

Senate Appropriations Committee Members, HB 1015, 4.16.2025, Senator Tim Mathern

Why an Expensive New State Hospital Is a Bad Investment

- **It's outdated and ineffective.** Over 65 state hospitals have closed in the last decade for a reason; large institutions don't improve outcomes. Modern medicine is short stays and referral to step down service.
- **It wastes taxpayer dollars.** A \$300+ million price tag for a model that history has already proven ineffective is not fiscal responsibility. I suspect that the true cost is more like \$400 million.
- **Real solutions are local.** We are already filling jails, prisons, and Emergency Rooms with people who lack proper care. Building one more institution, that Jamestown can't even staff, won't solve that. Smarter, more cost-effective care comes from investing in regional services that are proven to work.

This session and last, we are allocating millions funding toward the development of Certified Community Behavioral Health Clinics (CCBHCs), which are designed to prevent the need for a state hospital. CCBHCs require access to all levels of care, meaning we will need to develop local services of acute hospital care to in home care regardless. Why waste millions in the process? Specifically, we are establishing Assertive Community Treatment, supportive housing, and residential treatment for adults—none of which are sufficient in our system. These programs designed for adults and accelerating their development will ensure proper patient placement outside of expensive hospitals. Strengthening our regional acute care units will also equip them to serve more individuals who would otherwise be referred to the state hospital.

The Path Forward: Learn from the Past, Don't Repeat It

- Building an old medicine model centralized hospital is not progress- it's repeating history. Local private hospitals/treatment are stepping up in Fargo, Bismarck, Grand Forks, Dickinson, and Williston thus far. We are developing telehealth statewide, supports to local nursing homes to take geropsych patients, and responding to the Olmstead decision for less institutional care,
- Scrap the \$300+ million building an expensive facility where major tenants will be sex offenders, forensic evaluations, and geriatric psychiatric patients where the cost is over \$900 per day. This latter group are the elderly that deserve our respect by staying in community nursing homes with proper reimbursement, grandparents need to be close to their loved ones in their final years.

The present LaHaug building at the state hospital campus put in service in 1986 is just fine while other services are developed, and a smaller and less costly facility is designed if warranted.

Lastly I note the 1999 Olmstead Supreme Court decision found that unjustified segregation of people with disabilities in institutional settings is a form of discrimination under the Americans with Disabilities Act. The Supreme Court ruled that states must provide community-based services for individuals with disabilities when it is reasonable and appropriate to do so. The decision affirmed the right of people with disabilities to live in their communities rather than in institutions. It is my belief that building this state hospital of this size at best exacerbates our present status with the Department of Justice, if not creates a new violation.

I suggest we do not fund the state hospital project or at least be fiscally prudent, by waiting until the next session when we know how much progress we have made on our present investments.