

SENATE BILL 2332

SENATOR JUDY LEE, CHAIRPERSON

SENATE HUMAN SERVICES COMMITTEE

JANUARY 25, 2023

Chairperson Lee and distinguished members of the Senate Human Services Committee my name is John Ballantyne. I am submitting this written testimony in support of Senate Bill 2332 and ask that you give this bill a **DO PASS** recommendation.

By way of background, I am the Cofounder of Aldevron and was Chief Scientific Officer from inception in 1998 until my retirement from the company at the end of 2021. Along the way I have had the privilege of being involved in the development of next generation biological drugs from first proof of concept studies to full licensure. Consequently, I have an understanding of needs (and the cost of said) across the spectra of human health.

In the relatively recent past I have witnessed several of my friends and colleagues navigate the travails of end-of-life care for loved ones. All of them are people of means but I know that this is a financial burden that most cannot afford. Through a mutual connection I was introduced to the team at Hospice of the Red River Valley (HRRV) where I considered my charitable efforts could be gainful.

As a scientist and businessman, I deal in data and facts rather than emotions and rhetoric. The demographic facts in the state and associated realities outlined below are telling. I consider high quality end-of-life care to be a critical unmet need and that anything that helps HRRV and others in their mission to serve is of paramount importance.

I support this bill because it would establish the necessary commitment of financial resources to provide home-based care to our State's patients and families at the right time and in the right place – in turn enhancing their quality of life.

Healthcare is changing and challenging. Today we have more North Dakotans gaining into Medicare than ever before and their needs are overwhelming. While North Dakota is one of the least densely populated states in the country, ranking 48th in population density, it is tied for fourth in the country in the percentage of its State population that is 85 years of age or older. Because demand for healthcare increases proportionally with age, demand for healthcare services is especially pronounced in North Dakota. North Dakotans in rural areas are generally older, poorer, and have less or no access to insurance coverage than those in non-rural areas – all of which are challenges to providing adequate healthcare. Rural regions in North Dakota continue to experience depopulation that will only exacerbate the current problem of healthcare access and delivery. Forcing the displacement of our residents from the communities in which they call home to access healthcare is no longer a viable solution.

North Dakotans shared their priorities in the 2022 AARP survey identifying that they need and want access to services and supports which allow them to remain in their homes as they age. Yet, many in communities across our State are left alone without the basics of medical care and struggling with symptoms that leave them homebound and isolated – further negatively impacting their overall health, wellbeing, and quality of life. Because of this, illness escalates, and loneliness and depression often appear.

Unfortunately, the standard model of healthcare in a hospital or office setting often falls short for the people who need it most, the chronically ill, elderly, and disabled. Our State ranks nearly last in the nation in hospice utilization, annual wellness visits, and home healthcare utilization.

The goal of remaining safe at home and receiving appropriate, goal-oriented healthcare is out of reach for so many in our State. Many health systems serve a tight radius around their urban communities. Serving rural North Dakota is costly and is the barrier to improving healthcare access to those North Dakotans wanting to age in place.

Senate Bill 2332 will allow for home based primary, home-based palliative, and home-based hospice services to augment the care being provided by rural hospitals and clinics throughout the state, coordinating with services such as local therapy groups, pharmacy services, mental health and counseling services, and when necessary, hospitalizations or even referrals to specialty services. A focused emphasis on home-based services will help provide our North Dakota communities with the care they need and are asking for and aligns with the priorities outlined in the North Dakota State Health Improvement Plan (SHIP). A home-based care model contributes to the quality of life for generations of families while decreasing healthcare costs, and improving the quality-of-care North Dakotans deserve.

It is incumbent that we choose to view the healthcare we provide in this State not as what it is but as what it could and should be. Unfortunately, the North Dakotans suffering the most from the current state of our healthcare systems delivery and accessibility are the least likely to question, challenge, reject, or change it. We can no longer choose to be motivated to rationalize the status quo of our healthcare system as legitimate – justifying our default system may serve as a soothing function. Our acquiescence of the current state of our health affairs robs us of the moral outrage to stand against healthcare inequities and the creative will to consider alternative ways that could work. Our State, in both policy and financially, must be a partner in this journey – because without your support in prioritizing the continuum of healthcare for your citizens, North Dakota will continue to live near the bottom in health services utilization.

This concludes my testimony. Please give Senate Bill 2332 a **DO PASS** recommendation.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "John Ballantyne". The signature is fluid and cursive, written in a professional style.

John Ballantyne, Ph.D.