



2023 Senate Bill 2332
Senate Human Services Committee
Senator Judy Lee, Chairman
January 25, 2023

Chairman Lee and committee members of the Senate Human Services Committee, I am Tracee Capron, Executive Director, Hospice of the Red River Valley. I testify in support of Senate Bill 2332.

This bill will provide grants for a continuum of home-based healthcare services. The beauty of this whole bill coming together is the fact that people care and want the best for our state. Legislators, community members, hospice, and other healthcare personnel - all want to lend resources and knowledge to help make North Dakota a better place for people to live while remaining in their homes. This is a huge undertaking, but we believe with healthcare partners coming together in our state, we can do this. We can serve all residents in our state. We need to remain focused on this motivating factor as people are suffering, we're having to say no to families with dying loved ones, and this is just not ok. These home-based primary, palliative, and hospice services are needed to help the citizens of North Dakota, improving their quality of life with generational impact while also decreasing healthcare costs.

I want to share the history of the start of hospice care in the state of North Dakota. A legendary group of volunteer community members in North Dakota banded

together in 1978 recognizing a need for our residents. This volunteer group started the first community-based non-profit hospice in the state of North Dakota. Their goal and vision were to make sure everyone had access to holistic end-of-life hospice care to be provided wherever someone calls home. I refer to this time as legendary because our nation had not yet recognized the value of hospice. It wasn't until 1983 that hospice became a Medicare benefit. Now in 2023, 40 years later, it's tragic to think many in our state still do not have access to hospice care in their home. Even more concerning is that rural communities that are critical to our state's infrastructure lack these services.

I ask every person in this room to reflect on where you would want to be and whom would you want to be with in the last days of your life.

North Dakotans shared their priorities in the 2022 AARP survey identifying that they need access to services and supports which allow them to remain in their homes as they age.

Approximately four years ago we experienced a gap in care that truly illustrates the need for support with SB 2332. We received a call that a family from Ashley, North Dakota needed hospice care. This is a rural area of the state we were not yet serving. The patient was currently hospitalized and wanted to be home to die – home, in their community, and with their family. The hospital case manager called indicating this family was pleading for help. They just wanted to go home. Our first thought was that they have a hospital-based hospice not far from Ashley. After calling that hospice, we learned they couldn't serve the Ashley community. Our clinical teams all came together and said 'we need to do this'. Within a few days, we were helping this family get home and began the care of hospice support for them. It was a stretch for all of us, and one we were so thankful we could do, partnering with those in the Ashley community. This experience really exemplifies what a true healthcare partnership should look like. Our organization came

together with Jamestown Regional Medical Center's hospice in this case, we found ways where we could meet the needs of this family – together. Since then, our relationship with Jamestown Regional Medical Center has only strengthened as we share the goal of truly caring for those in Jamestown as well as the rural surrounding communities.

Sadly, over the years we have had many calls that didn't end this way, where we had to say 'no', and we knew this left the families without care. Knowing how this left someone on the other end of the phone is what has and does drive us in our mission to serve the state. THIS needs to be our continued focus, our purpose – while it's simple, it is not easy. There are no do-overs in death and we have to get it right.

Along with doing what is right, we do have to consider cost and sustainability. The fact is that hospice care reimbursement is on average \$158 per day. In this reimbursement, a hospice is responsible for medications, equipment, all clinical services, (nurse, social worker, nursing aide, chaplain, physician, nurse practitioner, bereavement), mileage, supplies, testing, and available support 24 hours a day, seven days a week. We see hospice care provided in the more densely populated areas as it allows for greater efficiency and lower operational costs. The real challenge is in providing rural hospice care as the staffing, costs for equipment and supplies, and travel expenses are significantly higher than in our urban areas.

Our organization had to develop a new model to continue to help in rural areas and provide all the needed home-based services. The model which requires serving across the entire care continuum with primary, palliative and hospice care has been proven to increase quality while also being financially sustainable. Our quality commitments are best shown as we received Hospice Honors, ranking us amongst the best hospice organizations in the country as surveyed by the families we served.

We were founded on a dream that all those who need home-based care in our community have the access to care. Chairman Lee and members of the committee, we need your support to make this happen. This grant puts our community first. Without people living in our communities, we don't need buildings to take care of them. By caring for our rural communities, we are fostering the right care at the right time in the right place. That right place connects the continuum of care which may be the skilled nursing facility or a Medicare-certified hospice house. We must start with care in the home first, which is what the people in our state are asking us for. Thank you for the opportunity to testify today in support of SB 2332. This concludes my testimony. I am happy to answer any questions the committee may have before I turn it over to Dr. Tracie Mallberg who will discuss primary and palliative home-based care.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Tracee Capron".

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