



**2025 SB 2029**  
**Senate Judiciary Committee**  
**Senator Diane Larson, Chairman**  
**January 13, 2025**

Chairman Larson and members of the Senate Judiciary Committee, I am Melissa Hauer, General Counsel/VP of the North Dakota Hospital Association (NDHA). I am here to testify in support of Senate Bill 2029. I ask that you give this bill a **Do Pass** recommendation.

Hospitals appreciate the Legislature's study of our state's guardianship system during the last interim and for introducing this bill. We also greatly appreciate the legislature's past funding of programs that support public guardianship programs.

There are three broad categories of guardians: family, professional, and public. A family guardian is one who is related to a ward by blood or marriage. A professional guardian is any guardian who receives compensation for services to more than two wards. A public guardian is a person or organization that provides guardianship services for an individual who is indigent and incapacitated and has no family or friend available to serve.

The guardianship process takes time and resources even when there is a family member or friend willing to serve as guardian. When a patient has no friend or family member to serve and cannot afford a private guardian, public guardianship often becomes the only option. With increasing frequency, hospitals encounter patients who need someone to make medical decisions for them, but because the patient does not have a power of attorney or any family or friend who are willing or able to make those decisions, the only resort is to ask a court to appoint a guardian. We believe this situation is only going to increase due to our aging population and more mobile society where people lose touch with family members who may live thousands of miles away. An adequately funded public guardian program is a crucial safety net for these patients.

Finding a public guardian and waiting for the process to be finalized for a hospital patient often delays discharge to a more appropriate level of care, runs up the cost of health care,

Establishing guardianship is a complex and time consuming challenge, especially when a patient has no friend or family member willing to serve as guardian, and it is complicated further by a lack of standardized processes and difficulty finding qualified public guardians. We feel that the creation of an Office of Guardianship and Conservatorship as provided in the bill would help alleviate these challenges. It would serve as a centralized point for guardianship and conservatorship services and provide a regulatory framework for, and funding of, public guardianship services for eligible individuals. The bill addresses the most difficult barriers in this process and allows vulnerable patients to be more efficiently connected to the services they greatly need.

In summary, we support passage of this bill and hope that you will give it a **Do Pass** recommendation.

I would be happy to respond to any questions you may have. Thank you.

Respectfully Submitted,

Melissa Hauer, General Counsel/VP  
North Dakota Hospital Association