2023 SENATE HUMAN SERVICES

SB 2272

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2272
2/8/2023

Relating to the object of the state hospital.

10:51 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present**.**

Discussion Topics:

- Mental illness
- Mental health clinics
- State hospital mission
- Forensic patients

10:52 AM **Senator Tim Mathern** introduced SB 2272 in favor verbally.

11:14 AM **Melissa Hauer, General Counsel North Dakota Hospital Association** introduced Dr. Lacey Armstrong.

11:15 AM **Lacey Armstrong, Board Certified Psychiatrist, Chief of Psychiatry, Sanford Health** in opposition #19870.

11:27 AM **Shelly Peterson, ND Long Term Care Association** in opposition verbally.

11:32 AM **Courtney Koebele, Executive Director, North Dakota Medical Association** in opposition #19748.

11:33 AM **Eduardo P. Yabut MD, Interim Superintendent and Medical Director, State Hospital Department of Health and Human Services** in opposition #19880.

11:40 AM **Jonathon Byers, North Dakota States Attorneys** in neutral verbally.

11:45 AM **Madam Chair Lee** closed the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2272
2/8/2023

Relating to the object of the state hospital.

3:13 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present**.**

Discussion Topics:

- Specialty care

3:23 PM **Senator K. Roers** moved **DO NOT PASS.**

3:23 PM **Senator Cleary** seconded.

3:23 PM Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion Passed 6-0-0

Senator Lee will carry SB 2272.

3:24 **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2272: Human Services Committee (Sen. Lee, Chairman) recommends **DO NOT PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2272 was placed on the Eleventh order on the calendar. This bill does not affect workforce development.

TESTIMONY

SB 2272

Senate Human Services Committee
SB 2272
February 8, 2023

Chair Lee and Committee Members, I am Courtney Koebele, the Executive Director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students. NDMA has concerns and opposes SB 2272.

All hospitals in our state, including PPS hospitals, struggle to find beds for those patients that need a higher level of psychiatric care than what they can provide. Finding inpatient psychiatric placement can be a time-consuming process. There are times when a patient has to be held for several hours or even overnight in the ER when their needs cannot be met at a private hospital and are awaiting acceptance at the state hospital. Restricting the state hospital to caring only for forensic patients would only make this problem worse.

It is not a safe or otherwise appropriate setting for patients that have serious mental health conditions to be cared for in a lower level of care, any more than it would be appropriate for a patient in need of surgical intervention to be kept in a facility without an available surgeon. Care of mental health patients requires trained staff and appropriate facilities intended for that purpose. This is not borne of the desire for private hospitals to be rid of a patient, but of the need for the patient to be cared for in the setting appropriate for their condition.

An inpatient psychiatric patient can require 1:1 staffing 24/7, depending upon the patient's condition. That equates to three nurses per patient. Additionally, security staff may be necessary to ensure safety for both our patients and our staff. Hospitals already struggle to fill nursing positions, particularly psychiatric nurses.

The state hospital is, and needs to continue to be, that safety net for those patients that have high acuity, serious mental health conditions that cannot be safely cared for in the private hospital system.

We urge a DO NOT PASS on SB 2272. Thank you for the opportunity to testify today. I would be happy to answer any questions.

NDHA
North Dakota Hospital Association Est. 1934

2023 Senate Bill no. 2272

Senate Human Services Committee

Senator Judy Lee, Chairman

February 8, 2023

Good morning, Chairman Lee and members of the Senate Human Services, my name is Lacey Armstrong. I am a board-certified psychiatrist with Sanford Health Bismarck. I also serve as Sanford Bismarck's chief of psychiatry.

I work together with two psychiatric advance practice providers (APPs) to cover our inpatient psychiatric unit, consultations on the medical floors, and the emergency room.

As a psychiatrist managing the region's primary inpatient psychiatric treatment center, I am asking that you please give SB 2272 a **Do Not Pass** recommendation. The health care system for inpatient psychiatric care in North Dakota is already stretched too thin. Restricting the State Hospital to caring only for forensic patients would make this problem worse.

At Sanford Bismarck, our psychiatric unit serves the entire western part of the state. In addition to serving Burleigh and Morton counties, we frequently accept patients from Williston, Dickinson, Watford City, and every town in between. We also accept admissions from the regional reservations including Standing Rock (Fort Yates and Mobridge, S.D.), Fort Berthold (New Town), Turtle Mountain (Belcourt), and the Cheyenne River Reservation (Eagle Butte, S.D.).

Though our psychiatric unit in Bismarck technically has 23 beds – 10 double occupancy rooms and three seclusion rooms – the unit is typically capped at 12 patients. Due to double occupancy, it is nearly impossible to have that many patients on the unit at one time. High patient acuity and limited staffing at times also limit how many patients we can safely accept.

All hospitals in our state struggle to find beds for those patients that need a higher level of psychiatric care than what they can provide. As a PPS hospital, we serve as the tertiary care

center to the smaller hospitals in our region as much as we can and we count on the State Hospital to provide a higher level of care some of our patients need.

It's not uncommon for us to have patients who require long-term hospitalizations due to lack of safe discharge options. With the influx of illicit drugs into the state, we have seen many young, healthy patients develop long-term cognitive sequela or psychotic symptoms. Some have taken months to clear, and at times symptoms appear permanent. Some of these patients are highly paranoid, aggressive, volatile, and require 1:1 staff – which we simply do not have – to keep our other patients safe. When we have to use 1:1 staff, it forces us to decrease our unit capacity because we don't have enough nurses to care for the other patients.

Other patients demonstrate cognitive impairment and are often not safe to care for themselves, requiring a locked facility just to prevent them from wandering, which is a serious safety concern during the winter months. We also have difficulty placing our elderly patients with mental illness, as skilled nursing facilities are hesitant to accept once patients have required psychiatric admission. With only 10-12 beds, these chronic patients can easily occupy half of our available capacity.

We also do not have any segregation, or separation of the unit (i.e., geriatric unit, high acuity, or psychotic unit, etc.). This leaves the most vulnerable of our patients (elderly, dementia, severely depressed, or anxious) not just exposed, but in close proximity with our patients who are young, psychotic, manic, paranoid, and at times aggressive and threatening.

It is not a safe or otherwise appropriate setting for patients that have serious mental health conditions to be cared for in a lower level of care, any more than it would be appropriate for a patient in need of surgical intervention to be kept in a facility without an available surgeon. Care of mental health patients requires trained staff and appropriate facilities intended for that purpose. This is not borne of the desire for private hospitals to be rid of a patient, but of the need for the patient to be cared for in the setting appropriate for their condition.

Without the State Hospital to provide Serious Mental Illness (SMI) care for the patients described above, the responsibility falls on our PPS health systems, which greatly impairs our ability to care for the rest of our North Dakota residents who require treatment for acute mental health needs. The lack of available psych beds then leads to patients being boarded for extended periods of time in the ER, which impacts our ability to promptly treat the acute, at times life-threating, medical issues of our North Dakota residents.

The state hospital is, and needs to continue to be, that safety net for patients that have high acuity, serious mental health conditions that cannot be safely cared for in the private hospital system.

Thank you for the opportunity to share this information. North Dakota hospitals welcome the opportunity to work together with state leaders to find solutions to better care for patients and their families in the communities we serve.

I'd be happy to answer any questions.

Respectfully submitted,

Lacey Armstrong, M.D.
Sanford Health Bismarck

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Testimony
Senate Bill No. 2272
Senate Human Services Committee
Senator Judy Lee, Chairman
February 08, 2023

Chairman Lee and members of the Senate Human Services Committee, I am Eduardo P Yabut MD, Interim Superintendent and Medical Director at the State Hospital and with the Department of Health and Human Services (Department). I appear before you in opposition to Senate Bill No. 2272.

This proposed bill that involves the conversion of the State Hospital into only a justice involved facility will have a significant negative impact on the state. Approximately 86% of the clients we currently serve are not justice involved. Other hospitals and care facilities will be forced to admit clients on civil commitment. Acute care hospitals have already indicated that they cannot serve this population on a long term basis. This bill will put the state at risk of civil litigation. As an example, Oregon State was sued by three of Oregon's largest health systems over its failure to provide adequate care for mentally ill patients which they say has forced the hospital systems to house patients in need of psychiatric care for months.

This bill will remove a level of care that is critical for how North Dakota approaches its behavioral healthcare in a unified manner. 3-5 percent of assessments and about 10 percent of crisis interventions result in emergency or involuntary admissions. Often, individuals are treated by the State Hospital as the individual does not meet admission criteria for other care facilities due to comorbid neurocognitive conditions, migrant status or condition, victims of sex and human trafficking as well as abuse and neglect, severe co-existing medical conditions, violent histories, intellectual or developmental disabilities with severe mental illness, insurance status, various sexual offences. Roughly, this will be about 86% of the clients we are currently treating at the State Hospital. Consequences for our society and communities if the State Hospital

becomes a forensic only hospital will include problems related to unemployment, cross generational poverty, homelessness, strained family relationships and cyclical pattern of abuse and neglect.

This proposed bill will also be in opposition to the results generated by the Schulte report, accepted by the Acute Psychiatric Treatment Committee, which recommended a 15% forensic/justice involved referrals and potentially 25% jail referrals.

In reference to section 50-06.3-03 of the North Dakota Century Code, this bill will place a burden on the taxpayers of this state. Section 50-06.3-03 indicates that the Department may not recover expenses for the care and treatment of a patient transferred to the state hospital from a jail or regional corrections center. Along with jails or prisons, we are not able to bill for forensic/justice involved/competency evaluations as well. Consequently, the State Hospital will have reduced revenues, which would cause an increase in general fund needs.

Last but not the least, this bill will have an impact on the education of our young aspiring physicians from the University of North Dakota School of Medicine & Health Sciences; psychiatric residents in training; psychology interns; advanced practice registered nurses; physician assistants; nursing students from various programs; social work, occupational therapy, counseling, and dietary students; and young high school students exploring vocational interests.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.