Testimony on Long-Term Care Services for Patients with Ventilator or Psychiatric Needs Senate Human Services Committee January 27, 2025 Senate Bill 2316

Chair Judy Lee and members of the Senate Human Services Committee, my name is Nikki Wegner, President of the North Dakota Long Term Care Association. Our association represents 182 assisted living, basic care, and nursing facilities here in North Dakota. Thank you for the opportunity to testify as neutral on Senate Bill 2316, specifically regarding long term care services for patients with ventilator or psychiatric needs.

Senate Bill 2331, passed during the 1993 legislative session, established the framework we still use today for addressing medically complex individuals. One of its sponsors, Senator Mathern, included an emergency clause that made the legislation effective as of March 26, 1993. This law empowered the Department of Human Services to negotiate higher rates for caring for individuals with intense needs. We thank Senator Mathern for his foresight over 30 years ago and believe this approach remains effective and beneficial today.

The challenges in meeting the needs of medically complex individuals extend beyond funding alone. When evaluating new admissions, nursing facilities carefully assess whether they can meet the individual's needs or secure the necessary resources, such as additional nurses or access to respiratory therapy. However, a workforce crisis in both of these critical fields presents a significant hurdle. Our members are actively pursuing various workforce development strategies to address this challenge and ensure the availability of skilled professionals.

Facilities across the state already have the flexibility to negotiate higher rates for individuals with complex care needs when the required resources are available. Instead of creating four regional centers, this process ensures individuals have the freedom to choose a facility if they are capable of meeting their unique needs.

In addressing psychiatric needs, North Dakota currently has three geropsychiatric facilities, and we are actively working with the Department of Health and Human Services to explore the addition of another facility. Additionally, we are proposing an amendment to House Bill 1012 to allocate \$3 million for developing and implementing a behavioral health programming model for nursing and basic care facilities. This initiative seeks to close critical gaps in behavioral health care in these settings.

Nursing and basic care facilities face significant challenges, including financial constraints, strict regulations, and limited behavioral health resources, which often result in residents remaining in hospitals or cycling through emergency departments. To address these issues, we propose starting with a focused group of facilities to implement this program. This phased approach will allow us to tailor a model proven effective in other states to North Dakota's needs.

The program will deliver intensive staff training, implement person-centered behavioral support plans, provide comprehensive psychiatric care, and develop a skilled direct care provider network. By starting small, we can refine the program, collect meaningful data, and build momentum for statewide expansion during the next legislative session.

Behavioral Health Solutions, a Nevada-based company operating in nine states, brings extensive expertise in behavioral health programming. Their demonstrated success includes reducing emergency room visits by 72%, lowering costs, and significantly improving residents' quality of life. By partnering with existing psychiatric providers, Behavioral Health Solutions will introduce additional resources to North Dakota, enhancing service delivery and care outcomes. This initiative offers a sustainable solution to better manage behavioral health needs, reduce reliance on higher-cost care settings, and improve the quality of life for some of our most vulnerable residents.

Thank you for your consideration, and I look forward to any questions you may have.

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