

Testimony in Support of SB 2226

Residential End-of-Life Facilities

House Human Services Committee

March 9, 2021 • 2:45 p.m. • Pioneer Room

Submitted by Julie Schwab, MSNA, MMT, PMP

Chairman Weisz and members of the Committee:

My name is Julie Schwab, and health care is my experience and expertise. Today I offer written testimony in support of SB 2226.

Throughout my 30+ years in the health care industry, I have served as a RN, as an administrator, as a consultant, as an executive director of an Accountable Care Organization (ACO), a palliative care clinic director, and as a past Director of Medical Services for the ND Department of Human Services. I have great skill in care coordination, population health, palliative care, operational management, and community-based services. Currently I am a consultant working to help broaden the services for social determinants of care across the upper Midwest.

Due to my extensive background, I see many gaps in the continuum of care in which residential end-of-life facilities can fill. The three I view to be the most important are:

1. Giving more people, especially those outside of hospice service areas, access to hospice care;
2. Provide those who do not have caregiver support at home a home option; and,
3. Offering a less restrictive option to receive end-of-life care for North Dakota residents.

By enacting SB 2226, people who are outside of hospice service areas could move with their family members to live in a residential end-of-life facility and receive hospice services from their chosen hospice provider. The facility caregivers would collaborate with the hospice provider to ensure the goals and priorities of the patient and family are met. In addition, because 24-hour supportive care would be provided by the facility caregivers, family members could spend quality time, making lasting memories with their loved one, without having to worry about providing the difficult care that may be required.

Then there are individuals who want to remain in a home setting who need hospice services but have limiting factors which make it difficult or impossible to receive hospice services in their life-long home. For these individuals, having a place that is a true home setting in which 24-hour end-of-life care is provided, would ensure their final days are met with dignity and compassion.

Lastly, residential end-of-life facilities offer North Dakotans an option that is currently not available to them. The premise of these facilities is to truly offer a home away from home

experience, allowing their guests to have the freedom to live the way they want as they receive end-of-life care. Guests will retain their identity and dignity as they experience the final season of their life.

I encourage your support of SB 2226, giving North Dakotans another option for their end-of-life care.