

Testimony on HB 1395
Senate Appropriations Committee
March 26, 2021

Good morning Chairman Holmberg and members of the Senate Appropriations Committee. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. We represent 211 assisted living, basic care, and skilled nursing facilities in North Dakota. We rise in support of HB 1395. This bill allows the legislature to determine where federal COVID-19 funding and reallocated funding should go.

In November 2020 nursing facilities benefitted by some turnback dollars that needed to be spent by December 31, 2020. Nursing facilities were each allowed to apply for a grant of up to \$40,000 to improve their air handling/ventilation system. Also, DHS purchased 200 portable air purification units that each basic care, assisted living, nursing facility received to help assure that visitation areas had adequately clean air.

COVID-19 has had a devastating impact on individuals living in congregate care setting, their families, the staff taking care of residents, and the facilities themselves. The global outbreak of COVID-19 has been traumatic unlike anything we have ever experienced in long term care. Last week we reached the one year milestone of the pandemic, everyone is feeling the toll, including the dedicated facility staff members who are doing everything in their power to provide the best possible care in an extremely difficult situation. In the United States, long term care facilities have emerged as hotspots for COVID-19 outbreaks.

North Dakota long term care facilities, residents, and staff represent less than 10% of all the cases yet bear 60% of all deaths. Eighty percent of long term care facilities have had COVID-19 outbreaks among staff and

residents. Based upon our numbers, 50% of our residents have had COVID and 40% of our staff.

NORTH DAKOTA LONG TERM CARE CASES AND DEATHS THROUGH FEBRUARY 25, 2021

Cases and Deaths	Number (%)
Total Cases in ND	99,621
Total Cases in LTC (%)	9,121 (9.6%)
Staff	5,109
Residents	4,012
Total Deaths in ND	1,441
Total Deaths in LTC (%)	877 (61%)

States with the highest percent of COVID-19 deaths occurring in long term care as of 1-14-21:

NH	74%
RI	67%
KY	66%
MN	64%
ND	60%

At the beginning and mid-summer, we thought we could beat this virus. We thought we would be spared the ravages of what some other states were experiencing. In March 2020, prior to the declaration of the public health emergency, all long term care shut down visitation, put stringent mitigation strategies in place and learned everything we could. We were distraught to see and hear what was occurring in some nursing facilities across the nation. CMS, CDC, Health Department guidance and executive orders have dictated what we should and must be doing during this pandemic. And we have relied upon the guidance and mandates as we wanted to protect every single person in our care. No one wanted to be the first case or have the first death. I do not know if facilities and staff will ever fully recover. It has been tremendously difficult to lose each resident. Facilities have fought hard to save every single person. The one single issue we can point to nationally and in North Dakota that caused our outbreaks and numbers to rise, the number of cases within the community. As the community numbers increased, so did our numbers

and deaths. We have been aggressively testing all residents and staff, with a couple of facilities having up to 50% of all staff test positive and then within the week almost all the rest of their staff. Can you imagine the panic that could set in when you provide 24 hour care and you lose the majority of your staff in one testing event? Thank God for dedicated staff and facilities, they had plans in place and worked long hours to make sure residents got the care they needed. It was not always ideal, but facilities worked overtime to try and care for every resident.

To say the least, the vast majority of facilities are financially devastated and census has dropped. People are afraid of the inherent risk of living in a long term care setting and of the visitor restrictions meant to safeguard residents. It will take a while to recover emotionally and financially. We have already been told that major insurance companies who provide professional and general liability are in the process of adding COVID-19 exclusions. We need your help.

Long term care facilities provided essential services that were not suspended during COVID-19. Their residents and tenants did not go away when the virus started. Our heroic health care workers were there and continue to be there to provide care to residents needs despite COVID-19. COVID-19 is still present today. Although the number of cases has diminished, every day our members continue to care for the residents with COVID-19 and continue striving to protect others they serve from contracting the virus.

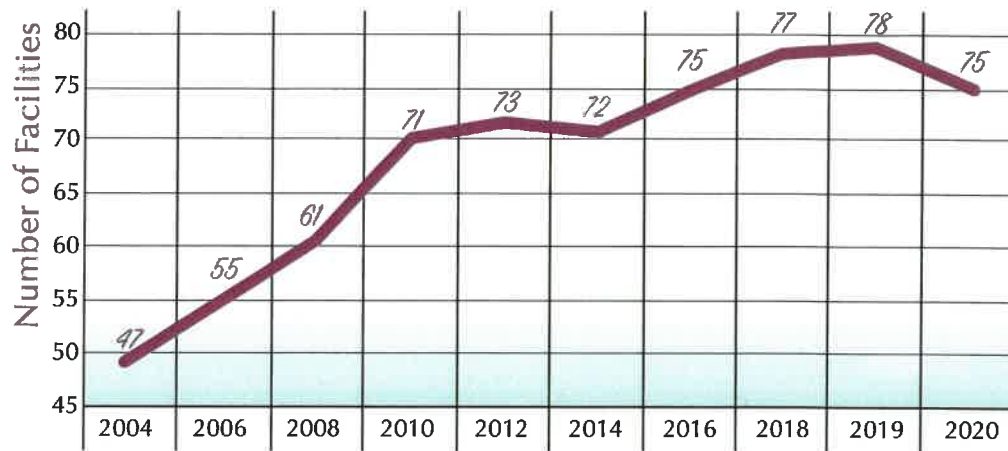
We are conducting a survey now to measure the financial impact of COVID-19 on basic care, assisted living and nursing facilities. The census has dropped significantly since October 2020 and is still not recovering. Expenses are at an all time high. We are meeting with DHS to talk about some one-time funding to help facilities over this crisis and this legislation will allow that discussion.

Thank you for the opportunity to testify in support of HB 1395. I ask for your favorable consideration of the bill.

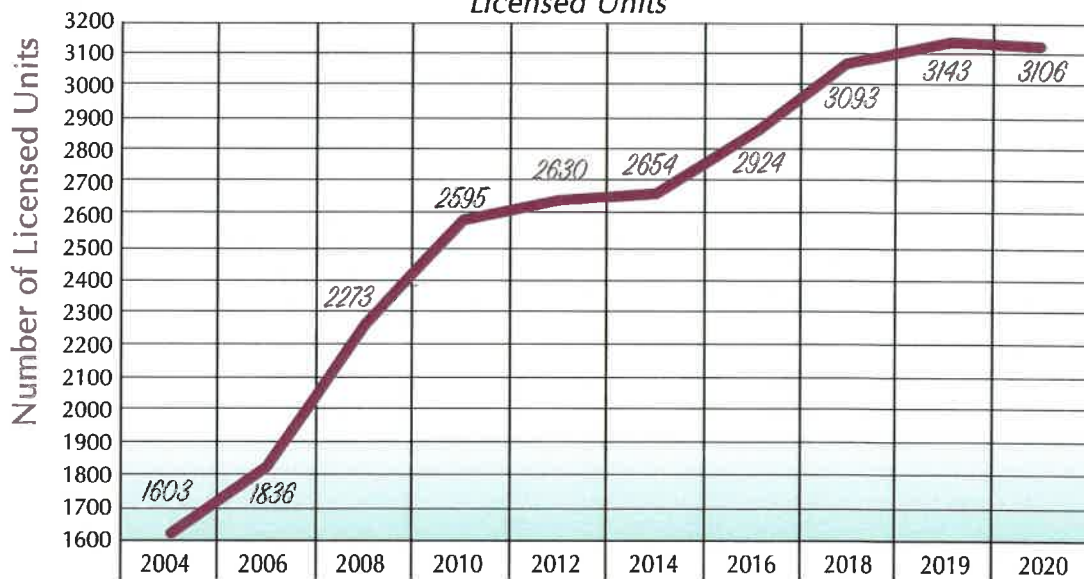
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Assisted Living

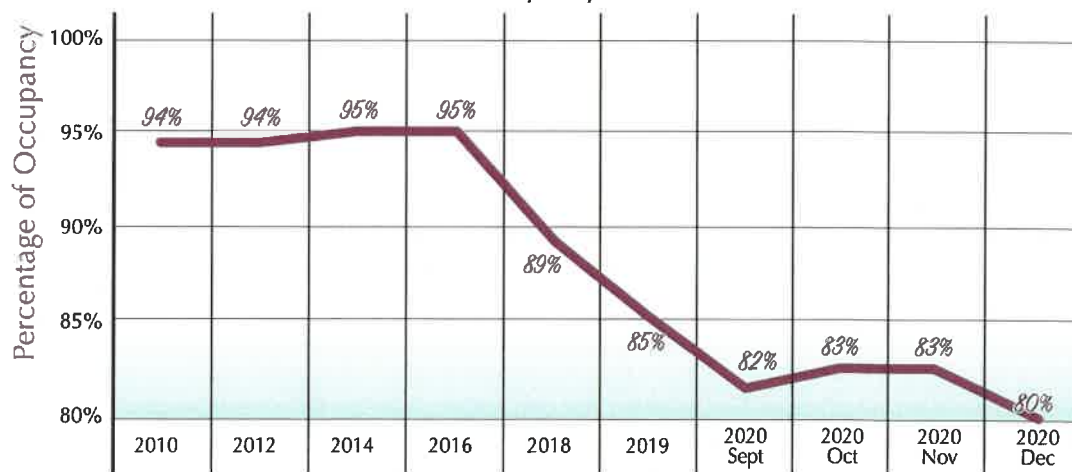
Number of Facilities



Licensed Units



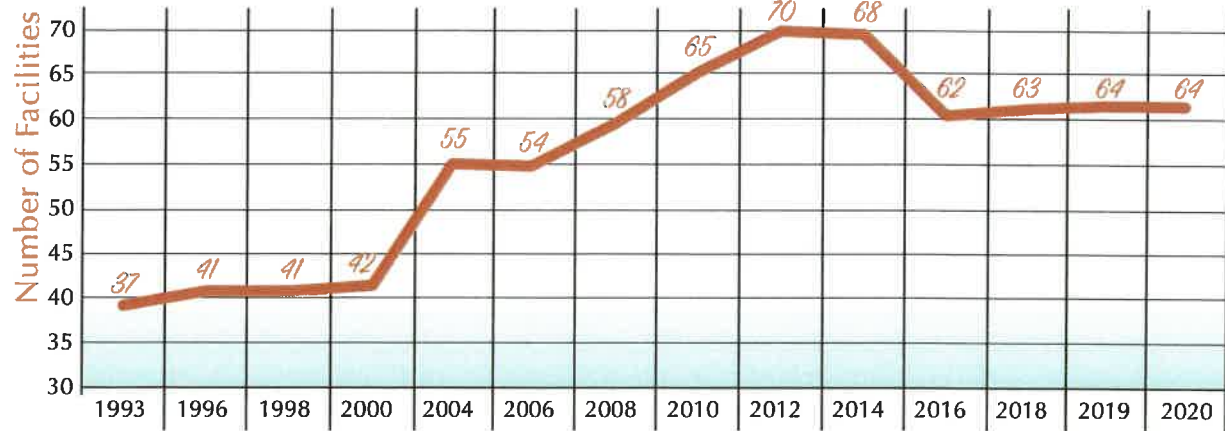
Occupancy



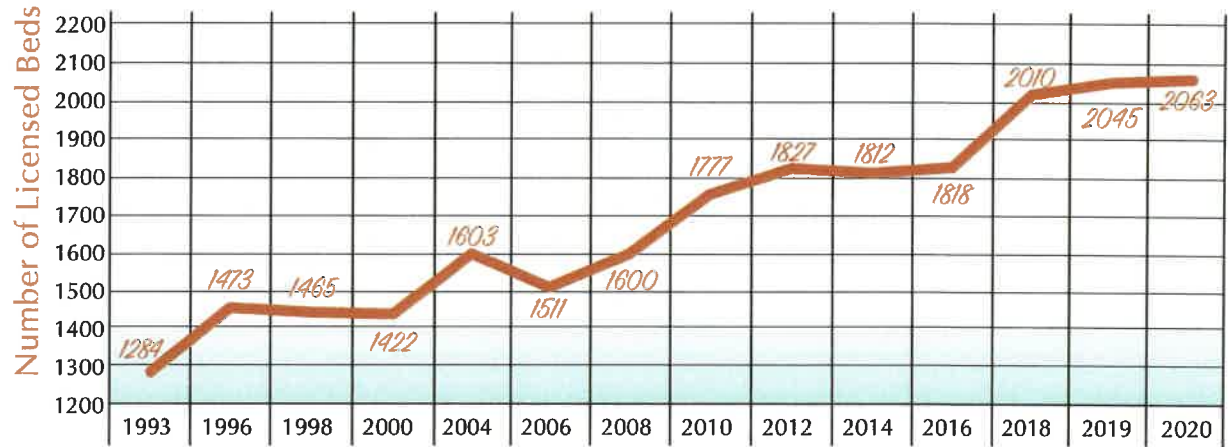
The occupancy for 2020 is based upon the 9-10-20, 10-2-20, 11-2-20, and 11-30-20 data submitted by assisted living facilities (n=69) and HC Standard/Covid Reporting

Basic Care

Number of Facilities



Licensed Beds



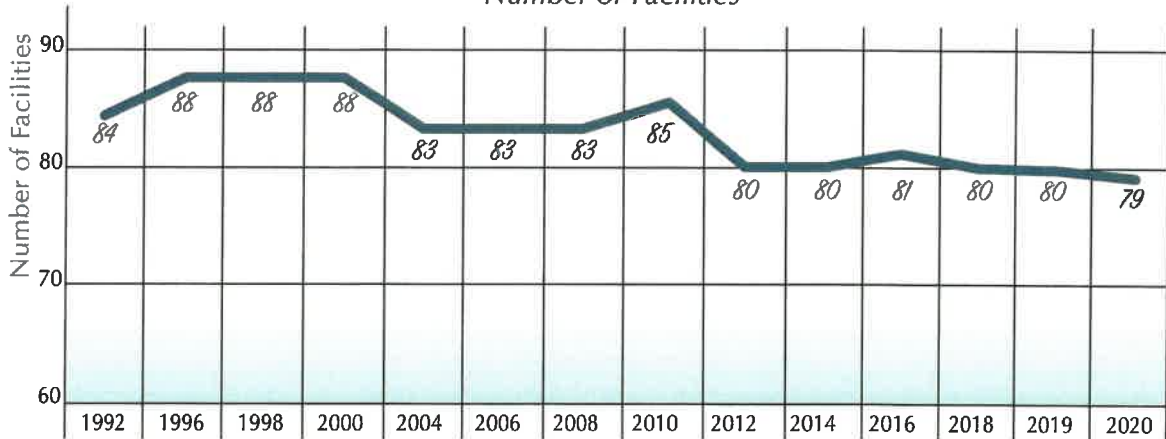
Occupancy



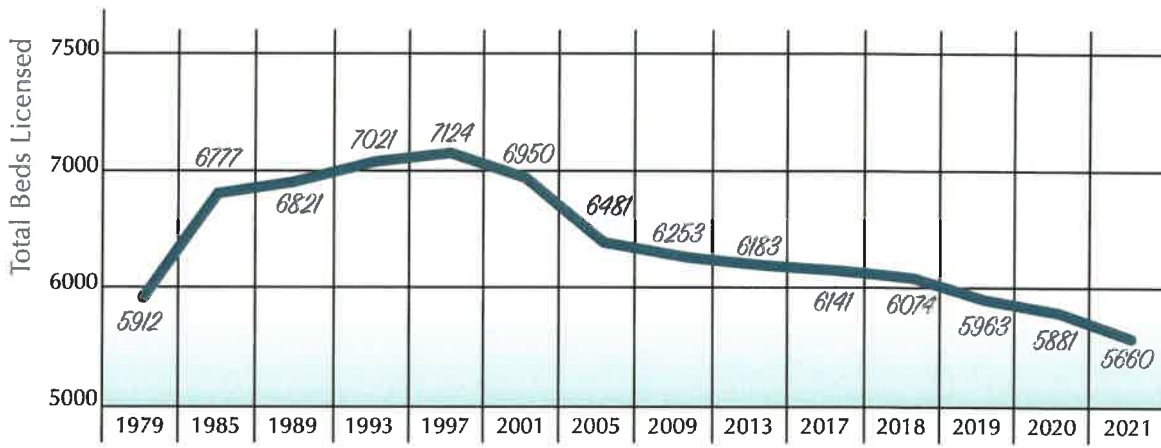
The occupancy for 2020 is based upon the 9-10-20, 10-2-20, 11-2-20 and 11-30-20 data submitted by basic care facilities (n=61) and HC Standard/Covid Reporting

Nursing Facilities

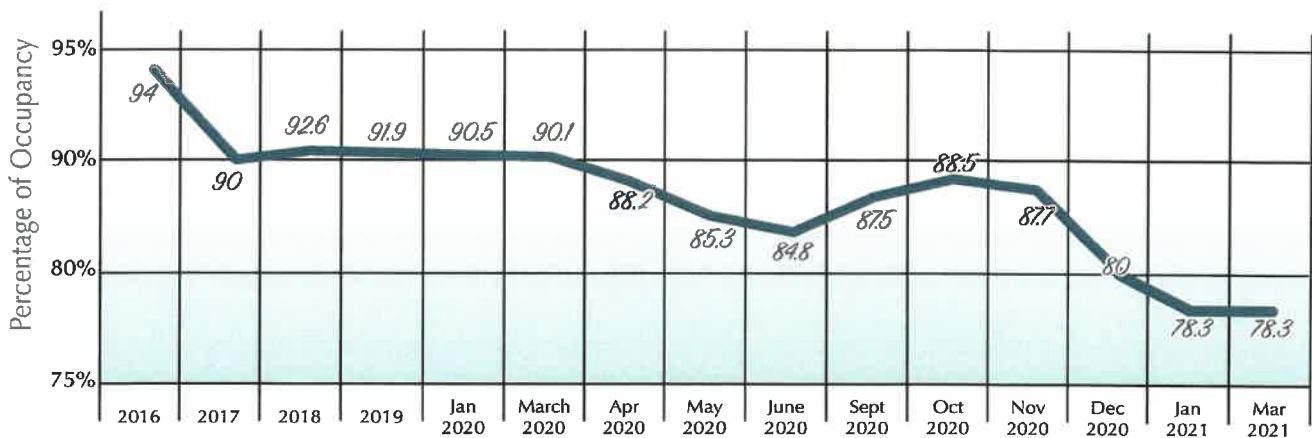
Number of Facilities



Licensed Beds



Occupancy



September 2020 Based on HC Standard Report on September 10, 2020

October 2020 Based on HC Standard Report on October 2, 2020

November 2020 Based on HC Standard Report on November 2, 2020

December 2020 Based on HC Standard Report on November 30, 2020

January 2021 Based on HC Standard Report on January 11, 2021

March 2021 Based on HC Standard Report on March 4, 2021