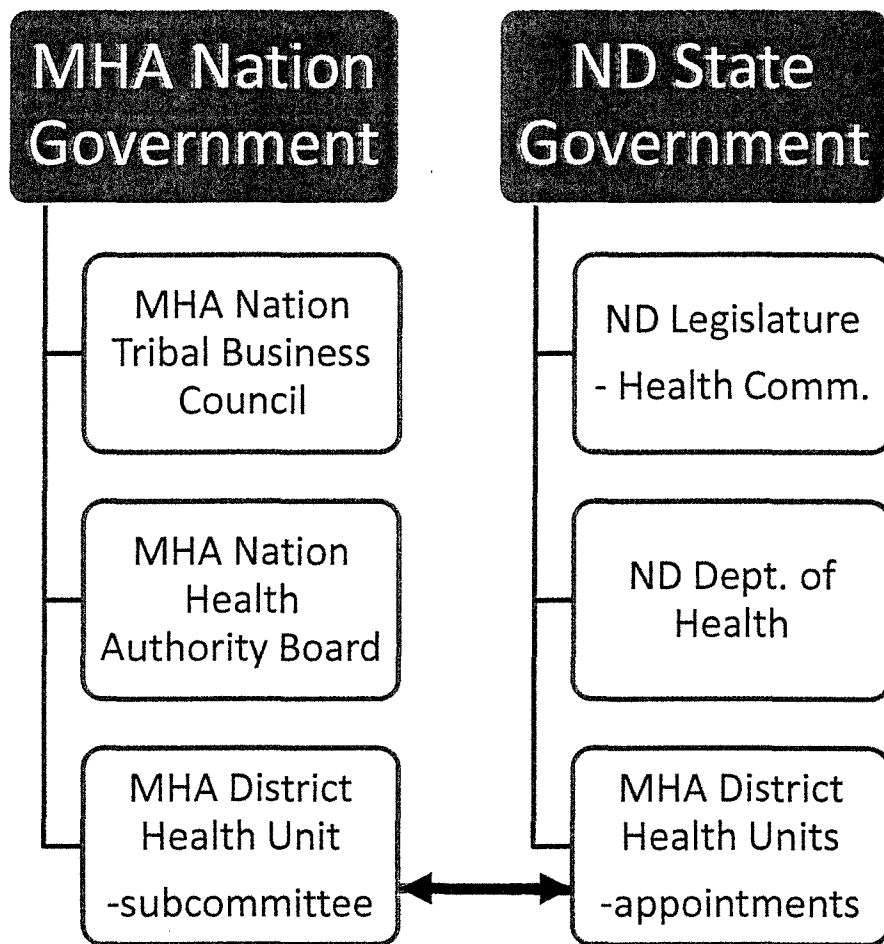


TESTIMONY OF ARNE SORENSON
BEFORE THE NORTH DAKOTA LEGISLATIVE MANAGEMENT
HEALTH SERVICES COMMITTEE, REGARDING THE FEASIBILITY
AND DESIRABILITY OF PLACING THE ENTIRE FORT BERTHOLD
RESERVATION IN A SINGLE PUBLIC HEALTH UNIT – STATUS
UPDATE ON FUNDING AND GOVERNANCE
Tuesday, 24 Jul 2012, UND School of Medicine and Health Sciences – Center
for Family Medicine Bismarck Campus

Good morning Chairman Lee and Members of the Committee, My name is Arne Sorenson. I am the Director of the Fort Berthold Diabetes Program and an enrolled member of the MHA Nation. Thank you for inviting me back to present testimony on behalf of the MHA Nation. Our Chairman, Tex G. Hall, continues to support Concurrent Resolution 4012, because it called for a study to determine whether the health care needs of citizens who live and work on the Fort Berthold Reservation would be more efficiently served by designating the Reservation as a single Public Health Unit (PHU).

I am here today to further discuss the status of a governance model; provide a review of benefits to citizens; and discuss funding that will allow this project to succeed in improving the public health status of all citizens of our Reservation. The MHA Nation Health Authority Board was created to address the governing body requirements for our health care system. This board serves as the primary accounting and finance, auditing, legal, and personnel management authority for the present primary and public health care system for the MHA Nation. This board reports directly to the MHA Nation Tribal Business Council. Our Tribal Business Council stands ready to amend the board charter to include the responsibility of managing the Public Health Unit including the additional appointments from the ND Department of Health and all required reporting (see chart below).



Since the last Legislative Health Committee meeting, representatives from the District Public Health Units, ND Department of Health, and MHA Nation Health Administration have met on three occasions to move forward on the subjects of governance and funding. Out of these discussions, an additional review of potential benefits follows:

Establishing a Public Health Unit at the Mandan, Hidatsa, and Arikara Nation shows respect for tribal sovereignty and is a good example of how the

government-to-government relationship should work between the State of ND and the tribes. A Fort Berthold PHU will allow for numerous benefits, including:

- Cultural competence and coordination of programs (improve the quality of and access to services for tribal members).
- Unique billing opportunities, including access to the Medicaid All-Inclusive Rate for billable services—the District PHUs do not have access to this funding stream.
- Coordination of public health services with medical services that are already under the management of the Tribe via Elbowoods Memorial Health Center—example—directly link EPSTD and immunization services to pediatric primary care scheduling and follow up.
- Opportunity to coordinate all health programs, including behavioral health, public health, medical services, community health workers, long term care, substance abuse prevention and treatment all under one umbrella—this currently is not done in the district PHU's.
- Improve coordination with ND DOH programs and services.
- Improve health status and reduce health disparities among tribal members.
- Allow the district PHUs to further focus on the growing population in western North Dakota.
- Emergency Response will be better coordinated, and we have the opportunity to link tribal efforts with the MPH Track in Disaster and Emergency Preparedness at North Dakota State University.
- A PHU on Fort Berthold has the opportunity to link public health outreach efforts to identify users that need cancer screening and other services that are now covered services under the Affordable Care Act.

- This project will provide a template for coordination of limited resources to maximize benefits and services for tribal members in ND.

The MHA Nation is prepared to enter into collaboration with the State of North Dakota that allows for this continued integration of primary and public health care. After review of the draft budget and funding sources, we see an estimated funding shortfall of 200,000 dollars. The ND legislature funding a one year pilot project would allow appropriate time for the exploration and development of the additional funding streams discussed in our team meetings.

As noted in our previous testimony, the IOM report on the integration of primary and public health care stresses that integration can start with any of these principles and that beginning is more important than waiting until all requisite components are in place. We would agree that this is the time for moving into a partnership that will benefit all people on our reservation.

Chairman Lee and committee members, the MHA Nation is prepared to partner with the state of North Dakota to set a new paradigm for government to government collaboration. On behalf of the MHA Nation and Chairman Tex G. Hall, thank you again for the opportunity to appear and offer this testimony. I am happy to answer any questions.