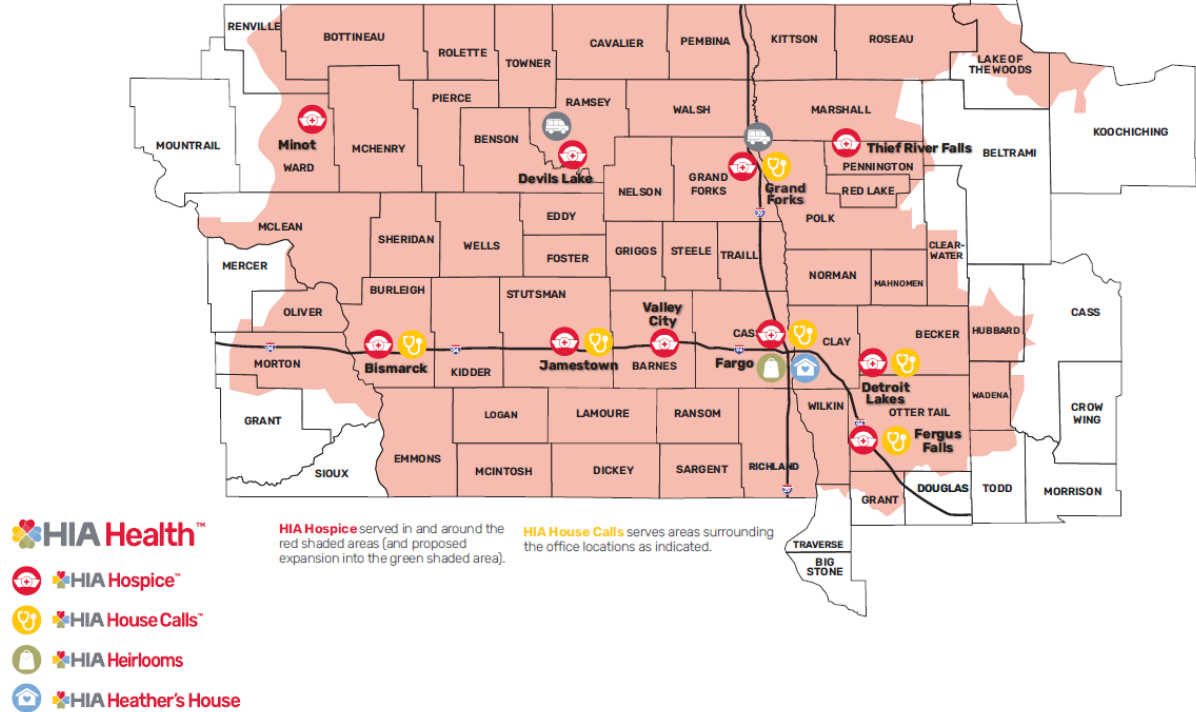
As an addendum to this testimony, we have included in our submission a map outlining the current healthcare services and communities our organization serves; additionally, we have included what those healthcare services could be with our scalable model and Rural Health Transformation funding. As a safety-net healthcare provider we understand not just the importance but the necessity of access to quality rural healthcare. We have developed an organizational plan that is comprehensive, replicable, and scalable. Our organization is prepared to transform rural health – we are excited to work with the North Dakota Department of Health and Human Services, community partners, and the state to serve as a beacon for the rest of country. For these reasons, I respectfully ask for a **DO PASS** recommendation on House Bill 1623.

On behalf of HIA Health, our partners, and the thousands of families we serve, thank you for your leadership and your commitment to transforming rural health in North Dakota.

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Where HIA Health Currently Serves



Where HIA Health CAN Serve

