

Testimony
House Bill 1012 – Department of Health and Human Services Budget
House Appropriations – HR Section
Representative Jon Nelson, Chair

February 5, 2025

Chairman Nelson and Members of the Committee:

My name is Lorena Poppe. I am the owner and CEO of Poppy's Promise, a Bismarck-based provider of Developmental Disabilities services, and the current President of the ND Association of Community Providers (NDACP). I am testifying today in support of HB 1012. NDACP is comprised of both large and small providers, newer organizations, and those that have operated for decades. There is diversity in the types of services we provide but we are on common ground when it comes to matters of reimbursement of services, hiring and maintaining quality staff, and providing a sense of belonging and security for the people we support.

We are requesting an inflationary increase for DD providers of 4% and 3% during the 2025-2027 biennium. This request aligns with national inflation levels over the past two years and is essential to the recruitment of employees in a competitive job market. It is also critical to the retention of staff who are already invested in the people they are supporting. Imagine that you have a child or grandchild that is born with a condition that requires complex medical and personal cares. As a family, you learn about services that can be beneficial and often lifesaving. You get connected to a provider whose staff is dedicated to learning and performing intensive procedures, administering medications, and providing the level of care that is expected and deserved. Your whole family gets to know and trust that staff and sees them as a member of the family. Then with very little notice, that staff announces they are leaving to work in a different industry that pays higher and offers more long-term employment stability. Your family member's progress could suffer while introducing and teaching new staff vital procedures. Bonds formed with staff would go away and building trust with new staff will start again. Now imagine having to go through that every four or six months. Without the ability to meet levels of inflation and provide stability we providers are often seeing turnover like that.

NDACP is also requesting that the requirement for accreditation be removed as a condition of DD licensure and that it become voluntary for providers. Achieving accreditation was initially part of the requirements for providers after the de-

institutionalization of the state institution in Grafton as a means to help assure quality services were provided by community-based organizations. Since that time, a number of required quality assurance oversight processes have been added for DD providers that are often duplicative and most certainly create an administrative burden. Our goal should never be to pull staff away from providing direct care to complete nondirect tasks associated with each required oversight process. This interrupts relationships with staff and continuity of care for people receiving services. The cost is excessive (\$20,000 - \$40,000 for a 4-year accreditation term) and overreach exists as most accrediting bodies won't focus on DD services alone, even when DD is the only service requiring accreditation.

You will hear from directors of other NDACP member organizations this morning who can share detailed information about our request that reimbursement rates for Intermediate Care Facility (ICF) and Residential Habilitation services be increased to 100%. They will be able to answer your questions in detail.

I urge you to support these requests so that providers can build and maintain a strong workforce and focus on services and supports that are truly person-centered. Thank you for your time today, and I would be happy to answer any questions you may have.

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