HCR 3004

1999 HOUSE HUMAN SERVICES

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3004

House Human Services Committee

□ Conference Committee

Hearing Date 01-06-99

Tape Number	Side A	Side B	Meter #	
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Committee Clerk Signature				

Minutes:

Chairwoman Price opened the hearing on HCR 3004.

Senator Aaron Krauter introduced and supported HCR 3004. He spoke of the Legislative

Council Study on Swing Bed process. Many individuals are spending time in swing bed facility verus long term care facility. The study reflects the analysis of the use of swing bed facilities.

Mr. Paul Kramer, Legislative Interim Budget Committee on Long Term Care, indicated that the Legislative Council is available as a resource.

<u>Ms. Shelly Peterson</u> was unable to attend hearing, however, provided written testimony on her views of the resolution.

(see attached testimony)

<u>Mr. David Zentner</u>, Director of Medical Services for the Dept. of Human Services. (see attached written testimony)

Motion by Representative Jensen to do pass, Second by Representative Kliniske.

By a voice vote, 15 representatives voted yes do pass, 0 representatives voting No

Motion passed.

Representative Jensen will carry HCR 3004

REPORT OF STANDING COMMITTEE

HCR 3004: Human Services Committee (Rep. Price, Chairman) recommends DO PASS and BE PLACED ON THE CONSENT CALENDAR (15 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HCR 3004 was placed on the Tenth order on the calendar. 1999 SENATE HUMAN SERVICES

HCR 3004

1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR3004

Senate Human Services Committee

□ Conference Committee

Hearing Date MARCH 16, 1999

Tape Number	Side A	Side B	Meter #		
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Committee Clerk Signature paul Koladejchuck					

Minutes:

The committee was called to order by Vice Chairperson SENATOR KILZER .

The hearing on HCR3004 was opened.

BARBARA FISCHER, Dept. of Human Services, supports and explained resolution in written testimony. SENATOR DEMERS: What's the other category of non-acute care? MS. FISCHER: The other level is transitional care, sub acute care. The Mandan Hospital is an acute care hospital. Requirement to be long-term acute care requires stays of 25 days or longer. There are four sub acute care - 2 in Fargo, 2 in Bismarck. SENATOR DEMERS: Should we be looking at these levels? MS. FISCHER: No, it would be delving into hospital level. This is a nursing facility of care. SENATOR KILZER: Does the utilization review board look at this level? MS. FISCHER: I do not know; there are issues, of someone goes to swing bed and is in nursing home. Medicare will not pay in both places. Page 2 Senate Human Services Committee Bill/Resolution Number HCE3004 Hearing Date MARCH 16, 1999

No neutral and no opposition.

Hearing on HCR3004 was closed.

SENATOR DEMERS moved a DO PASS and PLACED ON CONSENT CALENDAR.

SENATOR MUTZENBERGER seconded it. Discussion. Roll call vote carried 6-0-0.

SENATOR DEMERS will carry the bill.

Date: 3/	16/99		
Roll Call	Vote # :	/	

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. HCR 3004

HUMAN SERVICES COMMITTEE Senate

Committee

Subcommittee on

or

Conference Committee

Legislative Council Amendment Number

Action Taken

Do pass placed on consent Calendan Seconded By Sen Mutgenberger

Motion Made By

Senators	Yes	No	Senators	Yes	No
Senator Thane	V				
Senator Kilzer	V				
Senator Fischer	V				
Senator Lee	~				
Senator DeMers	u				
Senator Mutzenberger	~				
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Total (yes) (no)

Absent 📿

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HCR 3004: Human Services Committee (Sen. Thane, Chairman) recommends DO PASS and BE PLACED ON THE CONSENT CALENDAR (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HCR 3004 was placed on the Tenth order on the calendar. 1999 TESTIMONY HCR 3004 From: Shelly Peterson@ndltca on 01/05/99 09:12 PM

To: Clara Sue Price/NDLC/NoDak@NoDak

Subject: HCR's 3001 and 3004

Dear Chairman Price:

CC:

I see from the hearing schedule that your committee will be reviewing HCR's 3001 and 3004 on January 6, 1999. I am sorry but I will be in D.C. on January 5 & 6, 1999 and will unable to attend the hearing. Normally I would of tried to get some written testimony to the committee but I'm already finding myself behind. Please accept these brief comments. The NDLTCA is on record supporting HCR's 3001 and 3004 and urges your committee's support. These two resolutions are supported by the Taskforce on LTC Planning and the Interim Budget Committee on Long Term Care. Swing Beds were not studied by the Taskforce on Long Term Care Planning and feel the study resolutin will help address some unresolved issues. Thanks for the opportunity to send these brief comments. I will be at the Capitol Thursday and Friday and will try to contact you to see if you need any additional information. Thank you. Shelly Peterson

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TESTIMONY BEFORE THE HOUSE HUMAN SERVICES COMMITTEE REGARDING HOUSE CONCURRENT RESOLUTION 3004 JANUARY 6, 1999

Chairman Price and members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you today in support of House Concurrent Resolution 3004.

Hospitals in non-urban areas of the state may participate in the Swing Bed Program. It allows these hospitals to provide the equivalent of nursing facility services to patients in need of such care. Initially the program was primarily designed to allow hospitals to keep individuals who were no longer acute care, but did require nursing facility services before they could be discharged back to their homes or as a temporary placement until a nursing facility bed became available. There is no restriction on how long a swing bed hospital may provide services to its residents.

The Task Force on Long Term Care Planning was requested to reexamine the issues relating to the use of swing beds in the continuum of long term care services in the state. This request was forwarded as the Task Force was wrapping up its work in the spring of 1998 and therefore no in-depth analysis of the issues could be undertaken at that time.

The Task Force did note that on any given day there are 1,594 potential swing beds available to provide nursing facility services in North Dakota. The Task Force also concluded that there is very little data and no standard measurement process available to evaluate quality of care and that some hospitals are as a matter of policy providing ongoing nursing facility services to their residents as is evidenced by length of stay data.

1

The Department of Human Services agrees with the Task Force on Long Term Care Planning that this issue should be studied to determine if any changes in current law or regulations are necessary for this service and to determine the role swing beds should play in the provision of long term care services in the future. The Department urges passage of this resolution.

I would be happy to answer any questions you may have on this issue.

TESTIMONY BEFORE THE SENATE HUMAN SERVICES COMMITTEE REGARDING HOUSE CONCURRENT RESOLUTION 3004 MARCH 16, 1999

Chairman Thane and members of the committee, I am Barbara Fischer, Manager of Long Term Care and Hospital Services for the Department of Human Services. I appear before you today in support of House Concurrent Resolution 3004.

Hospitals in non-urban areas of the state may participate in the Swing Bed Program. It allows these hospitals to provide the equivalent of nursing facility services to patients in need of such care. Initially the program was primarily designed to allow hospitals to keep individuals who were no longer acute care, but did require nursing facility services before they could be discharged back to their homes or as a temporary placement until a nursing facility bed became available. There is no restriction on how long a swing bed hospital may provide services to its residents.

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