

Special Meeting Minutes

Community Health Worker Task Force Monday November 4, 2024

Call to Order

Members in Attendance

Mandy Dendy – Medical Services Division

Shannon Bacon – Federally Qualified Health Centers (FQHC)

Rebecca Quinn – UND School of Medicine and Health Sciences Center for Rural Health

Melissa Reardon – NDSU State University School of Public Health

Chris Price – Public Health Division

Absent:

Jo Lynn Rising Sun – Hospital Association Representative

Tyler Kientopf – EMS Representative

Tribal Representative – no current appointee

Assistant Attorney General

Allyson Hicks

Facilitator

Brian Barrett - APT, Inc

There were many members of the public in attendance with expertise in community health work and community health representative work.

The Task Force reviewed the CHW Certification and Regulation Administrative Rules draft with Assistant Attorney General (AAG) Allyson Hicks.

Allyson reviewed each section of the draft with the Task Force (see below).

Definition section

- Allyson recommended that the definition of preventative services be added to the administrative rules because Century Code defines community health workers as individuals certified to provide preventative services. Allyson recommended adding definitions for “chronic conditions and “documented barrier” as they appear in the preventative services definition.

- Allyson explained that the revisions she made follow the Legislative Drafting Manual which governs the administrative rule making.

Scope of Practice

- Allyson explained that the Scope of Practice is already defined in statute so it cannot be changed. The scope is limited to “preventative services” because this is how the CHW is defined in Century Code. This is why she deleted the Scope of Practice definition created by the Task Force.
- Allyson encouraged the Task Force to work within the boundaries of what they think “preventative services” means.
 - Allyson advised that she modified subsection 2 of Scope of Practice to read as follows:
 - Community health workers may not perform duties which require licensure or training outside what is required for community health worker certification.

Competencies

- The Task Force was advised that there should be a “lead in” sentence explaining why things are listed and what they are. The reason for this is because the titles of things are not actually law and not enforceable. To make it enforceable, it is important to restate the obvious in the administrative rule.
 - Allyson added the sentence below under Community Health Worker Competencies:
 - Community health workers or community health representatives must have the following competencies: Roles, advocacy and outreach, organization and resources, teaching and capacity building, legal and ethical responsibilities, coordination and documentation, communication and cultural competency and health promotion.

Regulation

- Allyson advised that, according to statute, there is authority to regulate community health workers only, not programs. Therefore, she eliminated the section “Responsibilities of training programs for screening of potential students”.
 - Allyson moved some of this language to the section that indicates what the department would require as community health worker education requirements.

Community Health Worker Training program requirements

- Allyson recommended that this entire section be deleted because there is no authority over training programs. Instead, the Task Force can only require applicants for certification to have specific training.
 - Allyson was asked if the training program requirements could be restated as applicant education requirements.
 - Allyson advised that the department should look at competencies as education requirements but they are going to vary based on what type of program (e.g., a CHW vs a CHR trained through Indian Health Services). These could be different programs but cover the same

competencies. Since certain qualifications such as a bachelor's degree will not be required, the Task Force will need to specify what is needed as opposed to approving programs, instructors.

- The Task Force should list the education requirements for the CHW instead of the program requirements in section 33-xx-01-05 in the draft.

Community Health Worker Certification

- Allyson advised that to be certified, the applicant needs to file an application on the forms provided by the department showing that they have satisfied all the requirements of the North Dakota Century Code 43-66 and the administrative rules.
- It was explained that the “department approved community health worker training program” will need to be removed because the Task Force cannot approve these or regulate training from Indian Health Service (IHS).
- Allyson also eliminated subsection 1 (a) and subsection 4 of section 33-XX-01-05
 - Allyson advised that the Task Force cannot make licensure contingent on having a job in the state.
 - The Department-approved community health worker training program was also removed. Instead, subsection 1(a) in section 5 references language requiring an individual to complete a training program that meets the identified criteria as added.
 - The department determines the required documents (e.g., a certificate indicating the program was completed).

Reciprocity

- Allyson reviewed the language she wrote in 33-XX-01-06 regarding reciprocity.
 - It was explained that out of state requirements need to be substantially similar to North Dakota's laws/rules at the time the applicant received the out of state licenses.

Eligibility Requirements

- Eligibility requirements were moved into the Application Requirements because they are the same thing.

Recertification

- Allyson reviewed language in section 33-XX-01-07.
 - Allyson advised that the Task Force will need to update the Administrative Code section citation once these are finalized.
 - Allyson and the Task Force reviewed language in subsection 3 of section 07 and revised so it reads as follows: “An applicant who has been certified by the department as a CHW for less than 6 months is not required to re-certify”.
- Allyson questioned if the required 12 hours of continuing education on specific topics are actually available? After some discussion, she recommended the following language: The applicant must complete 12 hours of department-approved continuing education or continuing education by a department-approved provider.

- Allyson also recommended that the Task Force discuss if all 12 hours can be virtual or in-person or a combination.

Denial for application or recertification

- Allyson reviewed language in section 33-XX-01-08 and advised that the initial draft was based on the nurse aide registry which is federally regulated. This is not the type of occupational licensure that is in North Dakota because the nurse aide registry is heavily regulated by CMS. Therefore, the language was removed.
- Allyson reviewed and explained language that allows the department to deny applications for those who fail to comply with certification or recertification requirements, statutes, or rules.
- Allyson explained that revocations are not permanent unless they are written into rules as permanent.

Registry Information

- Allyson reviewed the draft language and advised that the draft language is based on the nurse aid registry which is required by CMS and there is no such requirement for CHWs. Most occupational licensure boards do not have a registry. Instead, they just have a roster of certified individuals. Allyson recommended this language be removed.

Disclosure of Information

- Allyson advised that language in section 33-XX-01-10 be removed as this conflicts with laws pertaining to Open Records.

Complaint Investigations

- Allyson reviewed language recommended it be removed and addressed in the disciplinary action section.

Disciplinary Actions

- Allyson advised that, according to the Attorney General's Office, there is the ability to take disciplinary action up to revocation. Therefore, language pertaining to probationary status, letter of revocation, etc. is not needed. Allyson advised that this is an encumbrance and recommended it be removed.
- Allyson created language for the Task Force's review pertaining to disciplinary action. Although she advised that the Task Force could remove or revise the language to what they deemed appropriate, she highly recommended that the following language be included: "physical or mental disability materially affecting the ability of the community health worker to perform the duties of the profession in a competent manner". Allyson explained that this language is important for public health and safety and allows action to be taken against somebody's license.
- Subsections 2, 3, 4, and 5 are disciplinary processes and there is language outlined pertaining to complaints.
- Allyson recommended that language pertaining to misappropriated property be removed. This is not applicable to licensure because it violates the fundamental principles of due process.

- Allyson recommended this be removed and replaced with the normal 28-32 process.

Waiver provision

- Allyson advised that there is no statutory authority for a waiver provision and recommended it be removed.

Next steps pertaining to the certification/regulation draft

- Allyson recommended the Task Force proceed as follows:
 - Reincorporate the Training Requirements. More specifically, reincorporate into the individual education requirements.
 - Review the Disciplinary language.
 - Make sure the subject matter “fits” the practice area.
 - Discuss the definitions identified by above.
- Allyson volunteered to review the draft if needed and reincorporate everything.

Task Force Discussion

- The Task Force reviewed section 6 of HB1028 which indicates that the work prepared by the Task Force is not due until after June 30th 2025.
- The administrative rules will likely not be acted upon until after the legislative session.
- The administrative rules do not necessarily need to be passed prior to the state plan amendment being submitted however, community health workers will not be able to enroll with ND Medicaid until the certification process is in place and the certification process is done by finalized administrative rules.
- Medicaid State Plan needs to be submitted during the 2023-2025 biennium.
- The sunset for the Task Force is December 31st 2024.
- Brian’s contract as Task Force facilitator will end December 31st 2024.
- The Task Force discussed how to proceed with the Collaborative. Some of the suggestions are as follows:
 - Joint public statement on the importance of the Collaborative. What this is envisioned to be and the role of the Collaborative. It would be helpful to have a public statement or recommendation around the Collaborative before the legislative session. This is something that can be added to the agenda for the November 18th meeting.
- Brian advised that the timeline reviewed in past meetings will need to be adjusted.

Adjourn 2:29pm CST

Date Posted: November 8, 2024