

North Dakota Senate

State Capitol 600 East Boulevard Avenue Bismarck, ND 58505-0360

Senator Kristin Roers District 27 4240 31st Avenue South Fargo, ND 58104-8725

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Committees: Government and Veterans Affairs Human Services Madam Chair, Senator Kristin Roers, District 27.

Today, I am here to introduce Senate Bill 2145, relating to establishing a Designated Caregiver for residents in Long Term Care. We are all aware of the brutal toll that COVID-19 has taken on our elderly population – but I would posit that the isolation that they have endured is equally brutal.

I want to start by thanking the Department of Health, the Department of Human Services, the Vulnerable Population Protection Plan taskforce, the Reuniting Families Taskforce, the Long Term Care Ombudsman, and the Long Term Care Association for working so diligently to protect those among us that are most vulnerable. They were assigned a nearly impossible task of trying to keep an aggressive virus out of the population it most devastated. As they started their work, we knew that we needed to protect this population, and we knew how we didn't want to do it, as we had seen some states fail in ways we could not allow to happen in North Dakota. With the benefit of hindsight, we know that the information they had was minimal, and yet they created a plan that has helped to save hundreds, if not thousands of lives. So again, I say thank you.

We are now nearing the 1-year mark when we learned that this virus was in the US, and in North Dakota. Many things have been learned in that year – we know better how the virus is spread, we have better therapeutics, and we also know that we have adequate PPE to care for all of the residents in our healthcare facilities – and we also, thankfully, have vaccines!

The Federal government, through the Centers for Medicare and Medicaid Services (CMS), have created a protocol for allowing indoor visitation in LTC that includes meeting 2 thresholds: 1) no positive test results in the previous 14 days for either staff or residents and 2) your county positivity rate must meet a certain rate. Thankfully, we are now in a place were most facilities are able to meet these two thresholds.

The time has come to ensure we mitigate the effects of isolation in Long Term Care. We want to look forward to identify what we can do to ensure that all residents are afforded their rights – the right to see their loved ones being at the forefront – to give and receive hugs, to talk, and to make that human connection.



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Committees: Government and Veterans Affairs Human Services To be honest, my hope is that this bill is completely and totally unnecessary – that we can ensure that all facilities who are eligible for indoor visitation by the CMS guidelines, are allowing that visitation – but I also want to make sure that we have these standards in place for the future.

This bill is relatively simple at its heart – it basically says, as long as the Feds haven't specifically limited visitation, no facility may deny visitation for a Long Term Care resident by their designated caregiver or caregivers. The facilities may create protocols for that visitation, but they need to allow it – these protocols may include PPE requirements, screening, or other steps – but I would believe that the loved ones of the resident would jump through all of those hoops, and then some, just for the chance to make that connection.

The numbers of letters, emails, and calls that I have received lead me to believe that this bill is necessary. And the content of those messages are beyond heartbreaking.

As many of you know, I worked with COVID and non-COVID patients in the hospital over the last few months and saw this isolation in person. It made me sad that people had to be hospitalized to be able to get a visitor. I had coworkers who are experiencing moral distress from having to be the one standing between their patient or resident and their loved ones. I had friends relay stories to me about residents begging them to end their lives – not to let them die, but to kill them. The lasting effects on our families, our residents, and our healthcare workers will not be seen fully for years, but I fear that much of this damage cannot be undone.

The time has come to allow for this visitation and I hope that this bill can help to be a vehicle to get us from where we are today to where we want to be – and to prevent this isolation from happening again in the future.

I have a few friendly amendments suggested by the LTC Association as well as some of the advocates that I hope will be helpful to make this bill become even more effective. I will present them after all of the testimony is complete in the interest of time.

Thank you for your consideration – I know that there are many who would like to testify after me and I would like to give them as much time as possible, but I am available for questions at any time.