

**House Human Services  
Rep. Robin Weiss, Chair  
Feb. 2, 2021  
HB 1354**

Good morning, Chairman Weiss and members of the committee. My name is Maggie Seamands and I am the executive director for critical care and bed management for Sanford Health Bismarck. Thank you for the opportunity to speak with you this morning.

In my bed management role, I oversee our patient discharge process, ensuring that our patients are sent home safely or transferred to another level of care needed by the patient. We work closely with the patient and their family members to ensure smooth transitions of care. But when a patient who is unable to make decisions for themselves and he or she does not have anyone qualified to make decisions for them, patients unfortunately are left stranded in a hospital bed long after they are ready to move on. In a perfect world, the process of assigning a vulnerable individual the guardianship services they need would take a few days to a week. Currently, the process takes 30-90 days.

These situations present many challenges for the patient and the hospital. When the patient is ready for discharge, but awaiting guardianship services, the bed is not available for another patient who needs it. While the patient remains in limbo, there is no one to instruct the hospital in care decisions. Hospitals cannot employ or choose guardians directly because the guardian could be viewed as lacking the necessary independence to make decisions, as required by law.

As an example, last fall (Oct. 1) we admitted a young man who needed hospitalization and then was ready to be transferred to a more appropriate level of care. Because the family member who was making decisions for him did not have the mental capacity to do so, we applied for guardianship services Oct. 22. We were able to discharge the patient Jan. 13 to the level of care he needed, but the guardianship services were still pending. The delayed transfer is not good patient care and it's not good for the patients who were denied a hospital admission at Sanford because that bed was filled for nearly three months with an individual that did not have medical necessity. (Hospital capacity was nearly 100% for every hospital in the state in the months of October, November and December.)

There is no blame to be placed, only the recognition that we need to do a better job for these patients. Establishing guardianship is a complex challenge, complicated further by a lack of standardized processes and difficulty finding qualified guardians.

By establishing a Commission on Guardianship and state-funded guardianship services, HB 1354 addresses these barriers and takes a giant step towards more efficiently connecting vulnerable patients to the services they need. By developing competencies and training, the Commission—a group of content experts and vested policy makers—will help ensure access to guardians who are qualified to make decisions that are in the vulnerable individual’s best interest.

Thank you for your time and your consideration. I would be happy to answer any questions.

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