



Health Administration

Mandan, Hidatsa & Arikara Nation | Three Affiliated Tribes

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Testimony
House Bill No. 1028
House Human Services Committee
January 9, 2022

Chairman Weisz and members of the House Human Services Committee, my name is Shelby Stein and I am the Health Programs Analyst in the Tribal Health Administration department for the MHA Nation. I am here today to provide testimony in support of House Bill No. 1028.

The MHA Nation is in support of this bill because of its comprehensive approach to establishing community health worker standards, regulations, and reimbursement criteria. The proposed membership of the task force is diverse and includes Tribal nations and we strongly support the data-driven plan methodology.

However, our support of this bill is contingent upon tribal Community Health Representatives (CHRs) being recognized as CHWs. Therefore, we respectfully request two revisions to HB 1028. Because this bill focuses on community health workers, we request that tribal Community Health Representatives (CHRs) be evaluated by the task force and included in the community health worker plan as CHRs are the original community health workers and are critically important to tribal health systems. Secondly, we request that an addition be made in Section 1, number 3, that states that the community health worker task force shall study the Indian Health Service (IHS) Community Health Aide Program (CHAP) to determine the feasibility of this workforce model. This feasibility study would include an investigation of the CHAP model impact on access to care, and the regulations applicable to CHAP providers and reimbursement to tribal entities for these services on par with all other similar providers.

CHAP is a mobile workforce model that has been used in Alaska for the past 50 years to deliver quality healthcare to rural areas and has had notable success. In 2010, the Indian Healthcare Improvement Act was amended to authorize the Indian Health Service (IHS) to create a national CHAP. IHS has since been working to support the implementation of the CHAP model in the lower 48 states. CHAP providers include community health aides, dental health aides, and behavioral health aides. While CHAP providers are a type of community health worker, they are mid-level providers who practice under the supervision of a licensed clinical provider, such as a physician, dentist, social worker, or psychologist. We hope to work towards the implementation of the CHAP workforce model to address some of the healthcare needs of the MHA Nation on the expansive Fort Berthold reservation, but will need the state's support for the CHAP model to be implemented in order to seek reimbursement for these tribal providers. By including that the CHW task force study the CHAP model as part of HB 1028, we will be years ahead in our pursuit to bring this innovative healthcare model to the MHA Nation within North Dakota.

Chairman Weisz and members of the committee, thank you for the opportunity to testify today. The MHA Nation supports HB 1028 with our requested revisions. This concludes my testimony. I would be happy to answer any questions the committee may have.

Thank you,

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