

2023 HOUSE HUMAN SERVICES

HB 1028

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1028
1/9/2023

A BILL for an Act to provide for a community health worker task force; to provide for a legislative management report; and to provide an appropriation.

Chairman Weisz called the meeting to order at 2:00pm.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

Discussion Topics:

- Staffing
- Health outcomes
- Health care costs
- Public health services
- CHAP model's impact

Jennifer Clark, Senior Counsel for ND Legislative Council introduced HB 1028.

Rep. Dobervich offered testimony in support of bill (#12637) (#12639).

Shelby Stein, Program Analyst for the Tribal Health Department, offered testimony in support of bill and in support of amending the bill (#12611).

Kevin Dufany, Representative of Spirit Lake Nation Tribal Health, spoke in opposition to HB 1028.

Chairman Weisz closed the hearing on HB 1028.

Additional written testimony:

Marnie Walth provided written testimony in support of HB 1028 (#12626)

Chairman Weisz adjourned the meeting at 2:16pm.

Phillip Jacobs, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1028
2/6/2023

A BILL for an Act to provide for a community health worker task force; to provide for a legislative management report; and to provide an appropriation.

Chairman Weisz called the meeting to order at 4:30 PM

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

Discussion Topics:

- Committee work
- Proposed amendment, (23.0069.01001)
- Implementation of bill
- EMS shortages
- North Dakota Assistive

Representative Dobervich proposed amendment (23.0069.01001) # 26393

Chairman Weisz adjourned the meeting at 4:40 PM.

Phillip Jacobs, Committee Clerk By: Leah Kuball

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1028
2/8/2023

A BILL for an Act to provide for a community health worker task force; to provide for a legislative management report; and to provide an appropriation.

Chairman Weisz called the meeting to order at 11:05 AM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

Discussion Topics:

- Committee work
- Amendment (23.0069.01003)
- Implementation of bill
- EMS shortages
- North Dakota Assistive

Representative Dobervich discussed the amendment to HB 1028. (Include someone from ND Assistive) (the addition to sunset the task force on Dec. 31st 2024)

Representative Anderson moved to amend HB 1028 as stated above.

Seconded by Representative Dobervich.

Voice Vote: Motion carries

Representative Dobervich moved to further amend HB 1028. (Addition under section 4 to add the EMS association to the task force)

Seconded by Representative Porter.

Voice Vote: Motion carries

Vice Chairman Ruby moved a DO PASS as amended on HB 1028. (23.0069.01003)

Seconded by Representative Davis.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y

Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	N
Representative Todd Porter	Y
Representative Brandon Prichard	N
Representative Karen M. Rohr	AB

Motion carries 11-2-1.

Bill carrier: Representative Dobervich

Chairman Weisz adjourned the meeting at 11:31 AM.

Phillip Jacobs, Committee Clerk By: Leah Kuball

February 8, 2023

JA
2-8-23

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1028

Page 1, line 1, after the first "to" insert "create and enact a new chapter to title 43 of the North Dakota Century Code, relating to the regulation of community health workers; to"

Page 1, line 1, remove the third "for"

Page 1, line 1, after the second "a" insert "statement of"

Page 1, line 2, replace "management report" with "intent"

Page 1, line 2, after the semicolon insert "to provide for a report to the legislative assembly;"

Page 1, after line 3, insert:

"SECTION 1. A new chapter to title 43 of the North Dakota Century Code is created and enacted as follows:

Definitions.

As used in this chapter:

1. "Community health worker" means an individual certified under this chapter.
2. "Department" means the department of health and human services.

Title - Prohibition

An individual may not use the title "community health worker" unless that individual is certified as a community health worker under this chapter.

Certification.

1. The department shall establish certification standards for an applicant seeking certification as a community health worker.
2. In implementing this section, the department may:
 - a. Adopt rules;
 - b. Charge a fee for certification and recertification;
 - c. Contract with a third party; and
 - d. Require an applicant to meet education and experience requirements."

Page 1, line 11, after "equity" insert "and division of aging services"

Page 1, line 13, remove "Department of public instruction;"

Page 1, line 14, remove "d."

Page 1, line 15, replace "e." with "d. Insurance department:"

JA
2-8-23

e."

Page 1, line 19, replace "Health insurance sector" with "Private health insurers operating in the state"

Page 1, line 20, after "providers" insert ", community health workers, and community health representatives"

Page 1, line 20, remove "and"

Page 1, line 21, after "state" insert ";

- j. A statewide association representing hospitals in this state;
- k. Federally qualified health care centers;
- l. North Dakota assistive; and
- m. North Dakota emergency medical services association"

Page 1, line 22, after "force" insert ", in collaboration with the department of health and human services,"

Page 1, line 23, after "worker" insert "scope of work,"

Page 1, line 23, after the comma insert "certification and"

Page 1, line 24, remove "and"

Page 1, line 24, after "reimbursement" insert ", and a North Dakota community health worker collaborative"

Page 2, line 1, replace "Provide periodic status reports to the legislative management" with "Develop a plan for a North Dakota community health worker collaborative"

Page 2, line 2, replace "Prepare a bill draft to implement the community health worker plan" with "Provide to the department of health and human services a proposal for a Medicaid state plan amendment or waiver to include community health workers.

- d. Provide the department of health and human services proposed administrative rules for the community health worker scope of work, education and training, certification and regulation, medical assistance reimbursement, and a North Dakota community health worker collaborative.
- e. Collaborate with existing clinical, public health, home, and community based service systems."

Page 2 remove lines 3 and 4

Page 2, line 7, replace "\$75,000" with "\$50,000"

Page 2, line 10, replace the first "and" with a comma

Page 2, line 10, after the first comma insert "and report development"

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1028: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (11 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). HB 1028 was placed on the Sixth order on the calendar.

Page 1, line 1, after the first "to" insert "create and enact a new chapter to title 43 of the North Dakota Century Code, relating to the regulation of community health workers; to"

Page 1, line 1, remove the third "for"

Page 1, line 1, after the second "a" insert "statement of"

Page 1, line 2, replace "management report" with "intent"

Page 1, line 2, after the semicolon insert "to provide for a report to the legislative assembly;"

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 - a. Adopt rules;
 - b. Charge a fee for certification and recertification;
 - c. Contract with a third party; and
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- d. Provide the department of health and human services proposed administrative rules for the community health worker scope of work, education and training, certification and regulation, medical assistance reimbursement, and a North Dakota community health worker collaborative.
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Page 2 remove lines 3 and 4

Page 2, line 7, replace "\$75,000" with "\$50,000"

Page 2, line 10, replace the first "and" with a comma

Page 2, line 10, after the first comma insert "and report development"

Renumber accordingly

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1028
2/15/2023

A BILL for an Act to provide for a community health worker task force; to provide for a legislative management report; and to provide an appropriation.

Chairman Weisz called the meeting to order at 10:09:54 AM

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

Discussion Topics:

- Committee work

Committee discussed approved amendments.

Chairman Weisz adjourned the meeting at 10:10:28 AM.

Phillip Jacobs, Committee Clerk By: Leah Kuball

2023 SENATE HUMAN SERVICES

HB 1028

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1028
3/6/2023

Relating to the regulation of community health workers; to provide for a community health worker task force; to provide a statement of legislative intent; to provide for a report to the legislative assembly; and to provide an appropriation.

9:07 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** were present.

Discussion Topics:

- Community health workers program (CHW)
- Connections
- Risk care plan
- Chronic illness
- Education
- Task force

9:08 AM **Representative Gretchen Dobervish District 11**, introduced HB 1028 and testified in favor. #22083, #22082

9:26 AM **Tim Blasl, President, ND Hospital Association**, testified in favor verbally and introduced Wendy Schmidt and Allison Wanner.

9:27 AM **Wendy Schmidt, Senior Learning and Development Specialist Sanford Health**, testified in favor. # 22103, #22102

9:46 AM **Allison Wanner, Community Health Worker, CHI St. Alexius Health, Dickinson Medical Center and Beach Clinic**, testimony online in favor. #22030

9:53 AM **Jared Eagle, Health Administrator Three Affiliated Tribes**, testified online in favor. #22035

9:56 AM **Courtney Koebele, Community Health Center**, testified in favor. #22127

9:59 AM **Rebecca Quinn Department of Health and Human Services**, testified in favor verbally.

Additional Testimony:

Melissa Hauer, General Counsel/VP ND Hospital Association, in favor #22056

10:03 AM **Madam Chair Lee** closed the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1028
3/6/2023

Relating to the regulation of community health workers; to provide for a community health worker task force; to provide a statement of legislative intent; to provide for a report to the legislative assembly; and to provide an appropriation.

2:31 PM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, K. Roers, Weston, Hogan** were present. **Senator Clemens** was absent.

Discussion Topics:

- Scope of practice
- Task force
- Amendment
- Effective date

Senator Lee called for discussion.

2:43 PM **Mandy Dendy, ND Health Human and Health Services, Medical Services,** provided information verbally.

3:08 PM **Courtney Koebele, Community Health Center,** provided information verbally.

3:11 PM **Marnie Walth, Strategic Planning and Public Policy Director, Sanford Health,** provided information verbally.

3:21 PM **Madam Chair Lee** closed the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1028
3/21/2023

Relating to the regulation of community health workers; to provide for a community health worker task force; to provide a statement of legislative intent; to provide for a report to the legislative assembly; and to provide an appropriation.

2:19 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Clemens, K. Roers, Weston, Hogan** were present. **Senator Cleary** was absent.

Discussion Topics:

- Amendment
- Scope of practice

2:19 PM **Lindsey Pouliot, Legislative Intern, Legislative Council** handed out requested amendment. #26147

2:20 PM **Courtney Koebele, Executive Director, North Dakota Medical Association,** provided information verbally.

2:31 PM **Megan Houn, Vice Chairman Public Policy and Government Affairs, North Dakota Blue Cross Blue Shield,** provided information verbally.

2:46 PM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1028
3/22/2023

Relating to the regulation of community health workers; to provide for a community health worker task force; to provide a statement of legislative intent; to provide for a report to the legislative assembly; and to provide an appropriation.

3:16 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, and Hogan** were present.

Discussion Topics:

- Funding

Lindsey Pouliot, Legislative Intern, provided committee with updated on amendment.

3:29 PM **Jonathon Alm, Attorney, North Dakota Department of Health and Human Services**, provided information verbally.

3:34 PM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1028
3/22/2023

Relating to the regulation of community health workers; to provide for a community health worker task force; to provide a statement of legislative intent; to provide for a report to the legislative assembly; and to provide an appropriation.

3:49 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Clemens, K. Roers, Weston, Hogan** were present. **Senator Cleary** was absent.

Discussion Topics:

- Amendment
- Task force

3:49 PM **Jonathon Alm, Attorney, North Dakota Department of Health and Human Services**, provided information verbally.

3:51 PM **Mandy Dendy, Medical Services Division, North Dakota Department of Health and Human Services**, provided information verbally.

3:53 PM **Krista Freming, Interim Director Medical Services Division, North Dakota Department Health and Humans Services**, provided information verbally.

Additional written testimony:

Lindsey Pouliot #26380

Representative Dobervich previous testimony #26393

3:58 PM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1028
3/27/2023

Relating to the regulation of community health workers; to provide for a community health worker task force; to provide a statement of legislative intent; to provide for a report to the legislative assembly; and to provide an appropriation.
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9:05 AM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** were present.

Discussion Topics:

- Amendment
- Task force
- Certification
- Administrative rules

9:06 AM **Mandy Dendy, Coverage Policy Director, North Dakota Department of Health and Human Services**, proposed amendment #26657.

9:21 AM **Jonathon Alm, Attorney, North Dakota Department of Health and Human Services**, provided information verbally.

Senator K. Roers moved to adopt amendment and to add an emergency clause to the task force and appropriation sections.

Senator Hogan seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

The motion passed 6-0-0.

Senator K. Roers moved **DO PASS** as **AMENDED** and **REREFER** to **APPROPRIATIONS**.

Senator Cleary seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

The motion passed 6-0-0.

Senator K. Roers will carry HB 1028.

Additional Written Testimony:
Bridget Dowling proposed amendment #26658

9:25 AM **Madam Chair Lee** closed the meeting.

The Committee reconsidered HB 1028 on March 28, 2023.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1028
3/27/2023

Relating to the regulation of community health workers; to provide for a community health worker task force; to provide a statement of legislative intent; to provide for a report to the legislative assembly; and to provide an appropriation.

4:05 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** were present.

Discussion Topics:

- Amendment
- Task force
- Certification
- Administrative rules

4:05 PM **Austin Gunderson, Legislative Council**, requested additional information clarifying language on amendment verbally.

4:08 **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

HB 1028
3/28/2023

Relating to the regulation of community health workers; to provide for a community health worker task force; to provide a statement of legislative intent; to provide for a report to the legislative assembly; and to provide an appropriation.

2:25 PM Madam **Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** were present.

Discussion Topics:

- Amendment
- Task force
- Certification
- Administrative rules

2:25 PM **Mandy Dendy, ND Department of Health and Human Services**, provided information verbally.

Senator K. Roers moved to reconsider prior actions.

Senator Hogan seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion passed 6-0-0.

2:27 PM **Mandy Dendy** proposed amendment, recommending changes, page 3 line 15, page 5 line 3, qualified Health Center, strike line 4. Fiscal note, page 5, change from \$50,000 to \$100,000. #26657

Senator Cleary moved to adopt amendment LC 23.0069.02002.

Senator Hogan seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion passed 6-0-0.

Senator Hogan moved **DO PASS** as **AMENDED** and **REREFERED** to **APPROPRIATIONS**.

Senator K. Roers seconded the motion.

Senator Hogan will carry HB 1028.

2:31 PM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

March 28, 2023

AG
3-21-23

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1028

Page 1, line 2, after the semicolon insert "to amend and reenact section 23-17.3-01 and subdivision h of subsection 1 of section 23-17.3-05 of the North Dakota Century Code, relating to the regulation of home health agencies;"

Page 1, line 3, remove "to provide a statement of legislative intent; to provide for a report to the"

Page 1, line 4, remove "legislative assembly; and"

Page 1, line 4, after "appropriation" insert "; and to declare an emergency"

Page 1, after line 5, insert:

"SECTION 1. AMENDMENT. Section 23-17.3-01 of the North Dakota Century Code is amended and reenacted as follows:

23-17.3-01. Definitions.

In this chapter, unless the context and subject matter otherwise require:

1. "Allowed practitioner" means a physician assistant or advanced practice registered nurse.
2. "Clinical record" means a written account which covers the services the agency provides directly and those provided through arrangements with another agency which account contains pertinent past and current medical, nursing, social, and other therapeutic information, including the plan of treatment.
- ~~2.3.~~ "Department" means the department of health and human services.
- ~~3.4.~~ "Home health agency" means a public or private agency, organization, facility, or subdivision thereof which is engaged in providing home health services to individuals and families where they are presently residing for the purpose of preventing disease and promoting, maintaining, or restoring health or minimizing the effects of illness or disability.
- ~~4.5.~~ "Home health aide" means an individual who renders personal related service under the supervision of a registered professional nurse.
- ~~5.6.~~ "Home health services" means a broad range of health and social services furnished to individuals and families by a home health agency or by others under arrangements with the agency, in the places where the recipients are presently residing. Services must include the services of a currently licensed registered professional nurse and at least one other therapeutic service and may include additional support services. These services may only be provided with the approval of a licensed physician or an allowed practitioner.

~~6-7.~~ "Licensed practical nurse" means one who has met all legal requirements for licensure and holds a current license to practice in North Dakota pursuant to chapter 43-12.1.

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3-29-03

~~7-8.~~ "Nursing services" means those services pertaining to the preventive, curative, and restorative aspects of nursing care that are performed by or under the supervision of a registered professional nurse.

~~8-9.~~ "Person" means an individual, firm, partnership, association, corporation, limited liability company, or any other entity, whether organized for profit or not.

~~9-10.~~ "Physician" means any person currently licensed pursuant to chapter 43-17.

~~10-11.~~ "Registered professional nurse" means a registered nurse as defined under chapter 43-12.1.

~~11-12.~~ "Skilled nursing" means professional nursing services rendered by nurses licensed under chapter 43-12.1.

~~12-13.~~ "Supportive services" includes the use of medical appliances; medical supplies, other than drugs and biologicals prescribed by a physician; the collection of blood and other samples for laboratory analysis; and nutritional guidance, homemaker, or companion services.

~~13-14.~~ "Therapeutic services" means services which include:

- a. Skilled nursing care.
- b. Medical social services.
- c. Home health aide services.
- d. Physical, occupational, or speech therapy.
- e. Respiratory therapy.

SECTION 2. AMENDMENT. Subdivision h of subsection 1 of section 23-17.3-05 of the North Dakota Century Code is amended and reenacted as follows:

h. The agency shall maintain clinical records on all patients to serve as documentation of the medical, nursing, and therapeutic care rendered to the patient and for communication between the physician or allowed practitioner and the agency."

Page 1, line 10, after "1." insert "Community health representative" means an individual trained through the Indian health service to provide community-based and medically guided health care, which may include traditional native concepts.

2."

Page 1, line 10, after "chapter" insert "to provide preventative services"

Page 1, line 11, replace "2." with "3."

Page 1, after line 11, insert:

- "4. "Preventative services" means services to prevent a disease, disability, or other health condition or the progression of a disease, disability, or other health condition which are provided to an individual:
- a. With a chronic condition;
 - b. At risk for a chronic condition who is unable to self-manage the chronic condition; or
 - c. With a documented barrier that affects the individual's health."

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3-29-23

Page 1, line 16, remove "certification standards for an applicant seeking"

Page 1, line 17, replace "certification as a community health worker" with "and implement a method for certifying community health workers, including:

- a. Community health representatives; and
- b. Other qualified individuals"

Page 1, line 23, remove "- **REPORT TO**"

Page 1, line 24, remove "**LEGISLATIVE MANAGEMENT**"

Page 2, line 4, remove "appointed by the"

Page 2, line 5, replace "department of health and human services must include representatives of the" with "is comprised of"

Page 2, line 6, remove "Department of health and human services, including the division of health equity"

Page 2, line 7, replace "and division of aging services" with "One representative of the medical services division of the department of health and human services, appointed by the department of health and human services"

Page 2, line 8, replace "Department of career and technical education" with "One representative of the public health division of the department of health and human services, appointed by the department of health and human services"

Page 2, line 9, replace "State board of higher education" with "One representative of the local public health units, appointed by the state association of city and county health officials"

Page 2, line 10, replace "Insurance department" with "One representative of the tribal nations in the state, appointed by the Indian affairs commissioner"

Page 2, line 11, remove "University of North Dakota school of medicine and health sciences center for"

Page 2, line 12, replace "rural health" with "One representative of the university of North Dakota school of medicine and health sciences center for rural health, appointed by the dean of the school of medicine and health sciences"

Page 2, line 13, remove "University of North Dakota and North Dakota state university schools of public"

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3-21-23

Page 2, line 14, replace "health" with "One representative of the hospitals in this state, appointed by the North Dakota hospital association"

Page 2, line 15, replace "Private health insurers operating in the state" with "One representative of the federally qualified health care centers, appointed by the community health care association of the Dakotas"

Page 2, line 15, after the semicolon insert "and"

Page 2, line 16, remove "Health care sector, including qualified service providers, community health"

Page 2, removes lines 17 through 21

Page 2, line 22, replace "m. North Dakota emergency medical services association" with "One representative of the emergency medical services profession, appointed by the North Dakota emergency medical services association"

Page 2, line 27, after "reimbursement" insert ", including reimbursement to a federally qualified health center"

Page 2, line 28, remove "Develop a plan for a North Dakota community health worker collaborative."

Page 2, line 29, remove "c."

Page 3, line 1, replace "d." with "c."

Page 3, line 4, after "collaborative" insert an underscored period

Page 3, line 5, replace "e." with "d."

Page 3, after line 6, insert:

"SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - COMMUNITY HEALTH WORKERS - MEDICAID STATE PLAN AMENDMENT. During the 2023-25 biennium, the department of health and human services shall seek a Medicaid state plan amendment to authorize the reimbursement of certified community health workers. Upon amendment of the Medicaid state plan, the commissioner of the department of health and human services shall certify this fact to legislative management."

Page 3, line 9, replace "\$50,000" with "\$100,000"

Page 3, line 12, replace "biennium" with "period"

Page 3, line 12, remove "July 1,"

Page 3, line 13, replace "2023," with "with the effective date of this section"

Page 3, after line 13, insert:

"SECTION 7. EMERGENCY. Sections 4 and 6 of this Act are declared to be emergency measures."

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1028, as engrossed: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1028 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 1, line 2, after the semicolon insert "to amend and reenact section 23-17.3-01 and subdivision h of subsection 1 of section 23-17.3-05 of the North Dakota Century Code, relating to the regulation of home health agencies;"

Page 1, line 3, remove "to provide a statement of legislative intent; to provide for a report to the"

Page 1, line 4, remove "legislative assembly; and"

Page 1, line 4, after "appropriation" insert "; and to declare an emergency"

Page 1, after line 5, insert:

"SECTION 1. AMENDMENT. Section 23-17.3-01 of the North Dakota Century Code is amended and reenacted as follows:

23-17.3-01. Definitions.

In this chapter, unless the context and subject matter otherwise require:

1. "Allowed practitioner" means a physician assistant or advanced practice registered nurse.
2. "Clinical record" means a written account which covers the services the agency provides directly and those provided through arrangements with another agency which account contains pertinent past and current medical, nursing, social, and other therapeutic information, including the plan of treatment.
- ~~2-3.~~ "Department" means the department of health and human services.
- ~~3-4.~~ "Home health agency" means a public or private agency, organization, facility, or subdivision thereof which is engaged in providing home health services to individuals and families where they are presently residing for the purpose of preventing disease and promoting, maintaining, or restoring health or minimizing the effects of illness or disability.
- ~~4-5.~~ "Home health aide" means an individual who renders personal related service under the supervision of a registered professional nurse.
- ~~5-6.~~ "Home health services" means a broad range of health and social services furnished to individuals and families by a home health agency or by others under arrangements with the agency, in the places where the recipients are presently residing. Services must include the services of a currently licensed registered professional nurse and at least one other therapeutic service and may include additional support services. These services may only be provided with the approval of a licensed physician or an allowed practitioner.
- ~~6-7.~~ "Licensed practical nurse" means one who has met all legal requirements for licensure and holds a current license to practice in North Dakota pursuant to chapter 43-12.1.

- ~~7-8.~~ "Nursing services" means those services pertaining to the preventive, curative, and restorative aspects of nursing care that are performed by or under the supervision of a registered professional nurse.
- ~~8-9.~~ "Person" means an individual, firm, partnership, association, corporation, limited liability company, or any other entity, whether organized for profit or not.
- ~~9-10.~~ "Physician" means any person currently licensed pursuant to chapter 43-17.
- ~~10-11.~~ "Registered professional nurse" means a registered nurse as defined under chapter 43-12.1.
- ~~11-12.~~ "Skilled nursing" means professional nursing services rendered by nurses licensed under chapter 43-12.1.
- ~~12-13.~~ "Supportive services" includes the use of medical appliances; medical supplies, other than drugs and biologicals prescribed by a physician; the collection of blood and other samples for laboratory analysis; and nutritional guidance, homemaker, or companion services.
- ~~13-14.~~ "Therapeutic services" means services which include:
- a. Skilled nursing care.
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 - c. Home health aide services.
 - d. Physical, occupational, or speech therapy.
 - e. Respiratory therapy.

SECTION 2. AMENDMENT. Subdivision h of subsection 1 of section 23-17.3-05 of the North Dakota Century Code is amended and reenacted as follows:

- h. The agency shall maintain clinical records on all patients to serve as documentation of the medical, nursing, and therapeutic care rendered to the patient and for communication between the physician or allowed practitioner and the agency."

Page 1, line 10, after "1." insert "Community health representative" means an individual trained through the Indian health service to provide community-based and medically guided health care, which may include traditional native concepts.

2."

Page 1, line 10, after "chapter" insert "to provide preventative services"

Page 1, line 11, replace "2." with "3."

Page 1, after line 11, insert:

4. "Preventative services" means services to prevent a disease, disability, or other health condition or the progression of a disease, disability, or other health condition which are provided to an individual:
 - a. With a chronic condition;

- b. At risk for a chronic condition who is unable to self-manage the chronic condition; or
- c. With a documented barrier that affects the individual's health."

Page 1, line 16, remove "certification standards for an applicant seeking"

Page 1, line 17, replace "certification as a community health worker" with "and implement a method for certifying community health workers, including:

- a. Community health representatives; and
- b. Other qualified individuals"

Page 1, line 23, remove "- **REPORT TO**"

Page 1, line 24, remove "**LEGISLATIVE MANAGEMENT**"

Page 2, line 4, remove "appointed by the"

Page 2, line 5, replace "department of health and human services must include representatives of the" with "is comprised of"

Page 2, line 6, remove "Department of health and human services, including the division of health equity"

Page 2, line 7, replace "and division of aging services" with "One representative of the medical services division of the department of health and human services, appointed by the department of health and human services"

Page 2, line 8, replace "Department of career and technical education" with "One representative of the public health division of the department of health and human services, appointed by the department of health and human services"

Page 2, line 9, replace "State board of higher education" with "One representative of the local public health units, appointed by the state association of city and county health officials"

Page 2, line 10, replace "Insurance department" with "One representative of the tribal nations in the state, appointed by the Indian affairs commissioner"

Page 2, line 11, remove "University of North Dakota school of medicine and health sciences center for"

Page 2, line 12, replace "rural health" with "One representative of the university of North Dakota school of medicine and health sciences center for rural health, appointed by the dean of the school of medicine and health sciences"

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Page 2, line 14, replace "health" with "One representative of the hospitals in this state, appointed by the North Dakota hospital association"

Page 2, line 15, replace "Private health insurers operating in the state" with "One representative of the federally qualified health care centers, appointed by the community health care association of the Dakotas"

Page 2, line 15, after the semicolon insert "and"

Page 2, line 16, remove "Health care sector, including qualified service providers, community health"

Page 2, removes lines 17 through 21

Page 2, line 22, replace "m. North Dakota emergency medical services association" with "One representative of the emergency medical services profession, appointed by the North Dakota emergency medical services association"

Page 2, line 27, after "reimbursement" insert ", including reimbursement to a federally qualified health center"

Page 2, line 28, remove "Develop a plan for a North Dakota community health worker collaborative."

Page 2, line 29, remove "c."

Page 3, line 1, replace "d." with "c."

Page 3, line 4, after "collaborative" insert an underscored period

Page 3, line 5, replace "e." with "d."

Page 3, after line 6, insert:

"SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - COMMUNITY HEALTH WORKERS - MEDICAID STATE PLAN AMENDMENT.
During the 2023-25 biennium, the department of health and human services shall seek a Medicaid state plan amendment to authorize the reimbursement of certified community health workers. Upon amendment of the Medicaid state plan, the commissioner of the department of health and human services shall certify this fact to legislative management."

Page 3, line 9, replace "\$50,000" with "\$100,000"

Page 3, line 12, replace "biennium" with "period"

Page 3, line 12, remove "July 1,"

Page 3, line 13, replace "2023," with "with the effective date of this section"

Page 3, after line 13, insert:

"SECTION 7. EMERGENCY. Sections 4 and 6 of this Act are declared to be emergency measures."

Re-number accordingly

2023 SENATE APPROPRIATIONS

HB 1028

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Roughrider Room, State Capitol

HB 1028
4/3/2023

A bill for an act relating to the regulation of community health workers

8:38 AM Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison, Burckhard, and Kreun.

Discussion Topics:

- Schedule
- Community Health Worker certification
- Medicaid-compliant reimbursement policy
- Planning taskforce
- Preventative health services goal
- Private sector participation
- Community health workers scope of practice

8:39 AM Committee discussion.

8:46 AM Mandy Dendy, ND Health & Human Services Coverage Policy Director, testified. Testimony #27615

9:09 AM Sen Davison moved a DO PASS recommendation for HB 1028. Sen Burckhard seconded the motion.

9:21 AM Roll call vote on motion.

Senators	Vote
Senator Dick Dever	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y

Motion carried 5-0-0.

Senator Davison will carry the bill.

9:28 AM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

HB 1028
4/4/2023

Relating to the regulation of community health workers and to the regulation of home health agencies; to provide for a community health worker task force; to provide an appropriation; and to declare an emergency.

10:00 AM Senator Bekkedahl opened the meeting.

Discussion Topics:

- Methods of describing qualifications
- Committee action

10:01 AM Senator Mathern introduced the bill verbally.

10:04 AM Senator Mathern moved DO PASS.
Senator Burckhard seconded

Roll call vote

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator David S. Rust	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y

Motion passed. 16-0-0

Senator Roers will carry the bill.

10:07 AM Senator Bekkedahl closed the meeting.

Justin Boone on behalf of Kathleen Hall, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1028, as engrossed and amended: Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **DO PASS** (16 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1028, as amended, was placed on the Fourteenth order on the calendar. This bill affects workforce development.

2023 CONFERENCE COMMITTEE

HB 1028

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1028
4/14/2023
Conference Committee

Relating to the regulation of community health workers and to the regulation of home health agencies; to provide for a community health worker task force; to provide an appropriation; and to declare an emergency.

Madam Chair Rohr called the meeting to order at 9:09 AM.

Madam Chair Karen M. Rohr, Rep. Mike Beltz, Chairman Kent Weston, and Sen. Kathy Hogan present. Rep. Gretchen Dobervich and Sen. Kristin Roers not present.

Discussion Topics:

- Medicaid rules

Madam Chair Rohr called for a discussion on HB 1028.

Sen. Hogan discussed the changes made in the Senate amendment.

Mandy Dendy, with the Medical Division of the North Dakota Department of Health and Human Services, answered questions from the committee. #27932

Madam Chair Rohr adjourned the meeting at 9:22 AM.

Phillip Jacobs, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1028
4/17/2023
Conference Committee

Relating to the regulation of community health workers and to the regulation of home health agencies; to provide for a community health worker task force; to provide an appropriation; and to declare an emergency.

Madam Chair Rohr called the meeting to order at 8:35 AM.

Madam Chair Karen M. Rohr, Rep. Mike Beltz, Rep. Gretchen Dobervich, Chairman Kent Weston, Sen. Kathy Hogan, and Sen. Kristen Roers present.

Discussion Topics:

- Task force membership
- Qualifications
- Tribal Public Health
- Tribal Health Directors
- University representation

Madam Chair Rohr called for a discussion on HB 1028.

Rep. Dobervich discussed representation of the tribal community health task forces.

Madam Chair Rohr adjourned the meeting at 8:57 AM.

Phillip Jacobs, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1028
4/18/2023
Conference Committee

Relating to the regulation of community health workers and to the regulation of home health agencies; to provide for a community health worker task force; to provide an appropriation; and to declare an emergency.
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Madam Chair Rohr called the meeting to order at 9:30 AM.

Madam Chair Karen M. Rohr, Rep. Mike Beltz, Rep. Gretchen Dobervich, Chairman Kent Weston, Sen. Kathy Hogan, and Sen. Kristen Roers present.

Discussion Topics:

- Amendment

Madam Chair Rohr called for a discussion on HB 1028 and the discussion from the committee's previous meeting.

Sen. K. Roers moved that the Senate recede from its amendments and amend as follows (#27647).

Seconded by Chairman Weston.

Motion carries 6-0-0.

Carried by Sen. Hogan in the Senate.

Carried by Rep. Dobervich in the House.

Madam Chair Rohr adjourned the meeting at 9:36 AM.

Phillip Jacobs, Committee Clerk

April 18, 2023

JA
4-18-23

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1028

That the Senate recede from its amendments as printed on pages 1694-1698 of the House Journal and pages 1199-1202 of the Senate Journal and that Engrossed House Bill No. 1028 be amended as follows:

Page 1, line 2, after the semicolon insert "to amend and reenact section 23-17.3-01 and subdivision h of subsection 1 of section 23-17.3-05 of the North Dakota Century Code, relating to the regulation of home health agencies;"

Page 1, line 3, remove "to provide a statement of legislative intent; to provide for a report to the"

Page 1, line 4, remove "legislative assembly; and"

Page 1, line 4, after "appropriation" insert "; and to declare an emergency"

Page 1, after line 5, insert:

"SECTION 1. AMENDMENT. Section 23-17.3-01 of the North Dakota Century Code is amended and reenacted as follows:

23-17.3-01. Definitions.

In this chapter, unless the context and subject matter otherwise require:

1. "Allowed practitioner" means a physician assistant or advanced practice registered nurse.
2. "Clinical record" means a written account which covers the services the agency provides directly and those provided through arrangements with another agency which account contains pertinent past and current medical, nursing, social, and other therapeutic information, including the plan of treatment.
- ~~2-3.~~ "Department" means the department of health and human services.
- ~~3-4.~~ "Home health agency" means a public or private agency, organization, facility, or subdivision thereof which is engaged in providing home health services to individuals and families where they are presently residing for the purpose of preventing disease and promoting, maintaining, or restoring health or minimizing the effects of illness or disability.
- ~~4-5.~~ "Home health aide" means an individual who renders personal related service under the supervision of a registered professional nurse.
- ~~5-6.~~ "Home health services" means a broad range of health and social services furnished to individuals and families by a home health agency or by others under arrangements with the agency, in the places where the recipients are presently residing. Services must include the services of a currently licensed registered professional nurse and at least one other therapeutic service and may include additional support services. These services may

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only be provided with the approval of a licensed physician or an allowed practitioner.

- 6-7. "Licensed practical nurse" means one who has met all legal requirements for licensure and holds a current license to practice in North Dakota pursuant to chapter 43-12.1.
- 7-8. "Nursing services" means those services pertaining to the preventive, curative, and restorative aspects of nursing care that are performed by or under the supervision of a registered professional nurse.
- 8-9. "Person" means an individual, firm, partnership, association, corporation, limited liability company, or any other entity, whether organized for profit or not.
- 9-10. "Physician" means any person currently licensed pursuant to chapter 43-17.
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- 11-12. "Skilled nursing" means professional nursing services rendered by nurses licensed under chapter 43-12.1.
- 12-13. "Supportive services" includes the use of medical appliances; medical supplies, other than drugs and biologicals prescribed by a physician; the collection of blood and other samples for laboratory analysis; and nutritional guidance, homemaker, or companion services.
- 13-14. "Therapeutic services" means services which include:
 - a. Skilled nursing care.
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 - c. Home health aide services.
 - d. Physical, occupational, or speech therapy.
 - e. Respiratory therapy.

SECTION 2. AMENDMENT. Subdivision h of subsection 1 of section 23-17.3-05 of the North Dakota Century Code is amended and reenacted as follows:

- h. The agency shall maintain clinical records on all patients to serve as documentation of the medical, nursing, and therapeutic care rendered to the patient and for communication between the physician or allowed practitioner and the agency."

Page 1, line 10, after "1." insert "Community health representative" means an individual trained through the Indian health service to provide community-based and medically guided health care, which may include traditional native concepts.

2."

Page 1, line 10, after "chapter" insert "to provide preventative services"

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4-18-23

Page 1, line 11, replace "2." with "3."

Page 1, after line 11, insert:

"4. "Preventative services" means services to prevent a disease, disability, or other health condition or the progression of a disease, disability, or other health condition which are provided to an individual:

- a. With a chronic condition;
- b. At risk for a chronic condition who is unable to self-manage the chronic condition; or
- c. With a documented barrier that affects the individual's health."

Page 1, line 16, remove "certification standards for an applicant seeking"

Page 1, line 17, replace "certification as a community health worker" with "and implement a method for certifying community health workers, including:

- a. Community health representatives; and
- b. Other qualified individuals"

Page 1, line 23, remove "- **REPORT TO**"

Page 1, line 24, remove "**LEGISLATIVE MANAGEMENT**"

Page 2, line 4, remove "appointed by the"

Page 2, line 5, replace "department of health and human services must include representatives of the" with "is comprised of"

Page 2, line 6, remove "Department of health and human services, including the division of health equity"

Page 2, line 7, replace "and division of aging services" with "One representative of the medical services division of the department of health and human services, appointed by the department of health and human services"

Page 2, line 8, replace "Department of career and technical education" with "One representative of the public health division of the department of health and human services, appointed by the department of health and human services"

Page 2, line 9, replace "State board of higher education" with "One representative of the tribal nations in the state, appointed by the Indian affairs commissioner in consultation with the health director of each tribal nation placed in North Dakota"

Page 2, line 10, replace "Insurance department" with "One representative of the North Dakota state university school of public health appointed by the college of health professions"

Page 2, line 11, remove "University of North Dakota school of medicine and health sciences center for"

Page 2, line 12, replace "rural health" with "One representative of the university of North Dakota school of medicine and health sciences center for rural health, appointed by the dean of the school of medicine and health sciences"

Page 2, line 13, remove "University of North Dakota and North Dakota state university schools of public"

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Page 2, line 14, replace "health" with "One representative of the hospitals in this state, appointed by the North Dakota hospital association"

Page 2, line 15, replace "Private health insurers operating in the state" with "One representative of the federally qualified health centers, appointed by the community healthcare association of the Dakotas"

Page 2, line 15, after the semicolon insert "and"

Page 2, line 16, remove "Health care sector, including qualified service providers, community health"

Page 2, removes lines 17 through 21

Page 2, line 22, replace "m. North Dakota emergency medical services association" with "One representative of the emergency medical services profession, appointed by the North Dakota emergency medical services association"

Page 2, line 27, after "reimbursement" insert ", including reimbursement to a federally qualified health center"

Page 2, line 28, remove "Develop a plan for a North Dakota community health worker collaborative."

Page 2, line 29, remove "c."

Page 3, line 1, replace "d." with "c."

Page 3, line 4, after "collaborative" insert a period

Page 3, line 5, replace "e." with "d."

Page 3, after line 6, insert:

"SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - COMMUNITY HEALTH WORKERS - MEDICAID STATE PLAN AMENDMENT. During the 2023-25 biennium, the department of health and human services shall seek a Medicaid state plan amendment to authorize the reimbursement of certified community health workers. Upon amendment of the Medicaid state plan, the commissioner of the department of health and human services shall certify this fact to the legislative management."

Page 3, line 9, replace "\$50,000" with "\$75,000"

Page 3, line 12, replace "biennium" with "period"

Page 3, line 12, remove "July 1,"

Page 3, line 13, replace "2023," with "with the effective date of this section"

Page 3, after line 13, insert:

"SECTION 7. EMERGENCY. Sections 4 and 6 of this Act are declared to be an emergency measure."

Renumber accordingly

REPORT OF CONFERENCE COMMITTEE

HB 1028, as engrossed: Your conference committee (Sens. Weston, Hogan, K. Roers and Reps. Rohr, Beltz, Dobervich) recommends that the **SENATE RECEDE** from the Senate amendments as printed on HJ pages 1694-1698, adopt amendments as follows, and place HB 1028 on the Seventh order:

That the Senate recede from its amendments as printed on pages 1694-1698 of the House Journal and pages 1199-1202 of the Senate Journal and that Engrossed House Bill No. 1028 be amended as follows:

Page 1, line 2, after the semicolon insert "to amend and reenact section 23-17.3-01 and subdivision h of subsection 1 of section 23-17.3-05 of the North Dakota Century Code, relating to the regulation of home health agencies;"

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Page 3, after line 13, insert:

"SECTION 7. EMERGENCY. Sections 4 and 6 of this Act are declared to be an emergency measure."

Renumber accordingly

Engrossed HB 1028 was placed on the Seventh order of business on the calendar.

TESTIMONY

HB 1028



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.



**House Human Services
Rep. Robin Weisz, Chair
Jan. 9, 2023
HB 1028**

Good afternoon, Chairman Weisz and members of the committee. My name is Marnie Walth and I serve as Head of Government Relations for Sanford Health in North Dakota.

Thank you for your interest in supporting a community health worker workforce in North Dakota. As you know, the healthcare industry is struggling with workforce challenges perhaps more so than any other industry due to stress and burnout. We view CHWs as an important step in creating a much-needed healthcare workforce ladder.

Sanford's experience with community health workers has been extremely positive. Our CHWs meet patients where they are to help them navigate the healthcare system and connect to needed community services.

Sanford Health supports the creation of a public-private community health worker task force and would eagerly participate if asked.

Thank you for your consideration. Please let me know if you have questions.

Marnie Walth
Government Relations
Sanford Health
Marnie.Walth@SanfordHealth.org
701-323-8745

House Bill 1029
North Dakota House of Representatives
Human Services Committee
Rep. Gretchen Dobervich
January 9, 2023 2:pm

Mr. Chairman and Members of the House Human Services Committee my name is Representative Gretchen Dobervich. I represent District 11 in South Central Fargo. I come before you with HB 1028, a bill passed out of the Legislative Interim Health Care Committee, related to the study of a community health workers program.

In front of you is a handout from the Michigan League of Public Policy that does a really nice job of describing who community health workers are, what they do, and how they can improve health outcomes and health care costs.

HB 1028 seeks to establish a task force of multisector stakeholders to develop a data driven, best practice plan for community health worker education, training, regulation, and ND Medicaid reimbursement, the building blocks of a state managed and funded community health worker program.

The taskforce membership would include, but not be limited to, the Department of Health and Human Services, North Dakota Department of Career and Technical Education, Department of Public Instruction, State Board of Higher Education, University of North Dakota School of Medicine and Health Sciences, North Dakota Center for Rural Health, North Dakota State University and University of North Dakota Departments of Public Health, private insurance providers, healthcare providers, including qualified service providers, and tribal nations placed in North Dakota. HB 1028 directs the task force to complete their work for the program to begin in 2025.

In addition to HB 1028, HB 1029 was passed out of the Legislative Interim Committee on Health Care to establish a community health worker program across North Dakota. During study testimony the interim, committee heard testimony from the North Dakota Department of Health and Human Services and content experts that elements of both bills were needed to establish, fund, and implement a community health worker program. I would like to thank the members of the Interim Health Care Committee, retired Senator Howard Anderson, the author of HB 1029, and the stakeholders who worked to bring this bundle of bills.

There is a fiscal note of \$75,000 of one-time spending for the North Dakota Department of Health and Human Services to contract with an independent facilitator to convene taskforce meetings, facilitate the meetings, collect secondary data as needed, and write and disperse minutes of the meetings.

Mr. Chairman and Members of the House Human Services Committee I recommend abstaining from action on HB 1028 until HB 1029 is heard, which is scheduled to be heard after this

Community Health Workers

An Introduction

Amber Bellazaire, Policy Analyst, Michigan League for Public Policy | August 2021



Who are community health workers?



Community health workers (CHWs) are trusted members of the community they serve, often sharing at least one characteristic with their patients such as place, race or ethnicity, or health condition. Community health workers act as liaisons between patients, clinical care, and social services.

What are their responsibilities?

All community health workers engage in outreach and health education. In addition, other common responsibilities can include:

Providing enrollment and referral assistance to help patients identify and apply for available services, such as health insurance or assistance programs.

Supporting patient management of chronic conditions.

Promoting healthy behaviors such as adequate nutrition, routine physical activity, and stress management techniques.

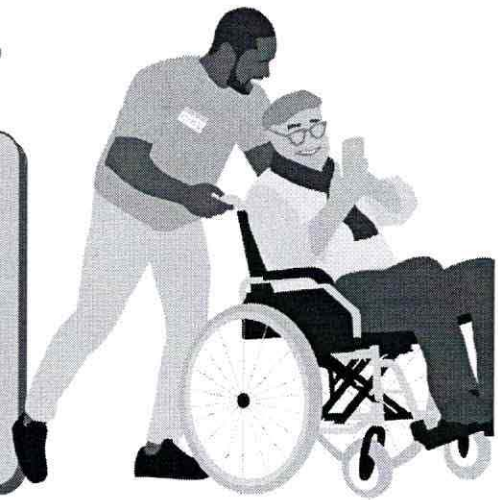
Conducting health screenings and needs assessments.

Providing care in a patient's first language.

How are community health workers unique?

Community health workers connect with patients as peers, not only as clients. Their expertise resides in their ability to establish trusted relationships based on shared experience with the population served.

The time CHWs spend providing in-person support allows for greater, more honest communication about patients' health and adherence to treatment and disease prevention strategies. Community health workers strengthen health promotion efforts through their recognition and responsiveness to the culture, beliefs, norms, and behaviors of the communities they serve.





CHI St. Alexius Health
Dickinson Medical Center
2500 Fairway Street
Dickinson, ND 58601
701-456-4200

March 6, 2023

Chairperson Judy Lee
Human Services Committee
North Dakota State Capitol
Bismarck, North Dakota 58505

RE: HB1028 - Relating to the regulation of community health workers; to provide for a community health worker task force; to provide a statement of legislative intent; to provide for a report to the legislative assembly; and to provide an appropriation.

Good afternoon Chairperson Lee,

My name is Allison Wanner and I am a Community Health Worker with CHI St. Alexius Health Dickinson Medical Center, part of the CHI Health Midwest regional health network. CHI St. Alexius Health, formed in April 2016, is the largest healthcare delivery system in central and western North Dakota. The system comprises a tertiary hospital in Bismarck and critical access hospitals in Carrington, Devils Lake, Dickinson, Garrison, Turtle Lake, and Williston, along with numerous clinics and outpatient services throughout the region.

Thank you for the opportunity to express my support for HB1028 and the development of a state Community Health Worker (CHW) certification program. This will support and hopefully accelerate our state's investment in this crucial healthcare workforce, particularly at a time when innovative care models are needed to buffer the impacts of a sustained healthcare workforce shortage, while also positioning our health systems to comply with increasing accountabilities to provide comprehensive, whole- person care. At present, 21 states either operate a CHW certification program or contract with a third party for quality control and assurance of this critical workforce.¹ I am currently attending the Morehouse School of Medicine's online Community Health Worker program, with a goal to be fully certified by January 2024. The core competencies of the program are: *introduction to community health work, communication and ethics, health and health disparities, care management and coordination, community engagement and supports.*

Within CHI Health, we have been piloting clinical care models that leverage CHWs to address patients' health- related social needs and evaluating CHWs across the Midwest for several years and are happy to share our experience as you consider forming a CHW task force and creating a certification program.

¹ Association of State and Territorial Health Officials (ASTHO). *State Approaches to Community Health Worker Certification*. 6.14.22

In the health care delivery model, a CHW supports providers through an integrated care management approach. The CHW helps patients navigate and access community services and other resources identified through screening for basic human needs, such as food, medication assistance, and housing. The CHW also provides education, social support, and advocates for the health needs of individuals and their communities. Community Health Workers monitor their patient's progress through regular patient contact and track the patient's progress in their documentation. Interventions, such as referrals to a food pantry or assistance with applying for SNAP benefits, are also tracked, which allows us to more readily identify community resource gaps. In the future, we hope this aggregate data about community resource gaps will inform community partnerships and mobilize action to close persistent gaps, such as affordable housing.

The following patient story illustrates how Community Health Workers make a difference in the lives of their patients:

A three year old child was seen by a clinic provider complaining of ear pain. Due to our newly implemented Social Determinants of Health (SDoH) screener, filled out by mom during registration, the provider noted that many areas of the families basic needs were not being met. The family, which consisted of a young single mother and her four children, were living at the local domestic violence shelter, after leaving a dangerous domestic situation in California. With the help of a Community Health Worker, the mother was streamlined through the Social Services system where she was quickly approved for Medicaid, SNAP, ND Rent Help and Child Care Assistance. The client is now living in a townhome and has been able to secure employment.

Between January- March 2023, ninety-two patients screened positive for health-related social needs at one of our CHI St. Alexius care sites in Dickinson. This included patients who reside in Stark, Dunn, Adams, Mercer, Hettinger, McKenzie, and Bowman counties. Twelve patients received assistance with housing, ten patients received assistance with food insecurity, and five received assistance with financial needs and transportation. Others received assistance with dental care, eye care, reading, safe living conditions, childcare, and medications.

A significant number of patients receiving assistance with health-related social needs are either uninsured or receive insurance through Medicaid. One quarter of patients who screened positive for social needs in January and February 2023 identified as being insured through Medicaid (26%) and ten identified that they are uninsured.

CHI St. Alexius' vision is a "healthier future for all, inspired by faith, driven by innovation, and powered by our humanity." We believe that the development of a robust Community Health Worker program in the state of North Dakota will pave the way to a healthier future for all. Thank you for considering this bill and to the Human Services committee for your interest in this issue.

I welcome any questions from the committee and would be happy to inform the CHW task force.

Thank you,

Allison Wanner
Community Health Worker
CHI St. Alexius Health Dickinson Medical Center and Beach Clinic
(701) 456-4897
allie.wanner@commonspirit.org



Testimony
House Bill No. 1028
Senate Human Services Committee
March 6, 2023

Members of the Senate Human Services Committee, this testimony is submitted by Chairman Mark N. Fox on behalf of MHA Nation. My name is Jared Eagle and I am the Tribal Health Administration for MHA Nation.

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 request two revisions to HB 1028:

1. 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 critically important to tribal health systems.
2. We request any amendments necessary to this bill that would expedite the path to reimbursement for CHRs and CHWs.

Thank you for the opportunity to testify today. The MHA Nation supports HB 1028 with our requested revisions.

Thank you,

Mark N. Fox
Chairman
MHA Nation



2023 House Bill 1028
Senate Human Services Committee
Senator Judy Lee, Chairman
March 6, 2023

Chairman Lee and members of the Senate Human Services Committee, I am Melissa Hauer, General Counsel/VP of the North Dakota Hospital Association (NDHA). I testify in support of House Bill 1028 and ask that you give the bill a **Do Pass** recommendation.

Hospitals support this bill because it would provide a framework for regulation of community health workers (CHW) in our state.

CHWs provide support and health education needed by patients to successfully modify behaviors, increase engagement in treatment plan development, and increase the likelihood of improved health outcomes. CHWs increase the health care workforce and help patients receive care in the community. Although the scope of practice of CHWs can vary across states, they are usually frontline, public health professionals who have similar cultural knowledge, practices, and beliefs, or life experiences as the people they serve in the community. They often serve as a link between their community and needed healthcare and social services, helping to improve timely access to those services.

A large body of evidence shows that CHWs can help improve chronic disease control and mental health, promote healthy behavior, improve patients' perceived quality of care, shrink health disparities, and reduce emergency care use, hospitalizations, and health care spending¹. CHW programs can be cost-effective and offer a positive return on investment (ROI). A recent study found that for every dollar invested in a CHW intervention, Medicaid payers saw an average ROI of \$2.47.

¹ <https://www.aha.org/building-and-sustaining-health-care-workforce-community-health-workers>, Nov. 2021, Critical Inputs for Successful Community Health Worker Programs.

Community Health Workers

An Introduction

Amber Bellazaire, Policy Analyst, Michigan League for Public Policy | August 2021



Who are community health workers?



Community health workers (CHWs) are trusted members of the community they serve, often sharing at least one characteristic with their patients such as place, race or ethnicity, or health condition. Community health workers act as liaisons between patients, clinical care, and social services.

Who are community health workers?



The term “community health worker” includes a range of other job titles, including but not limited to: patient navigator, peer support specialist, outreach worker, promotor de salud, community health representative, recovery coach and community-based doula. Community health workers strive to increase health knowledge and connections to needed social services through outreach, education, needs assessments, and peer support.

Who are community health workers?

Miscellaneous community and social service specialists, including health educators and community health workers.

78,000
community and social
service specialists including
health educators and
community health workers
are employed in the United
States.

70.8% are women

71.17% are white

22.5% are Black

2.5% are Asian

21.9% are Hispanic

Source: US Bureau Labor Statistics, 2019

What are their responsibilities?

All community health workers engage in outreach and health education. In addition, other common responsibilities can include:

Providing enrollment and referral assistance to help patients identify and apply for available services, such as health insurance or assistance programs.

Supporting patient management of chronic conditions.

Promoting healthy behaviors such as adequate nutrition, routine physical activity, and stress management techniques.

Conducting health screenings and needs assessments.

Providing care in a patient's first language.

How are community health workers unique?

Community health workers connect with patients as peers, not only as clients. Their expertise resides in their ability to establish trusted relationships based on shared experience with the population served.

The time CHWs spend providing in-person support allows for greater, more honest communication about patients' health and adherence to treatment and disease prevention strategies. Community health workers strengthen health promotion efforts through their recognition and responsiveness to the culture, beliefs, norms, and behaviors of the communities they serve.



Where do they work?

- Health Centers/Federally Qualified Health Centers
- Community-based Organizations
- Local Health Departments
- Hospitals/Health Systems
- Managed Care Organizations*

*Some managed care organizations directly employ community health workers and others contract with community-based organizations that can offer CHW services

In 2020, the average hourly wage for a community health worker was \$22 or \$46,000 annually.

Where do they work?

And not every organization that employs community health workers is directly involved in healthcare. Other organizations that employ CHWs can include:

- Early childhood education agencies
- Child abuse prevention agencies
- Faith-based organizations
- Services for formerly incarcerated individuals and their families
- Emergency preparedness programs

House Bill 1028
North Dakota Senate
Human Services Committee
Rep. Gretchen Dobervich
March 6, 2023 9:00am

Madame Chair and Members of the Senate Human Services Committee my name is Representative Gretchen Dobervich. I work for the people of District 11 in South Central Fargo. I come before you with HB 1028, a bill passed out of the Legislative Interim Health Care Committee, House Human Services Committee, and House Chamber related to the establishment and reimbursement for services for a statewide community health worker program.

Community Health Workers act as connections between community members, clinical and public health, and social services. Community Health Worker is an umbrella term for many community-based care providers including community health representatives serving tribal nations, community paramedics, peer support specialists, and other community-based services. Community Health Workers serve patients who are the least connected to systems of care or at highest risk of needing care, prioritize addressing the social determinates of health in care, improve health literacy to assist patients to better follow through with care plans from their providers, and assist in navigating health systems.

Community Health Workers support patients managing chronic illness, promote healthy behaviors, provide health education, assist in accessing programs and services, conduct public health disease prevention activities, and can conduct health screenings. There are many different supports and activities Community Health Workers can provide.

Community Health Workers work in a variety of settings including but not limited to public health departments, clinical medical systems, community based organizations, faith based organizations, emergency response services, tribal health care, and Federally Qualified Health Centers.

Community Health Workers do not replace place licensed health and social service professionals. Most states have education requirements that a community health worker must meet to be recognized as certified and their work reimbursed by a third party payer, including continuing education requirements.

Community Health Workers

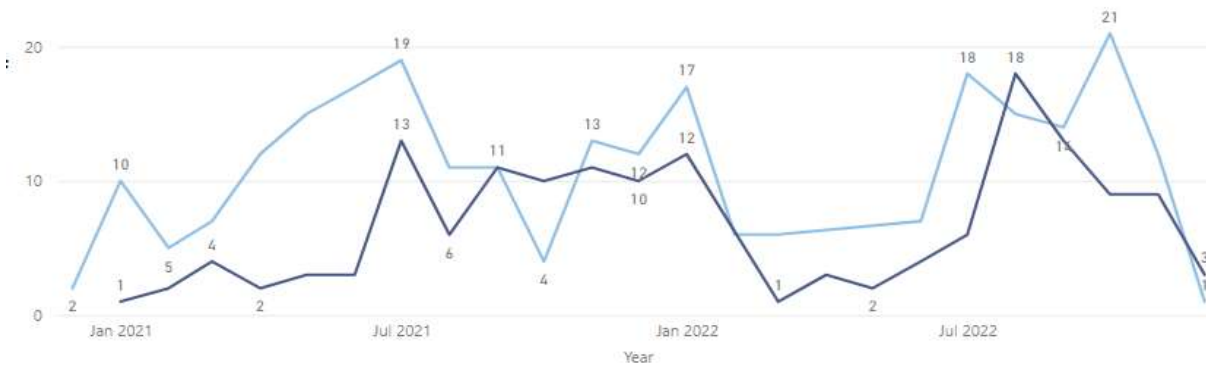
1. Improve patient knowledge about their care
2. Improve health outcomes
3. Reduce frequent hospitalizations and emergency room visits, lowering overall healthcare costs

Referrals

	Total # of Referrals Since 2020
Fargo Region (includes Hillsboro)	156
Bismarck	255
Total	411

Number of referrals by Year, Month and Department Region Name

Department Region Name ● Bismarck Region ● Fargo Region

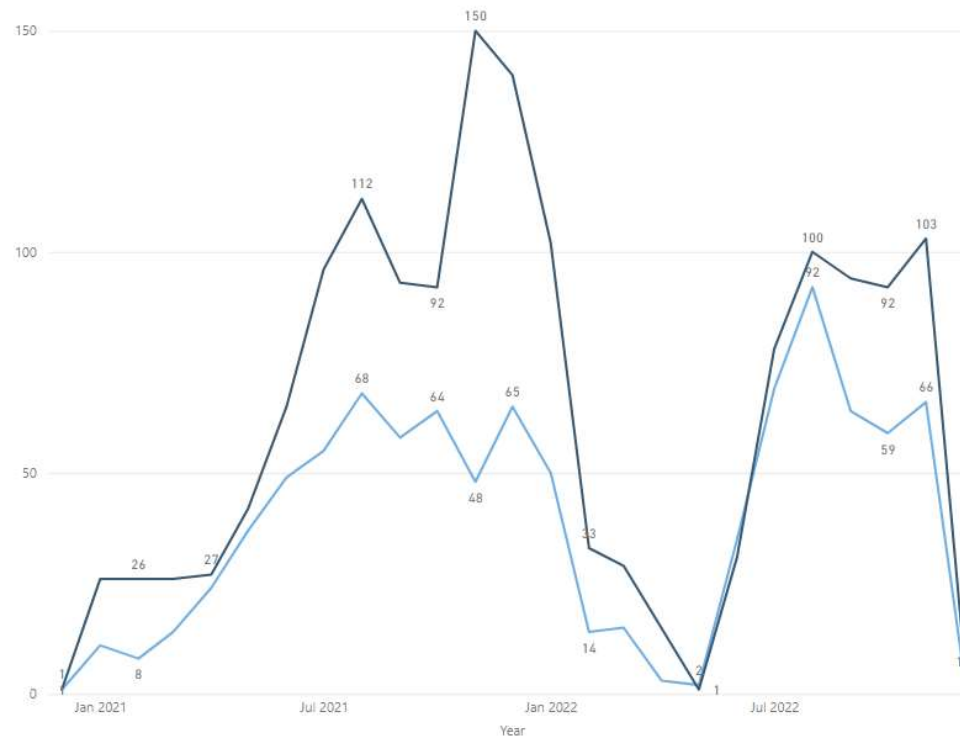


*The final data point is the first month of December

Encounters (statewide)

Count of Encounter Type by Year, Month and Encounter Type

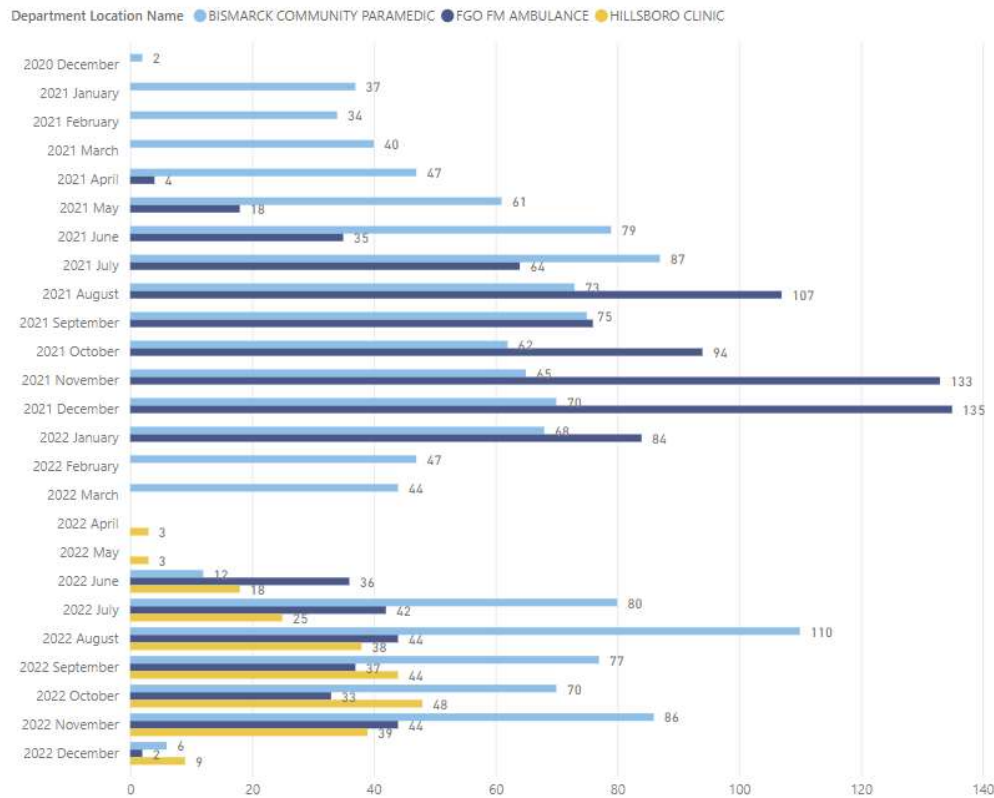
Encounter Type ● Support Staff Consult ● Telephone



*The final data point is the first month of December

Encounters (in person by region)

Count of Encounter Type by Year, Month and Department Location Name



*The final data point is the first month of December

Patients served

	Patients Served
Fargo	203
Bismarck	279
Hillsboro	32
TOTAL	513

Hospital and ED Encounters



Effective Date of Care Manager Relationship: 5/1/2021 to 5/31/2022

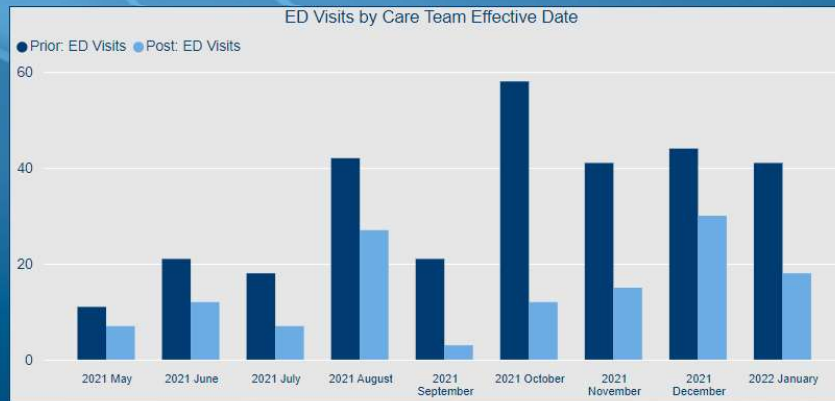
Region: Fargo

Relationship Team: Community Health Worker

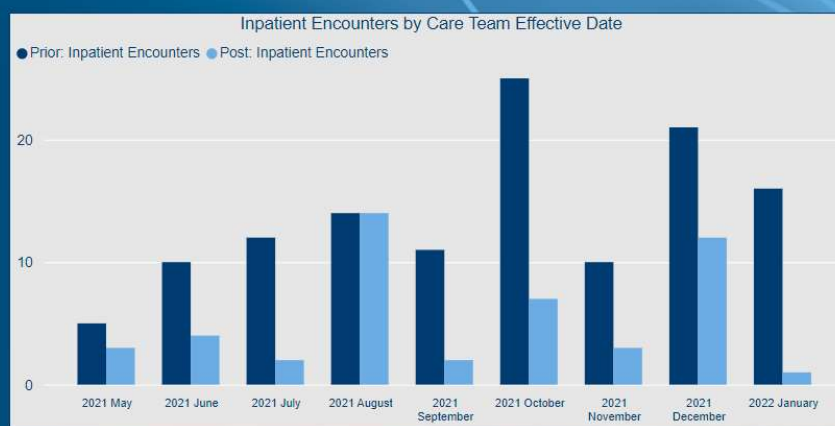
Care Team Manager: Fargo CHW

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Year	Prior: ED Visits	Post: ED Visits	% Change
2021	256	113	-55.9%
May	11	7	-36.4%
June	21	12	-42.9%
July	18	7	-61.1%
August	42	27	-35.7%
September	21	3	-85.7%
October	58	12	-79.3%
November	41	15	-63.4%
December	44	30	-31.8%
2022	41	18	-55.1%
January	41	18	-56.1%
Total	297	131	-55.9%



Year	Prior: Inpatient Encounters	Post: Inpatient Encounters	% Change
2021	108	47	-55.5%
May	5	3	-40.0%
June	10	4	-60.0%
July	12	2	-83.3%
August	14	14	0.0%
September	11	2	-81.8%
October	25	7	-72.0%
November	10	3	-70.0%
December	21	12	-42.9%
2022	16	1	-93.8%
January	16	1	-93.8%
Total	124	48	-61.3%



Hospital and ED Encounters



Effective Date of Care Manager Relationship
 5/1/2021 5/31/2022

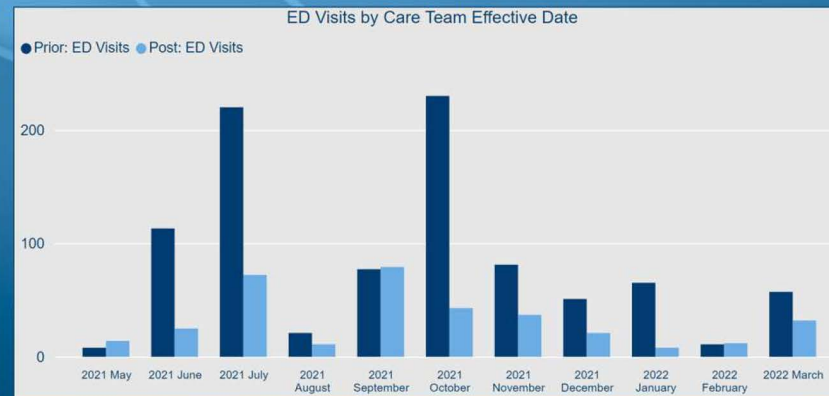
Region
 Bismarck Region

Relationship Team
 Community Health Worker

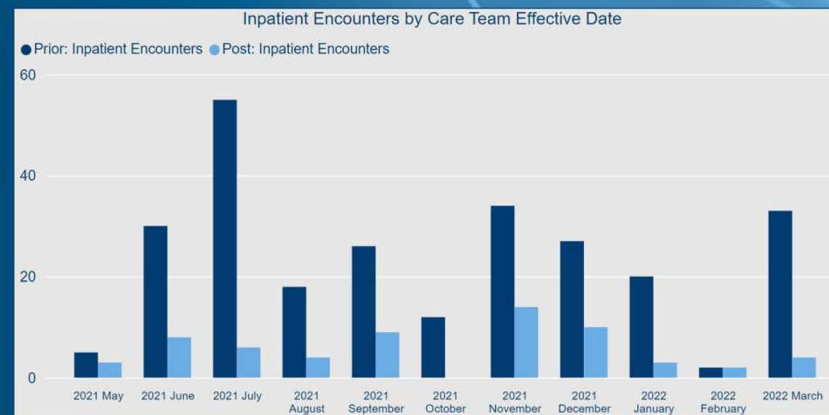
Care Team Manager
 BERGMANN, JORDAN

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ED Visits by Care Team Effective Date			
Year	Prior: ED Visits	Post: ED Visits	% Change
2021	801	302	-62.3%
May	8	14	75.0%
June	113	25	-77.9%
July	220	72	-67.3%
August	21	11	-47.6%
September	77	79	2.6%
October	230	43	-81.3%
November	81	37	-54.3%
December	51	21	-58.8%
2022	133	52	-60.9%
January	65	8	-87.7%
February	11	12	9.1%
March	57	32	-43.9%
Total	934	354	-62.1%



Inpatient Encounters by Care Team Effective Date			
Year	Prior: Inpatient Encounters	Post: Inpatient Encounters	% Change
2021	207	54	-73.9%
May	5	3	-40.0%
June	30	8	-73.3%
July	55	6	-89.1%
August	18	4	-77.8%
September	26	9	-65.4%
October	12	0	-100.0%
November	34	14	-58.8%
December	27	10	-63.0%
2022	55	9	-83.6%
January	20	3	-85.0%
February	2	2	0.0%
March	33	4	-87.9%
Total	262	63	-76.0%



Average Direct Cost Per Encounter (2021)

Fargo

- ▶ Inpatient: \$12,136.99
 - ▶ 13 ave visits → 5 ave visits
 - ▶ Average monthly savings: \$97,095.92
- ▶ ED: \$347.14
 - ▶ 33 ave visits → 14 ave visits
 - ▶ Average monthly savings: \$6,595.66

Bismarck

- ▶ Inpatient: \$9,601.34
 - ▶ 24 avg visits → 6 ave visits
 - ▶ Average monthly savings: \$173,496.21
- ▶ ED: \$375.15
 - ▶ Average monthly savings: \$19,508
 - ▶ 84 ave visits → 32 ave visits



**Senate Human Services
Senator Judy Lee, Chair
March 6, 2023
HB 1028**

Good morning Chair Lee and members of the committee. My name is Wendy Schmidt and I serve as a Senior Learning and Development Specialist for Sanford Health. One of my roles is to oversee the Community Health Worker program for the Bismarck region.

Thank you for your consideration of this important workforce opportunity and proven strategy to improving patient outcomes and reducing healthcare costs.

Community Health Workers (CHWs) have been a recognized public health resource since the 1970s. In more recent years, CHWs have gained well-deserved recognition for their proven ability to address the unique health and social issues within their communities.

CHWs offer services and insight that can span the scope of multiple care models. The Health Resources and Services Administration (HRSA) defined the many known service outcomes of the CHW model as:

- Better understanding between community members and the health and social service system
- Increased use of health care services at the right time and in the right place
- Improved access to health care and preventative services
- Improved health outcomes
- Enhanced communication between community members and health providers
- Improved adherence to health recommendations
- Reduced need for emergency and specialty services⁴

The Department of Labor Statistics reports there 126,700 CHWs today and the field is growing quickly.

In 2020 Sanford's North Dakota locations were awarded a grant from the Administration for Community Living. This grant allowed us to add three CHWs to our team. One in Fargo, Traill County and Bismarck. Additionally, South Dakota was awarded a federal grant in 2021 which led to the addition of multiple CHWs placed throughout rural clinics. These CHWs have become irreplaceable on our healthcare teams and the data is clear which I will present shortly. CHWs benefit patients, the healthcare system and the state.

CHWs and Community Health Representatives—the tribal equivalent to CHWs—are trained public health workers who serve as a bridge between communities and the healthcare system. They are non-licensed providers with specific training to help patients address their Social Determinants of Health outside the clinic setting.

Many people ask what's the difference between a CHW and a social worker? A public health nurse? A CNA? I can explain. CHWs and CHRs are certified, not licensed. This means we can fill these roles with high school educated healthcare job seekers and then complete a certification course, therefore eliminating the barrier of a college degree. It also means lower workforce costs.

These courses already exist in other states including Minnesota and South Dakota. We have been able to leverage their online programs successfully which would eliminate the immediate need for North Dakota to create a certification program. This role also offers an opportunity for individuals who are interested in healthcare, but not wanting, or able, to provide physical care. And finally, it takes the pressure off of nurses and social workers, who are already working in a short staffed situation, to perform at the top of their scope.

Now that we know what a CHW and CHR does and how they help our patients, I want to explain how they can save the state and healthcare money.

Please refer to the attached PowerPoint:

- Slide 1: Total and monthly number of referrals from healthcare providers within Sanford from Jan. 1, 2021 through the first week of December 2022.
- Slide 2: Number of statewide encounters and is separated out by in person and telephone encounters.
- Slide 3: In-person encounters by region.
- Slide 4: Total number of unique patients served.
- Slides 5 and 6: Average reduction in ED visits and inpatient encounters once a CHW is added to the care team.
- Slide 7: Overall cost savings secondary to slides 5 and 6.
- Slide 8: Estimated total cost of one CHW to Medicaid over a 15-month period and the actual cost savings to Medicaid from January 2021 to March 2022.

The projected yearly cost to the State Medicaid program if Sanford Health hired 10 FTEs—our strategic CHW goal—would be approximately \$58,000. We project the savings to the State would be more than \$500,000.

All told, CHWs have had tremendous impact on patient outcomes and cost of care. As we all come together to address workforce, access to healthcare services, reducing healthcare costs, community services aimed at keeping people in their homes and addressing social determinants of health, CHWs check all the boxes and we are excited

to grow this program. Community health workers are a proven resource to save healthcare dollars, expand workforce and improve patient outcomes.

In addition to supporting HB 1028 as written, we respectfully ask you to consider adding core elements necessary for North Dakota's Medicaid program to begin the process of establishing Medicaid reimbursement with this legislation rather than waiting until the 2025 Session. The task force and planning scope identified in the bill are important and no doubt will create thoughtful strategies to create the best program possible, but we offer that moving forward with Medicaid reimbursement now would be a positive step to help patients now.

Attached to my testimony are suggested additions to the bill that would establish a narrow scope of practice, focused list of covered services, and enabling legislation to establish Medicaid reimbursement.

Thank you for your time and your consideration. I would be happy to answer any questions.

Wendy Schmidt MBA, BAN, RN
Senior Learning and Development Specialist
Sanford Health
Wendy.Schmidt2@SanfordHealth.org
701-323-2416

Senate Human Services Committee

HB 1028

March 6, 2023

Chair Lee and Committee Members my name is Courtney Koebele, and I am speaking on behalf of the Community HealthCare Association of the Dakotas (CHAD). This non-profit membership organization serves as the primary care association for North Dakota and South Dakota.

First, I would like to share a little background on the health care organizations we are talking about and their reach in North Dakota. Community health centers are non-profit, community-driven primary care clinics with a special designation of Federally Qualified Health Center (FQHC). Each clinic provides high-quality primary and preventive care to all individuals, with or without insurance and regardless of their ability to pay. North Dakota has five community health centers located in 19 communities with a total of 21 delivery sites. They serve approximately 36,000 primary and behavioral health care patients and nearly 13,000 dental patients.

Community health centers are in rural and urban North Dakota. In rural communities, the community health care clinic supports a community's ability to retain local health care options and support access to health care where rural Dakotans live and work. For example, Northland Health Center has clinics in Rolette, St. Johns, Ray, McClusky, Turtle Lake, Minot, and Bismarck. Health centers are essential medical homes where patients find services that promote health, diagnose and treat disease, manage chronic conditions and disabilities,

Changes requested:

1. Add language relating to community health representatives:
 - a. Definition,
 - b. Certification;
2. Amend list of members of the community health worker task force;
3. Incorporate sections of 1029 which would allow implementation;
4. Amend appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

Section 1. A new chapter to title 43 of the North Dakota Century Code is created and enacted as follows:

Definitions.

As used in this chapter:

1. “Community health representative” means an individual certified through the Indian Health Service to provide community-based and medically guided health care, which may include traditional Native concepts.
2. “Community health worker” means an individual certified under this chapter to provide preventative health services to a community.
3. “Department” means the department of health and human services.

Title.

An individual may not use the title of either “community health representative” or “community health worker” unless that person is certified as such in accordance with this chapter.

Scope of Practice – Community Health Worker.

A community health worker provides preventative health services to prevent disease, disability, or other health condition or their progression for an individual with a chronic condition or at risk for a chronic condition who is unable to self-

manage the chronic condition or for an individual with a documented barrier that affects the individual's health. This section does not authorize a community health representative or community health worker to practice within the scope of practice of another regulated profession, such as nursing, medicine, dentistry, pharmacy, or psychology.

Certification.

1. The department shall establish a method of reviewing Indian Health Service certification for an applicant seeking certification as a community health representative.
2. The department shall establish certification standards for an applicant seeking certification as a community health worker.
3. In implementing this section, the department may:
 - a. Adopt rules;
 - b. Charge a fee for certification or recertification;
 - c. Contract with a third party; and
 - d. Require an applicant to meet education and experience requirements.

SECTION 2. COMMUNITY HEALTH WORKER TASK FORCE – REPORT TO LEGISLATIVE MANAGEMENT.

1. During the 2023-24 interim, the department of health and human services shall establish and provide staffing and administrative services to a community health worker task force.
2. The community health worker task force shall consist of:
 - a. One member representing the Medical Services division of the department, appointed by _____;
 - b. One member representing the Public Health Division of the department, appointed by _____;
 - c. One member representing local public health units, appointed by _____;
 - d. One member representing community health workers, appointed by _____;

- e. One member representing community health representatives, appointed by _____;
 - f. One member representing hospitals in this state, appointed by a statewide association representing hospitals;
 - g. One member representing federally qualified health care centers, appointed by a statewide association representing federally qualified health care centers;
 - h. One member representing emergency medical services, appointed by a statewide association representing emergency medical services.
3. During the 2023-24 interim, the community health worker task force, in collaboration with the department of health and human services, shall:
- a. Develop a data-driven poan for community health worker scope of work, education and training, certification and regulation, medical assistance, reimbursement, and a North Dakota community health worker collaborative;
 - b. Develop a plan for a North Dakota community health worker collaborative;
 - c. Provide to the department of health and human services a proposal for a Medicaid state plan amendment or waiver to include community health workers and community health representatives;
 - d. Provide the department of health and human services proposed administrative rules for the community health worker scope of work, education and training, certification and regulation, medical assistance reimbursement, and a North Dakota community health worker collaborative; and
 - e. Collaborate with existing clinical, public health, home, and community-based service systems.

**SECTION 3. DEPARTMENT OF HEALTH AND HUMAN SERVICES –
COMMUNITY HEALTH WORKERS – MEDICAID STATE PLAN**

AMENDMENT. During the 2023-25 biennium, the department of health and human services shall seek a Medicaid state plan amendment to authorize the reimbursement of

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

Section 1. A new chapter to title 43 of the North Dakota Century Code is created and enacted as follows:

Definitions.

As used in this chapter:

1. “Community health representative” means an individual certified through the Indian Health Service to provide community-based and medically guided health care, which may include traditional Native concepts.
2. “Community health worker” means an individual certified under this chapter to provide preventative health services to a community.
3. “Department” means the department of health and human services.

Title.

An individual may not use the title of either “community health representative” or “community health worker” unless that person is certified as such in accordance with this chapter.

Scope of Practice – Community Health Worker.

A community health worker provides preventative health services to prevent disease, disability, or other health condition or their progression for an individual with a chronic condition or at risk for a chronic condition who is unable to self-manage the chronic condition or for an individual with a documented barrier that affects the individual’s health. This section does not authorize a community health representative or community health worker to practice within the scope of practice of another regulated profession, such as nursing, medicine, dentistry, pharmacy, or psychology. [Services provided by a community health worker are eligible for reimbursement.](#)

Scope of Practice – Community Health Representative.

A community health representative provides a broad range of services to increase the health knowledge and access of communities, such as outreach, community education, social support, or health advocacy. Services provided by a community health representative are eligible for reimbursement.

Certification.

1. The department shall establish a method of reviewing Indian Health Service certification for an applicant seeking certification as a community health representative.
2. The department shall establish certification standards for an applicant seeking certification as a community health worker.
3. In implementing this section, the department may:
 - a. Adopt rules;
 - b. Charge a fee for certification or recertification;
 - c. Contract with a third party; and
 - d. Require an applicant to meet education and experience requirements.

SECTION 2. AMENDMENT. Section 23-17.3 of the North Dakota Century Code is amended and reenacted as follows:

23-17.3-05. Definitions.

1. “Allowed practitioner” means a physician assistant (PA), nurse practitioner (NP), or advanced practice registered nurse (APRN).
2. “Home health services” means a broad range of health and social services furnished to individuals and families by a home health agency or by others under arrangements with the agency, in the places where the recipients are presently residing. Services must include the services of a currently licensed registered professional nurse and at least on other therapeutic services and may include additional support services. These services may only be provided with the approval of a licensed physician or an allowed practitioner.

SECTION 3. COMMUNITY HEALTH WORKER TASK FORCE – REPORT TO LEGISLATIVE MANAGEMENT.

1. During the 2023-24 interim, the department of health and human services shall establish and provide staffing and administrative services to a community health worker task force.
2. The community health worker task force shall consist of:
 - a. One member representing the Medical Services division of the department, appointed by the department of health and human services;
 - b. One member representing the Public Health Division of the department, appointed by the state health officer;
 - c. One member representing local public health units, appointed by the state association of city and county health officials;
 - d. One member representing tribal nations in the state, appointed by the Indian affairs commissioner.
 - e. One member representing hospitals in this state, appointed by a statewide association representing hospitals;
 - f. One member representing the University of North Dakota school of medicine and health sciences center for rural health;
 - g. One member representing federally qualified health care centers, appointed by a statewide association representing federally qualified health care centers; and
 - h. One member representing emergency medical services, appointed by a statewide association representing emergency medical services.
3. During the 2023-24 interim, the community health worker task force, in collaboration with the department of health and human services, shall:
 - a. Develop a data-driven plan for community health worker scope of work, education and training, certification and regulation, medical assistance, reimbursement, and a North Dakota community health worker collaborative;

23.0069.01001

Sixty-eighth
Legislative Assembly
of North Dakota

HOUSE BILL NO. 1028

Introduced by

Legislative Management
(Health Care Committee)

1 A BILL for an Act to create and enact a new chapter to title 43, a new section to chapter 50-06,
2 and a new section to chapter 50-24.1 of the North Dakota Century Code, relating to the
3 regulation of community health workers, a community health worker collaborative, and medical
4 assistance reimbursement for community health worker services; to provide for a community
5 health worker task force; to provide a statement of legislative intent; to provide for a legislative
6 management report; and to provide for a report to the legislative assembly; to provide an
7 appropriation; and to provide an effective date.

8 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

9 **SECTION 1.** A new chapter to title 43 of the North Dakota Century Code is created and
10 enacted as follows:

11 **Definitions.**

12 As used in this chapter:

- 13 1. "Community health worker" means an individual certified under this chapter.
- 14 2. "Department" means the department of health and human services.

15 **Title - Prohibition.**

16 An individual may not use the title "community health worker" unless that individual is
17 certified as a community health worker under this chapter.

18 **Scope of practice.**

19 A community health worker may provide preventative health services to prevent disease,
20 disability, or other health condition or their progression for an individual with a chronic condition
21 or at risk for a chronic condition who is unable to self-manage the chronic condition or for an
22 individual with a documented barrier that affects the individual's health. A community health
23 worker may not practice within the scope of practice of another regulated profession, such as
24 nursing, medicine, dentistry, pharmacy, or psychology.

1 **Certification.**

2 1. The department shall establish certification standards for an applicant seeking
3 certification as a community health worker.

4 2. In implementing this section, the department may:

5 a. Adopt rules;

6 b. Charge a fee for certification and recertification;

7 c. Contract with a third party; and

8 d. Require an applicant to meet education and experience requirements.

9 **SECTION 2.** A new section to chapter 50-06 of the North Dakota Century Code is created
10 and enacted as follows:

11 **Community health worker collaborative.**

12 1. The community health worker collaborative is composed of the following individuals
13 appointed by the executive director of the department, who, except for the initial
14 appointments, shall serve three-year terms:

15 a. A health system community health worker;

16 b. An emergency medical services community health worker;

17 c. A community-based community health worker;

18 d. A health system program manager;

19 e. A community health worker training program representative;

20 f. A medical assistance program representative;

21 g. A behavioral health or substance use disorder representative;

22 h. An emergency medical services program supervisor;

23 i. A federally qualified health care center community health worker;

24 j. A community health representative from the Turtle Mountain Band of Chippewa
25 Indians;

26 k. A community health representative from the Spirit Lake Tribe;

27 l. A community health representative from the Three Affiliated Tribes of the Fort
28 Berthold Reservation;

29 m. A community health representative from the Sisseton-Wahpeton Oyate of the
30 Lake Traverse Reservation;

31 n. A community health representative from the Standing Rock Sioux Tribe;

1 o. A department representative, who shall serve as the presiding officer; and

2 p. A department representative, who shall provide staffing services to the
3 collaborative, who shall serve as a nonvoting member.

4 2. The commission shall advise the department on community health worker education
5 and training, certification and regulation, and medical assistance reimbursement,
6 including:

7 a. The qualifications required to be a community health worker;

8 b. A workforce development and retention plan for community health workers;

9 c. The role of community health workers;

10 d. The community health worker core competencies; and

11 e. Affordable training pathways for community health workers.

12 3. Each member of the collaborative is entitled to reimbursement of mileage and
13 expenses incurred in performing official duties as provided by law for state officers and
14 employees to be paid by the department.

15 **SECTION 3.** A new section to chapter 50-24.1 of the North Dakota Century Code is created
16 and enacted as follows:

17 **Community health workers - Scope of coverage.**

18 1. Medical assistance coverage, including Medicaid expansion, must include payment for
19 services provided by a community health worker certified under section 1 of this Act
20 who is providing services within the scope of practice for a community health worker.

21 2. Services covered under this section must be under a care plan ordered by a licensed
22 physician, physician assistant, registered nurse, advanced practice registered nurse,
23 dentist, pharmacist, or psychologist.

24 3. Covered services include care coordination, health system navigation, resource
25 coordination, health promotion and coaching, and health education.

26 4. Noncovered services include advocacy on behalf of the recipient, case or care
27 management, child care, chore services, companion services, employment services,
28 helping a recipient enroll in a government program or insurance, interpreter services,
29 medication or medical equipment delivery, personal care services, respite care,
30 services outside the scope of the ordered care plan, socialization, transporting the
31 recipient, and travel.

1 5. The department shall adopt rules to implement this section. The rules may include
2 identification of qualifying chronic conditions for a receipt of community health worker
3 services, identification of barriers that affect a recipient's health, and covered and
4 noncovered services.

5 **SECTION 4. COMMUNITY HEALTH WORKER TASK FORCE - REPORT TO**
6 **LEGISLATIVE MANAGEMENT.**

7 1. During the 2023-24 interim, the department of health and human services shall
8 establish and provide staffing and administrative services to a community health
9 worker task force.

10 2. The membership of the community health worker task force appointed by the
11 department of health and human services must include representatives of the:

12 a. Department of health and human services, including the division of health equity
13 and division of aging services;

14 b. Department of career and technical education;

15 c. Department of public instruction;

16 d. State board of higher education;

17 e. Insurance department;

18 f. University of North Dakota school of medicine and health sciences center for
19 rural health;

20 ~~f.g.~~ University of North Dakota and North Dakota state university schools of public
21 health;

22 ~~g. Health insurance sector;~~

23 h. Private health insurers operating in the state;

24 i. Health care sector, including qualified service providers, community health
25 workers, and community health representatives; and

26 ~~i.j.~~ Tribal nations in the state.

27 3. During the 2023-24 interim, the community health worker task force, in collaboration
28 with the department of health and human services, shall:

29 a. Develop a data-driven plan for community health worker scope of work,
30 education and training, certification and regulation, and medical assistance
31 reimbursement.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

Section 1. A new chapter to title 43 of the North Dakota Century Code is created and enacted as follows:

Definitions.

As used in this chapter:

1. “Community health representative” means an individual ~~certified~~ trained through the Indian Health Service to provide community-based and medically guided health care, which may include traditional Native concepts.
2. “Community health worker” means an individual certified under this chapter to provide preventative ~~health~~ services ~~to a community~~.
3. “Department” means the department of health and human services.
4. “Preventive services” means services to prevent disease, disability, or other health condition or their progression for an individual with a chronic condition or at risk for a chronic condition who is unable to self-manage the chronic condition for an individual with a documented barrier that affects the individual’s health.

Title.

An individual may not use the title of ~~either “community health representative” or “community health worker”~~ unless that person is certified ~~as such~~ in accordance with this chapter.

Scope of Practice — Community Health Worker.

~~A community health worker provides preventative health services to prevent disease, disability, or other health condition or their progression for an individual with a chronic condition or at risk for a chronic condition who is unable to self-manage the chronic condition or for an individual with a documented barrier that affects the individual’s health. This section does not authorize a community health representative or community health worker to practice within the scope of practice of another regulated profession, such as nursing, medicine, dentistry,~~

~~pharmacy, or psychology. Services provided by a community health worker are eligible for reimbursement.~~

Scope of Practice—Community Health Representative.

~~A community health representative provides a broad range of services to increase the health knowledge and access of communities, such as outreach, community education, social support, or health advocacy. Services provided by a community health representative are eligible for reimbursement.~~

Certification.

1. ~~The department shall establish a method of reviewing recognizing Indian Health Service certification for an applicant seeking certification as a training for a community health representative seeking certification.~~
2. ~~The department shall establish certification standards for an applicant seeking certification as a community health worker. for certifying community health workers including:~~
 - a. Community health representatives trained by the Indian Health Service; and
 - b. Other qualified individuals.
3. 2. In implementing this section, the department may:
 - a. Adopt rules;
 - b. Charge a fee for certification or recertification;
 - c. Contract with a third party; and
 - d. Require an applicant to meet education and experience requirements.

SECTION 2. AMENDMENT. Section 23-17.3 of the North Dakota Century Code is amended and reenacted as follows:

23-17.3-05. Definitions.

1. “Allowed practitioner” means a physician assistant (PA), nurse practitioner (NP), or advanced practice registered nurse (APRN).
2. “Home health services” means a broad range of health and social services furnished to individuals and families by a home health agency or by others under arrangements with the agency, in the places where the recipients are

presently residing. Services must include the services of a currently licensed registered professional nurse and at least on other therapeutic services and may include additional support services. These services may only be provided with the approval of a licensed physician or an allowed practitioner.

SECTION 3. COMMUNITY HEALTH WORKER TASK FORCE – REPORT TO LEGISLATIVE MANAGEMENT.

1. During the 2023-24 interim, the department of health and human services shall establish and provide staffing and administrative services to a community health worker task force.
2. The community health worker task force shall consist of:
 - a. One member representing the Medical Services division of the department, appointed by the department of health and human services;
 - b. One member representing the Public Health Division of the department, appointed by the state health officer;
 - c. One member representing local public health units, appointed by the state association of city and county health officials;
 - d. One member representing tribal nations in the state, appointed by the Indian affairs commissioner.
 - e. One member representing hospitals in this state, appointed by a statewide association representing hospitals;
 - f. One member representing the University of North Dakota school of medicine and health sciences center for rural health;
 - g. One member representing federally qualified health care centers, appointed by a statewide association representing federally qualified health care centers; and
 - h. One member representing emergency medical services, appointed by a statewide association representing emergency medical services.

3. During the 2023-24 interim, the community health worker task force, in collaboration with the department of health and human services, shall:
 - a. Develop a data-driven plan for community health worker scope of work, education and training, certification and regulation, medical assistance, reimbursement, including to a federally qualified health center, and a North Dakota community health worker collaborative;
 - b. ~~Develop a plan for a North Dakota community health worker collaborative;~~
 - e. ~~b.~~ Provide to the department of health and human services a proposal for a Medicaid state plan amendment or waiver to include certified community health workers ~~and community health representatives~~;
 - d. ~~c.~~ Provide the department of health and human services proposed administrative rules for the community health worker scope of work, education and training, certification and regulation, medical assistance reimbursement, and a North Dakota community health worker collaborative; and
 - e. ~~d.~~ Collaborate with existing clinical, public health, home, and community-based service systems.

SECTION 34. DEPARTMENT OF HEALTH AND HUMAN SERVICES – COMMUNITY HEALTH WORKERS – MEDICAID STATE PLAN

AMENDMENT. During the 2023-25 biennium, the department of health and human services shall seek a Medicaid state plan amendment to authorize the reimbursement of certified community health workers ~~and community health representatives~~. Upon amendment of the Medicaid state plan, the ~~executive director~~ (commissioner?) of the department of health and human services shall certify this fact to the legislative council (council or management??).

SECTION #5. APPROPRIATION – DEPARTMENT OF HEALTH AND HUMAN SERVICES – COMMUNITY HEALTH WORKER TASK FORCE.

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$100,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of contracting with a third party to assist the community health worker task force with data collection, meeting facilitation, and report development for the biennium beginning July 1, 2023, and ending June 30, 2025.

Amendment. Section 23-17.3 of the North Dakota Century Code is amended and reenacted as follows:

23-17.3-01. Definitions.

1. "Home health services" means a broad range of health and social services furnished to individuals and families by a home health agency or by others under arrangements with the agency, in the places where the recipients are presently residing. Services must include the services of a currently licensed registered professional nurse and at least on other therapeutic services and may include additional support services. These services may only be provided with the approval of a licensed physician or an allowed practitioner.
2. "Allowed Practitioner" means a physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS).

23-17.3-05 Standards of licensure.

1. The agency shall have a supervising physician or ~~a supervising registered professional nurse~~ an allowed practitioner who is responsible for the direction, coordination, and general supervision of the therapeutic services provided by the agency and who is employed on a full-time basis. There must be supervision from a physician or ~~registered professional nurse~~ allowed practitioner during all hours of operation.
2. The agency shall maintain clinical records on all patients to serve as documentation of the medical, nursing, and therapeutic care rendered to the patient and for communication between the physician or allowed practitioner and the agency.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

Section 1. A new chapter to title 43 of the North Dakota Century Code is created and enacted as follows:

Definitions.

As used in this chapter:

1. “Community health representative” means an individual ~~certified~~ trained through the Indian Health Service to provide community-based and medically guided health care, which may include traditional Native concepts.
2. “Community health worker” means an individual certified under this chapter to provide preventative ~~health~~ services ~~to a community~~.
3. “Department” means the department of health and human services.
4. “Preventive services” means services to prevent disease, disability, or other health condition or their progression for an individual with a chronic condition or at risk for a chronic condition who is unable to self-manage the chronic condition for an individual with a documented barrier that affects the individual’s health.

Title.

An individual may not use the title of ~~either “community health representative” or “community health worker”~~ unless that person is certified ~~as such~~ in accordance with this chapter.

Scope of Practice — Community Health Worker.

~~A community health worker provides preventative health services to prevent disease, disability, or other health condition or their progression for an individual with a chronic condition or at risk for a chronic condition who is unable to self-manage the chronic condition or for an individual with a documented barrier that affects the individual’s health. This section does not authorize a community health representative or community health worker to practice within the scope of practice of another regulated profession, such as nursing, medicine, dentistry,~~

~~pharmacy, or psychology. Services provided by a community health worker are eligible for reimbursement.~~

Scope of Practice—Community Health Representative.

~~A community health representative provides a broad range of services to increase the health knowledge and access of communities, such as outreach, community education, social support, or health advocacy. Services provided by a community health representative are eligible for reimbursement.~~

Certification.

1. ~~The department shall establish a method of reviewing recognizing Indian Health Service certification for an applicant seeking certification as a training for a community health representative seeking certification.~~
2. ~~The department shall establish certification standards for an applicant seeking certification as a community health worker. for certifying community health workers including:~~
 - a. Community health representatives trained by the Indian Health Service; and
 - b. Other qualified individuals.
3. 2. In implementing this section, the department may:
 - a. Adopt rules;
 - b. Charge a fee for certification or recertification;
 - c. Contract with a third party; and
 - d. Require an applicant to meet education and experience requirements.

SECTION 2. AMENDMENT. Section 23-17.3 of the North Dakota Century Code is amended and reenacted as follows:

23-17.3-05. Definitions.

1. “Allowed practitioner” means a physician assistant (PA), nurse practitioner (NP), or advanced practice registered nurse (APRN).
2. “Home health services” means a broad range of health and social services furnished to individuals and families by a home health agency or by others under arrangements with the agency, in the places where the recipients are

presently residing. Services must include the services of a currently licensed registered professional nurse and at least on other therapeutic services and may include additional support services. These services may only be provided with the approval of a licensed physician or an allowed practitioner.

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1. During the 2023-24 interim, the department of health and human services shall establish and provide staffing and administrative services to a community health worker task force.
2. The community health worker task force shall consist of:
 - a. One member representing the Medical Services division of the department, appointed by the department of health and human services;
 - b. One member representing the Public Health Division of the department, appointed by the state health officer;
 - c. One member representing local public health units, appointed by the state association of city and county health officials;
 - d. One member representing tribal nations in the state, appointed by the Indian affairs commissioner.
 - e. One member representing hospitals in this state, appointed by a statewide association representing hospitals;
 - f. One member representing the University of North Dakota school of medicine and health sciences center for rural health;
 - g. One member representing federally qualified health care centers, appointed by a statewide association representing federally qualified health care centers; and
 - h. One member representing emergency medical services, appointed by a statewide association representing emergency medical services.

3. During the 2023-24 interim, the community health worker task force, in collaboration with the department of health and human services, shall:
 - a. Develop a data-driven plan for community health worker scope of work, education and training, certification and regulation, medical assistance, reimbursement, including to a federally qualified health center, and a North Dakota community health worker collaborative;
 - b. ~~Develop a plan for a North Dakota community health worker collaborative;~~
 - e. ~~b.~~ Provide to the department of health and human services a proposal for a Medicaid state plan amendment or waiver to include certified community health workers ~~and community health representatives~~;
 - d. ~~c.~~ Provide the department of health and human services proposed administrative rules for the community health worker scope of work, education and training, certification and regulation, medical assistance reimbursement, and a North Dakota community health worker collaborative; and
 - e. ~~d.~~ Collaborate with existing clinical, public health, home, and community-based service systems.

SECTION 34. DEPARTMENT OF HEALTH AND HUMAN SERVICES – COMMUNITY HEALTH WORKERS – MEDICAID STATE PLAN

AMENDMENT. During the 2023-25 biennium, the department of health and human services shall seek a Medicaid state plan amendment to authorize the reimbursement of certified community health workers ~~and community health representatives~~. Upon amendment of the Medicaid state plan, the ~~executive director~~ (commissioner?) of the department of health and human services shall certify this fact to the legislative council (council or management??).

SECTION #5. APPROPRIATION – DEPARTMENT OF HEALTH AND HUMAN SERVICES – COMMUNITY HEALTH WORKER TASK FORCE.

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$100,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of contracting with a third party to assist the community health worker task force with data collection, meeting facilitation, and report development for the biennium beginning July 1, 2023, and ending June 30, 2025.

That the House Recede from Senate amendments, and further amend as follows:

Page 4 – Section 4

- c. One representative of NDSU school of public health appointed by the college of health professions.
- d. One representative of the tribal nations in the state, appointed by the Indian affairs commissioner in consultation with the health director of each tribal nation placed in North Dakota.

Page 6 – Section 6

Line 17, replace “\$100,000” with “\$75,000”

23.0069.04000

Sixty-eighth
Legislative Assembly
of North Dakota

**FIRST ENGROSSMENT
with Senate Amendments
ENGROSSED HOUSE BILL NO. 1028**

Introduced by

Legislative Management
(Health Care Committee)

1 A BILL for an Act to create and enact a new chapter to title 43 of the North Dakota Century
2 Code, relating to the regulation of community health workers; to amend and reenact section
3 23-17.3-01 and subdivision h of subsection 1 of section 23-17.3-05 of the North Dakota Century
4 Code, relating to the regulation of home health agencies; to provide for a community health
5 worker task force; to provide an appropriation; and to declare an emergency.

6 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

7 **SECTION 1. AMENDMENT.** Section 23-17.3-01 of the North Dakota Century Code is
8 amended and reenacted as follows:

9 **23-17.3-01. Definitions.**

10 In this chapter, unless the context and subject matter otherwise require:

- 11 1. "Allowed practitioner" means a physician assistant or advanced practice registered
12 nurse.
- 13 2. "Clinical record" means a written account which covers the services the agency
14 provides directly and those provided through arrangements with another agency which
15 account contains pertinent past and current medical, nursing, social, and other
16 therapeutic information, including the plan of treatment.
- 17 ~~2.3.~~ "Department" means the department of health and human services.
- 18 ~~3.4.~~ "Home health agency" means a public or private agency, organization, facility, or
19 subdivision thereof which is engaged in providing home health services to individuals
20 and families where they are presently residing for the purpose of preventing disease
21 and promoting, maintaining, or restoring health or minimizing the effects of illness or
22 disability.
- 23 ~~4.5.~~ "Home health aide" means an individual who renders personal related service under
24 the supervision of a registered professional nurse.

1 ~~5-6.~~ "Home health services" means a broad range of health and social services furnished
2 to individuals and families by a home health agency or by others under arrangements
3 with the agency, in the places where the recipients are presently residing. Services
4 must include the services of a currently licensed registered professional nurse and at
5 least one other therapeutic service and may include additional support services. These
6 services may only be provided with the approval of a licensed physician or an allowed
7 practitioner.

8 ~~6-7.~~ "Licensed practical nurse" means one who has met all legal requirements for licensure
9 and holds a current license to practice in North Dakota pursuant to chapter 43-12.1.

10 ~~7-8.~~ "Nursing services" means those services pertaining to the preventive, curative, and
11 restorative aspects of nursing care that are performed by or under the supervision of a
12 registered professional nurse.

13 ~~8-9.~~ "Person" means an individual, firm, partnership, association, corporation, limited
14 liability company, or any other entity, whether organized for profit or not.

15 ~~9-10.~~ "Physician" means any person currently licensed pursuant to chapter 43-17.

16 ~~10-11.~~ "Registered professional nurse" means a registered nurse as defined under chapter
17 43-12.1.

18 ~~11-12.~~ "Skilled nursing" means professional nursing services rendered by nurses licensed
19 under chapter 43-12.1.

20 ~~12-13.~~ "Supportive services" includes the use of medical appliances; medical supplies, other
21 than drugs and biologicals prescribed by a physician; the collection of blood and other
22 samples for laboratory analysis; and nutritional guidance, homemaker, or companion
23 services.

24 ~~13-14.~~ "Therapeutic services" means services which include:

- 25 a. Skilled nursing care.
- 26 b. Medical social services.
- 27 c. Home health aide services.
- 28 d. Physical, occupational, or speech therapy.
- 29 e. Respiratory therapy.

30 **SECTION 2. AMENDMENT.** Subdivision h of subsection 1 of section 23-17.3-05 of the
31 North Dakota Century Code is amended and reenacted as follows:

- 1 h. The agency shall maintain clinical records on all patients to serve as
2 documentation of the medical, nursing, and therapeutic care rendered to the
3 patient and for communication between the physician or allowed practitioner and
4 the agency.

5 **SECTION 3.** A new chapter to title 43 of the North Dakota Century Code is created and
6 enacted as follows:

7 **Definitions.**

8 As used in this chapter:

- 9 1. "Community health representative" means an individual trained through the Indian
10 health service to provide community-based and medically guided health care, which
11 may include traditional native concepts.
12 2. "Community health worker" means an individual certified under this chapter to provide
13 preventative services.
14 3. "Department" means the department of health and human services.
15 4. "Preventative services" means services to prevent a disease, disability, or other health
16 condition or the progression of a disease, disability, or other health condition which are
17 provided to an individual:
18 a. With a chronic condition;
19 b. At risk for a chronic condition who is unable to self-manage the chronic condition;
20 or
21 c. With a documented barrier that affects the individual's health.

22 **Title - Prohibition**

23 An individual may not use the title "community health worker" unless that individual is
24 certified as a community health worker under this chapter.

25 **Certification.**

- 26 1. The department shall establish and implement a method for certifying community
27 health workers, including:
28 a. Community health representatives; and
29 b. Other qualified individuals.
30 2. In implementing this section, the department may:
31 a. Adopt rules;

- 1 b. Charge a fee for certification and recertification;
- 2 c. Contract with a third party; and
- 3 d. Require an applicant to meet education and experience requirements.

4 **SECTION 4. COMMUNITY HEALTH WORKER TASK FORCE.**

- 5 1. During the 2023-24 interim, the department of health and human services shall
- 6 establish and provide staffing and administrative services to a community health
- 7 worker task force.
- 8 2. The membership of the community health worker task force is comprised of:
 - 9 a. One representative of the medical services division of the department of health
 - 10 and human services, appointed by the department of health and human services;
 - 11 b. One representative of the public health division of the department of health and
 - 12 human services, appointed by the department of health and human services;
 - 13 c. One representative of the local public health units, appointed by the state
 - 14 association of city and county health officials;
 - 15 d. One representative of the tribal nations in the state, appointed by the Indian
 - 16 affairs commissioner;
 - 17 e. One representative of the university of North Dakota school of medicine and
 - 18 health sciences center for rural health, appointed by the dean of the school of
 - 19 medicine and health sciences;
 - 20 f. One representative of the hospitals in this state, appointed by the North Dakota
 - 21 hospital association;
 - 22 g. One representative of the federally qualified health care centers, appointed by
 - 23 the community health care association of the Dakotas; and
 - 24 h. One representative of the emergency medical services profession, appointed by
 - 25 the North Dakota emergency medical services association.
- 26 3. During the 2023-24 interim, the community health worker task force, in collaboration
- 27 with the department of health and human services, shall:
 - 28 a. Develop a data-driven plan for community health worker scope of work,
 - 29 education and training, certification and regulation, medical assistance
 - 30 reimbursement, including reimbursement to a federally qualified health center,
 - 31 and a North Dakota community health worker collaborative.