

**TESTIMONY OF MARK FOX
BEFORE THE NORTH DAKOTA 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**

Wednesday, 26 September, 2012, Bismarck, ND

Good morning Chairman Lee and Members of the Committee, My name is Mark Fox, and I am a Tribal Administrator for the Mandan, Hidatsa, and Arikara Nation, or “MHA Nation.” Thank you for inviting me to present testimony on behalf of the MHA Nation. Our Chairman, Tex G. Hall, continues to support Concurrent Resolution 4012, because it calls 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 reiterate the tribe’s support for CR 4012; 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 reports directly to the MHA Nation Tribal Business Council, and our Tribal Business Council stands ready to amend the board charter to include the responsibility of managing the Public Health Unit.

Conducting a feasibility study to establish a Public Health Unit at the Mandan, Hidatsa, and Arikara Nation is good for both the MHA Nation and for the State of North Dakota because it

demonstrates the State of North Dakota's respect for tribal sovereignty, and it is a model for how the government-to-government relationship should work between the State and the tribes. In addition, establishing a PHU at Fort Berthold will allow for numerous benefits and improvements in health, including:

- Promoting cultural competence in services delivery and in coordination of programs. This will improve the quality of and access to services for tribal members.
- Establishing unique billing opportunities, including access to the Medicaid All-Inclusive Rate for billable services for tribal programs—the District PHUs do not have access to this funding stream. This All-Inclusive Rate is paid with 100% federal funds, and will therefore not result in additional costs to the State of ND.
- Improving 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 Early Periodic Screening, Diagnosis and Treatment (EPSDT) services and immunization services provided by the PHUs to pediatric primary care scheduling and follow up provided by MHA Nation.
- Establishing the opportunity to coordinate all health programs provided to citizens of the MHA Nation, 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.

- Improving coordination with ND Department of Health programs and services via established linkages between PHUs and the DOH.
- Allowing the four district PHUs that currently overlap with the Ft. Berthold Reservation to further focus on the growing population in western North Dakota.
- Improving Emergency Response with better coordination, and we have the opportunity to link tribal efforts with the new Master of Public Health 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.
- And ultimately, this will create the opportunity to significantly improve the health status and reduce health disparities among tribal members.

This project will also provide a template for coordination of limited resources to maximize benefits and services for tribal members throughout the State of ND.

The MHA Nation is prepared to enter into collaboration with the State of North Dakota that allows for this continued integration of primary care and public health services. If the ND legislature agrees to fund a two-year pilot project of up to \$500K, this will allow for coverage of startup costs, and appropriate time to explore and develop a detailed business plan to include the additional funding streams identified and discussed in our team meetings. The Local PHUs currently have limited capacity to provide services on the reservation, and we feel the feasibility study will demonstrate the degree of limited capacity, and it will assist us in appropriate planning as we move forward. The tribe will contribute \$50K for a consultant to complete the evaluation of the pilot project.

As noted in our previous testimony, the Institute of Medicine report on the integration of primary care 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 the State of ND as well as all people on our reservation.

Chairman Lee and committee members, the MHA Nation is prepared to partner with the state of North Dakota to develop a new paradigm for government-to-government collaboration that will be a model for cooperation in this state and beyond. On behalf of the

MHA Nation and Chairman Tex G. Hall and the Tribal Business Council, thank you again for the opportunity to appear and offer this testimony. I am happy to answer any questions.