

Testimony
House Bill No. 1029
House Human Services Committee
Representative Weisz, Chairman
January 9, 2023

Chairman Weisz, and members of the House Human Services Committee, I am Mandy Dendy, Coverage Policy Director, Medical Services, with the Department of Health and Human Services (Department). I appear before you to provide information on House Bill No. 1029.

Section 2 is specific to Medicaid coverage of Community Health Workers (CHW). Medicaid payment for CHW services can be authorized under the state plan preventative services benefit as services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law. Preventative services are defined within federal regulations as those that: 1) prevent disease, disability, and other health conditions or their progress; 2) prolong life; and 3) promote physical and mental health and efficiency. [42 CFR 440.130](#).

Adding coverage of CHW services to the North Dakota Medicaid state plan as preventative services would require a state plan amendment. It would also require:

- description of specific services CHWs are permitted to deliver,
- practitioner qualifications for those services,
- service limitations, and
- payment methodology for coverage of the services.

This is important because the CHW scope of practice in Section 1 of this Bill will determine whether, how, and which services North Dakota Medicaid can cover. What is listed in Section 2, subsection 3, Covered Services must align with the Scope of Practice from Section 1 of this Bill and those services cannot be duplicative of services already covered by Medicaid. For example, care coordination is currently a service covered for people under the 1915(i) state plan amendment which provides home and community-based services for people with behavioral health conditions. A mechanism would need to be developed to ensure there is no duplication of services.

Certification of CHWs in Section 1 would require additional Department resources including a full-time equivalent position to address administrative rules, the certification process, and any related administration. It is unknown if there are existing CHW certification standards that could be adopted, such as standards used by another state, or if the Department would need to develop standards. The scope of practice that is established could determine certification standards to a large extent.

As you are aware, House Bill 1028 would create a community health worker task force which may address some of the Department's concerns about aligning stakeholders, scope of practice, and certification standards. The Department recommends that further work is done to clarify these items so that a well-functioning community health worker program that best meets the needs of the state can be established.

This concludes my testimony. I am happy to try to answer any questions the committee may have. Thank you.