

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 Edith Lohr. I am submitting this written testimony in support of Senate Bill 2332 and ask you to give this bill a **DO PASS** recommendation.

I am currently retired, in 1981 I was hired by the newly formed Board of Directors of Hospice of the Red River Valley (HRRV) to bring their dream to reality by developing and implementing a hospice program in Fargo that would enable terminally ill patients to stay at home until their death. More importantly, HRRV was able to offer comprehensive end-of-life care, providing pain management, nursing care, 24/7 on-call assistance, spiritual support, and respite. I was the sole employee during that first year. Sonia McManus served as the first volunteer nurse and tirelessly worked alongside me. Together we engaged a group of trained volunteers, physicians, pastors, and social workers to provide hospice care to patients and families. We admitted our first patient in June 1981.

HRRV was established as a nonprofit organization. To support the initial endeavor of HRRV we relied solely on grants and donations to fund our operations. In 1983, Congress authorized Medicare to cover the cost of hospice cares – which became known as the Medicare hospice benefit. HRRV was certified fourteen (14) days after the Medicare hospice benefit went into effect and HRRV was the first certified hospice program west of the Mississippi to receive payment from Medicare. I assisted in drafting the benefits later adopted by Blue Cross of North Dakota. Hospice grew rapidly in its first years both by number of professional staff, volunteers, and patient/families served, ninety-eight (98%) percent of those patients were able to remain at home until their death.

By the end of 1983, HRRV served clients in all of Cass County, North Dakota and Clay County, Minnesota. As referrals came in from beyond our service area, it was clear that serving patients beyond the thirty (30) miles from Fargo was cost-prohibitive, but necessary. In recognizing the growing need of patients and families, my team and I developed a satellite model design. Discussions with the leadership of Hillsboro Hospital led to a plan to locate the satellite in Hillsboro. A grant was successfully submitted to the Wheatridge Foundation as a grant requesting funding to start a satellite based in Hillsboro, North Dakota. Our first satellite location was established in 1984, a local professional team was recruited, inpatient care (when needed) was secured from Hillsboro Hospital, and a volunteer network was trained. The satellite model we established worked, and it has been the model replicated time after time as HRRV expanded across eastern North Dakota and western Minnesota.

Replicating this model in western North Dakota will be challenging given the geographic distances, fewer population per area, and recent closing of the smaller inpatient facilities. Based on HRRV's proven track record and over forty (40) years of experience, an operational revenue stream in place, and the pressing unaddressed need in western North Dakota, I see Senate Bill 2332 as the opportunity to effectively serve hundreds of North Dakotans every year who wish to live at home in the last months of life until their death.

Respectfully Submitted,

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