

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, my name is Dr. Mark Rostad, and I am a North Dakota physician. I want to thank you for the opportunity to provide written testimony in support of House Bill 1623 and ask that you give it a **DO PASS** recommendation.

I was born in Fargo and grew up in Kindred, North Dakota. I am a fourth-generation healthcare provider in the Red River Valley, with a Dr. David Rostad practicing in the Fargo area since 1918. I married Brynn Peterson, a Bismarck native and the daughter of former North Dakota State Auditor Bob Peterson. My family has been in the Red River Valley for more than a century, and my wife's family has similarly deep roots in west-central North Dakota. In short, my family's North Dakota roots run deep.

I attended medical school at the University of North Dakota and, during my third year, enrolled in the Rural Opportunities in Medical Education (ROME) program. I spent six months living in Dickinson, learning from a small group of exceptional physicians who shaped not only how I practice medicine, but how I understand community, responsibility, and presence. Much of how I care for patients today comes directly from that experience serving people in western North Dakota.

I completed my residency in internal medicine at Gundersen Health System in La Crosse, Wisconsin, followed by a fellowship in hospice and palliative medicine at the University of Iowa. When my wife, daughter, and I returned home to North Dakota, I was only the fourth fellowship-trained hospice and palliative medicine physician in the state.

I began my career at Essentia Health in Fargo, where over four years I helped grow the palliative care department to more than three times its original size. In 2025, I joined HIA Health as Medical Director. Since that time, we have recruited additional Red River Valley-native physicians and clinicians to expand access to the right care, in the right place, at the right time for North Dakotans.

At HIA Health, we are building a true continuum of care. We are establishing a primary care clinic where North Dakotans of any age can partner with a provider across life's journey. We deliver home-based primary care for patients who are unable to travel to clinics. We provide home-based palliative care for individuals living with serious, incurable illness while still receiving life-prolonging treatment. And we deliver hospice care for patients with disease that is both incurable and no longer responsive to treatment.

HIA Health began more than 40 years ago as Hospice of the Red River Valley. While the name has changed, the mission has not. The organization remains deeply rooted in North Dakota communities.

From a physician's perspective, the home-based care continuum is not only clinically effective—it is why many of us choose to practice medicine.

When care is delivered in the home, physicians have the time and context necessary for meaningful care planning. We see how patients actually live. We understand their supports, their limitations, and what matters most to them. That depth of understanding simply cannot be replicated in episodic, high-volume clinical settings.

Technology and telehealth play an important role in this model. Remote monitoring and virtual check-ins help us track symptoms and intervene earlier. But telehealth does not replace presence. It is an adjunct. Healing, trust, and complex decision-making still require human connection, time, and being there.

Most physicians did not enter medicine to maximize volume. We entered medicine to improve outcomes. In home-based care, quality is measured by stability, avoided crises, alignment with patient goals, and the well-being of families—not by how many visits can be compressed into a day.

This is where the Rural Health Transformation Fund is especially important from a workforce perspective. HIA Health is uniquely positioned to train, grow, and retain local clinicians. We work with medical students, residents, fellows, nurse practitioners, nurses, and interdisciplinary team members in real-world rural settings. These experiences are formative. Clinicians who train in communities—who build relationships there—are far more likely to stay.

In many rural and frontier areas of North Dakota, hospice and home-based care teams are the only consistent healthcare presence. Without this infrastructure, some communities would have little to no access to longitudinal medical care at all. The ability to expand this model means we are not only delivering care—we are creating a sustainable workforce pipeline rooted in the communities it serves.

We are well prepared to expand primary care and serious illness care into the rural home setting for three key reasons:

1. We are already doing this work every day.
2. Hospice has given us unmatched expertise in caring for patients in their homes—no specialty spends more time there.
3. We are clinically led by local Red River Valley physicians who understand rural North Dakota's needs and are committed to meeting them.

From a physician's perspective, House Bill 1623 represents an opportunity to support the kind of medicine many of us were trained to practice and hoped to deliver—medicine grounded in relationship, quality, and community.

Thank you for the opportunity to share my perspective and for your commitment to the health of North Dakotans.

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