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 Deanna Berg. I am the administrator at Baptist Health & Rehab. 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.

At Baptist Health & Rehab, we have cared for residents on ventilators since August of 2015. We have had as many as 5 residents at one time in the building. We currently have 3 residents that are on ventilators for all or part of the day.

Residents on ventilators tend to be complicated. We are currently working on negotiating a rate with the ND Department of Health and Human Services (HHS) for individuals with a noninvasive vent that we may be able to care for at the Baptist Health & Rehab or surrounding facilities. One of the major reasons that we have been unable to take more residents on noninvasive ventilators is due to the current reimbursement. Luckily, we do have the option of negotiating a rate with the HHS and we are working on that.

One major reason we haven't been able to accept more noninvasive, vent-dependent residents at Baptist is the critical staffing shortage in North Dakota. Nurses and CNAs are incredibly difficult to find. Thankfully, we're blessed to be part of Cassia, a parent company based in Edina, MN, which has been helping us recruit nurses from overseas since 2010. Our first nurse from the UAE (United Arab Emirates) joined Baptist in 2018, and since then, we've welcomed fourteen others.

Unfortunately, immigration delays have significantly impacted the timely arrival of these nurses, which has been a real challenge for our facility. To fill the gaps, Cassia is now recruiting nurses from Kenya, Canada, Australia, and other regions. But the reality is that even competitive wages aren't enough—there simply aren't enough workers willing to stay in North Dakota. Many of the international nurses we've welcomed stay for about two years or less, often moving to warmer states or areas where they have family once their contracts are up.

At the moment, we're slated to have three additional UAE nurses arrive by the end of the year, assuming all goes as planned. This will help, but it's not enough to meet the growing demand. To take on more vent-dependent residents, we would need to add more staff, including at least one

nurse. However, adding staff has to make financial sense. If we can secure a negotiated rate and accept several noninvasive residents, we may be able to afford hiring an additional staff member to support this level of care.

This staffing crisis isn't unique to us. Many other nursing facilities in North Dakota are also working hard to bring in international nurses. At Baptist, we rely heavily on contract nursing to meet our current needs while waiting for more of our overseas recruits to arrive. Without additional nursing staff, we simply can't take on more vent-dependent residents.

I've seen how much the landscape has changed since I became a nurse. When I graduated as a Registered Nurse (RN), I was lucky to secure a position at the Fargo VA. Back then, positions were competitive, and I felt blessed to land that job. Today, it's a completely different story. If I were a new RN in Bismarck now, I'd have my pick of 30 or more job openings in hospitals, clinics, long term care, and home health. And even if a facility isn't hiring at the moment, chances are they will be soon. The demand is overwhelming, and there simply aren't enough nurses or certified nursing assistants (CNAs) to meet it.

Some argue that increasing pay could solve this crisis, but it's not that simple. Contract nursing agencies seem to have a pool of nurses, but many of them come from out of state or are individuals who, for various reasons, can no longer work at local facilities. Contract nurses often stay for only a few months, drawn by higher wages and the freedom to choose where and when they work. They don't have the same investment in our residents that our regular staff does. While contract nurses play a critical role in keeping care going, they aren't the long-term solution.

Our residents deserve consistent, compassionate care from a team that knows and values them. That's what we're committed to providing, even as we navigate these staffing challenges.

One of the biggest challenges we face is ensuring a respiratory therapist is on call and available 24/7. At Baptist, we only accept stable non-invasive vent-dependent residents because we don't provide vent weaning services due to not having a respiratory therapist on staff. Right now, the respiratory therapist we rely on isn't even based in Bismarck, but works with us through an outside company. Unfortunately, like every other area of healthcare, there just aren't enough respiratory therapists to fill all the open positions, despite ongoing recruitment efforts.

Residents coming to us on ventilators from the hospital often qualify for up to 100 days of Medicare coverage. During this time, the facility is responsible for covering all costs, including medications, labs, room and board, treatments, and the rental of the ventilator or other equipment. Ventilator rentals alone cost around $1,000 per month. Our current reimbursement for a Medicare Part A stay is $813.51 per day, which helps but doesn't always cover the full cost of care.

For those who don't have Medicare Part A, the situation is more complex. These individuals either pay privately or are covered by Medicaid. In Medicaid cases, the state of North Dakota typically rents the ventilator to own, so after it's paid off, it becomes the resident's property. However, once the vent is owned, Medicaid no longer covers regular maintenance costs—only repairs. This can lead to alarms and interruptions in treatment if maintenance is overdue, creating added stress for both staff and residents.

Caring for these individuals is incredibly complex. All of them have tracheostomies, many have feeding tubes, catheters, or rectal tubes, and some require CPD shaker vests to clear their airways. These residents often need frequent suctioning and have intensive breathing treatment schedules. For example, one medication might need to be administered every six hours, another every four, and yet another twice daily—just for breathing treatments alone. Many also have seizure disorders or other complicating conditions.

Supplies are a significant cost burden. Items like ventilator components (heated passive wire circuits, HME valves that might need to be changed three times a day, filters, adapters, T-pieces), shaker vests, catheters, enteral feeding supplies, trachs, cannulas, suction machines, tubing, and canisters all add up quickly. Unfortunately, Medicaid and private pay don't cover these supplies, leaving the facility to absorb the costs.

Additionally, providing high-quality care requires extensive staff training. To handle these residents successfully, staff must be well-trained and equipped to manage emergencies. Training and preparedness come with their own costs, but they are essential to ensure the safety and well-being of our residents.

When evaluating new admissions, nursing facilities carefully assess whether they can meet the individual's needs or secure the additional resources necessary to provide quality care. Facilities statewide already have the flexibility to negotiate higher rates for individuals with complex care needs when these resources are available. Rather than limiting care options to four regional centers, this approach allows individuals to choose a facility that is best equipped to meet their unique needs, promoting greater accessibility and personalized care.

Thank you for your time and consideration. I'm happy to answer any questions you may have.

Deanna Berg
Administrator
Cassia, Baptist Health & Rehab
701-989-7402
Deanna.Berg@cassialife.org