



**SB 2305**  
**House Human Services**  
**Wednesday, March 12, 2025**  
**Representative Matt Ruby, Chair**

Chair Ruby and Members of the House Human Services Committee:

My name is Roxane Romanick and I'm here today as the representative for Designer Genes of ND, Inc. Designer Genes' membership represents individuals with Down syndrome that either live in our state or are represented by family members in North Dakota. Designer Genes' mission is to strengthen opportunities for individuals with Down syndrome and those who support them to earn, learn, and belong.

First off, I'd like to thank you for your work and investment in the concept of paid family caregiving during the 68<sup>th</sup> legislative session and your help to kickstart the current pilot program. I'd also like to thank the Department for their dedicated work to "go live" and make the program a reality for 50 North Dakota caregivers. (Per 12-11-24 Cross Disability Advisory Council Meeting).

Designer Genes is in support of SB 2305 and asks for a "do pass" from this committee. We'd like to thank Senator Hogan for including us in discussion on the amendments that were proposed and passed. We are in agreement with the amendments that were made in the Senate and the proposed appropriation.

We estimate that there are about 600 individuals with Down syndrome that live in North Dakota and a majority of those individuals are screened to the Individuals with Intellectual Disabilities/Developmental Disabilities 1915c Medicaid Waiver. Quality waiver service options are one of our advocacy priorities and having the family paid caregiver option in our Medicaid waivers is important to our families across the lifespan. Individuals with Down syndrome and their families are able to achieve quality lives in their communities with the formal supports of the Medicaid waivers and State Plan Medicaid. One thing that is important to note is that families who have children eligible for our Medicaid waivers depend on the service options within the waivers, but also depend on having access to State Plan Medicaid for their children. When they can't use waiver services due to a lack of workforce or quality providers, they run the risk of losing both the waiver service options and State Plan Medicaid. This option

can help provide some stability for families of children with exceptional and extraordinary need so that they will not lose coverage.

While we acknowledge that we should not change the eligibility standards for the pilot program, we would like to make known that the current assessment does not offer enough information to the Department for children under 8. As you will probably hear in other testimony, the younger a child is, the less items that can be completed on the current assessment. For children with Down syndrome, this is especially concerning as many conditions such as congenital heart defects, gastro-intestinal defects, and childhood leukemias may present themselves at birth. These conditions to name a few can cause lengthened hospitalizations, an inability to use typical child care, increased care coordination efforts, trips out of state for medical care, and missed work for parents. While an infant needs total care, the care for an infant with failure to thrive or who is post-surgical looks much different. We hope that ongoing evaluation of the assessment process can happen with input from the Cross Disability Advisory Council (CDAC) so that families of younger children are not missed.

We understand the SB 2113 made changes to the Cross Disability Advisory Council (CDAC). Even with those changes, we continue to support Section 1.6 and think that CDAC is an effective method of assuring stakeholder involvement on the paid family caregiver service option.

Thank you for your time and I'm available for any questions.

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