

Good morning Chairman Weisz and members of the Human Service Committee. My name is Bruce Pritschet, Director of the Division of Health Facilities within the Department of Health. I am here to oppose and provide information on House Bill 1126 related to proposed changes to language within North Dakota Century Code Section 23-09.3-08.1 regarding care provided to end-of-life residents in basic care facilities.

The major changes to state law included in HB 1126, with the proposed amendments, relate to allowing the basic care facility to retain an individual in need of end-of-life services and for care to be provided to meet the individual's needs by family, individual's designee, or volunteers, as well as by facility staff, using a wrap around staffing concept. We do not support this change because we believe this jeopardizes the care and safety of the end-of-life resident as well as all other residents in the facility.

After a request from basic care facilities, a workgroup was put together to address end-of-life services in basic care. The Department of Health promulgated rules which allow basic care facilities to provide an optional end-of-life service to existing residents in the basic care facility as long as they contract with a hospice agency, provide staff education related to end-of-life care, and staff in such a manner to provide services to meet the health and safety needs of all residents. These rules became effective July 1, 2015. The rules allow the facility to keep existing residents in need of end-of-life skilled

nursing care as long as they are able to meet the health and safety needs of the resident without compromising the health and safety of other residents in the facility.

In order for a basic care facility to keep an end-of-life skilled resident, the expectation is that the facility continue to meet the care and safety needs, directly or through contract, for all residents in the facility. This means that as the resident's condition declines, additional facility staff may need to be added to meet the health and safety needs of the resident, as well as ensure that the health and safety needs of all residents in the facility continue to be met. Family members or the individual's designee can be present to sit with the resident and provide emotional support while the resident is going through the dying process with no expectation that they are the actual care provider and responsible for evacuation of their loved one in case of an emergency.

This ends my testimony and I would be glad to address any committee questions.