

Testimony in Support of SB2305

2025 Legislative Session March 12, 2025

Chairman Ruby and Members of the House Human Services Committee,

My name is Brenda Schmid. I live in Fargo in District 46 along with my husband and daughter, Hannah.

I am providing this testimony in support of SB2305 for an Act to amend and reenact section 50 24.1-47 of the North Dakota Century Code, relating to the family paid caregiver service program and cross-disability advisory council.

We have a beautiful daughter, Hannah, who is 27 years old who has significant physical and intellectual disabilities along with complex medical needs (extra ordinary care needs). She lives at home with us and will do so as long as we are on this earth together. For 27 years I have been her primary caregiver, and my husband has taken the role of sole financial provider. Our daughter uses a wheelchair (spastic quadriplegia), has epilepsy, neurogenic bowel/bladder, GJ tube (tube fed), scoliosis and kyphoscoliosis, cyclic vomiting and migraines, congenital tracheomalacia, nephrolithiasis, reflux disease, is nonverbal and has insomnia. She relies on others 100% to live.

I have been participating in the Pilot Program since Spring 2024. A few words I would use to describe what the family paid caregiving pilot program means to me and my family are “relief, validation, valued **and** recognized as an asset that helps fills the void in the caregiver shortage crisis.

I have attempted to work outside of the home many times over the past 27 years, only to have to resign as Hannah needs me. My husband travels for his work (same company for 33 years) he needs me to take care of Hannah and our home so he can do his job and focus on it to ensure financial support for our family.

By being Hannah’s primary caregiver for the past 27 years we have saved the state an astronomical amount of money and resources. Here are a few examples:

- When Hannah was in school (K-12) there were countless days, I had to pick her up early and bring her home due to medical reasons and behaviors. If I had been working outside of the home, I would have been unable to pick her up and the staff at school would have had to care for her consequently taking away from other students and staff.
- When Hannah is hospitalized, she is discharged in a timely manner as I can carry out her discharge plan with quality and precision versus her returning to a congregated living situation where staff may not be trained or instructed properly to care for her.

- When she has a medical situation, I get her the medical attention she needs and am equipped to take care of her at home versus unnecessary hospitalizations or ER visits.
- Her medical team makes different long term medical decisions based on her living situation. i.e. no colostomy bag or bladder port as I can monitor and manage her bowel and bladder regiment better than if she was in a congregated living situation and unable to receive the one-on-one care she needs.
- We provide an accessible home in a community of her choice; we provide an accessible van that enables her to be an active part of her community.
- And most importantly she is happy, healthy (all things considered) confident, secure and thriving in every aspect of her life because she is loved and cared for by me (us) in her home.

There has always been a “need” for a Family Paid Caregiver Program in ND. With that being said, I believe there has never been a “greater need” for this program than the here and now.

I am asking that you act in favor of this program, and I thank you for your time and consideration.

Sincerely,

Brenda Schmid (Hannah’s proud Mom)

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