

2021 SENATE INDUSTRY, BUSINESS AND LABOR

SB 2226

2021 SENATE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee Fort Union Room, State Capitol

SB 2226
2/1/2021

relating to licensure of residential hospice programs

Chair Klein opened the hearing at 2:23 p.m. Members present: Senators Klein, Larsen, Burckhard, Vedaa, and Kreun. Senator Marcellais absent.

Discussion Topics:

- Definitions in bill
- Hospice end of life facilities
- Beneficiaries from end of life facilities

Senator Dever introduced the bill and testified in support and introduced amendment 21.0663.03002 as testimony #6748 [14:24].

Jennifer Clark, Legislative Council testified neutral to provide information on amendment [14:30].

Laurie Kadrmas, Bismarck Resident testified in support and submitted testimony #4349 [14:38].

Dr. Laura Archuleta testified in support and submitted testimony #4347 [14:44].

Terry Rockstad, Founder of Rockstad Foundation testified in support and submitted testimonies #4341 and #4342 [14:55].

Stephen Astrup, Regulatory and Project Counsel for Hospice of the Red River Valley testified neutral and submitted testimony #4491 [15:13].

Susanne Olson, Hospice Liaison testified neutral and submitted testimony #4545 [15:34].

Additional written testimony: 4345, 4546, 4557, 4601, 4612.

Chair Klein ended the hearing at 3:38 p.m.

Isabella Grotberg, Committee Clerk

21.0663.03002
Title.

Prepared by the Legislative Council staff for
Senator Dever

January 29, 2021

PROPOSED AMENDMENTS TO SENATE BILL NO. 2226

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact chapter 23-17.7 of the North Dakota Century Code, relating to regulation of residential end-of-life facilities; to amend and reenact subsection 1 of section 23-09-01, subsection 1 of section 50-32-01, and subdivision a of subsection 24 of section 57-39.2-04 of the North Dakota Century Code, relating to the definition of assisted living facility and to a sales tax exemption for sales made to an eligible facility; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 1 of section 23-09-01 of the North Dakota Century Code is amended and reenacted as follows:

1. "Assisted living facility" means a building or structure containing a series of at least five living units operated as one entity to provide services for five or more individuals who are not related by blood, marriage, or guardianship to the owner or manager of the entity and which is kept, used, maintained, advertised, or held out to the public as a place that provides or coordinates individualized support services to accommodate the individual's needs and abilities to maintain as much independence as possible. An assisted living facility in this chapter includes a facility that is defined as an assisted living facility in any other part of the code. An assisted living facility does not include a facility that is a congregate housing facility, licensed as a basic care facility, or licensed under chapter 23-16 ~~or chapter 25-16, chapter 23-17.7,~~ or section 50-11-01.4.

SECTION 2. Chapter 23-17.7 of the North Dakota Century Code is created and enacted as follows:

23-17.7-01. Definitions.

As used in this section, unless the context and subject matter otherwise require:

1. "Department" means the state department of health.
2. "Hospice patient" has the same meaning as provided under section 23-17.4-01.
3. "Hospice program" has the same meaning as provided under section 23-17.4-01.
4. "Hospice services" has the same meaning as provided under section 23-17.4-01.
5. "Residential end-of-life facility" means a freestanding facility that provides twenty-four hour residential and support services in a home-like setting for

no more than twelve hospice patients receiving hospice services from a third-party hospice program.

23-17.7-02. License required.

A person may not conduct, maintain, or operate a residential end-of-life facility in this state without a license issued by the department under this chapter. A licensed residential end-of-life facility is not a hospital, skilled nursing home, intermediate care facility, nursing facility, assisted living facility, home health agency, or hospice program.

23-17.7-03. License issuance and renewal - Evaluation and inspection - Rules.

1. Upon receipt of an initial or renewal license application on forms established by the department, the department or the department's authorized representative shall evaluate and inspect the residential end-of-life facility. The department shall issue or renew a license for an applicant that submits a complete application, submits the appropriate fee, and meets the minimum requirements of this chapter.
2. In consultation with stakeholders, the state health council shall adopt rules:
 - a. For the application, issuance, and renewal of a license under this chapter;
 - b. Establishing minimum standards for licensure of a residential end-of-life facility; and
 - c. Establishing the fee for issuance of a license and renewal of a license of a residential end-of-life facility.

23-17.7-04. Denial, suspension, or revocation of license.

The department may deny, suspend, or revoke the license of a residential end-of-life facility for noncompliance with this chapter or rules adopted under this chapter in accordance with the administrative hearings provisions of chapter 28-32.

SECTION 3. AMENDMENT. Subsection 1 of section 50-32-01 of the North Dakota Century Code is amended and reenacted as follows:

1. "Assisted living facility" means a building or structure containing a series of at least five living units operated as one entity to provide services for five or more individuals who are not related by blood, marriage, or guardianship to the owner or manager of the entity and which is kept, used, maintained, advertised, or held out to the public as a place that provides or coordinates individualized support services to accommodate the individual's needs and abilities to maintain as much independence as possible. An assisted living facility does not include a facility that is a congregate housing facility, licensed as a basic care facility, or licensed under chapter 23-16 ~~or~~ chapter 25-16, chapter 23-17.7, or section 50-11-01.4.

SECTION 4. AMENDMENT. Subdivision a of subsection 24 of section 57-39.2-04 of the North Dakota Century Code is amended and reenacted as follows:

- a. "Eligible facility" means any hospital, skilled nursing facility, intermediate care facility, residential end-of-life facility, or basic care facility licensed by the state department of health, or any assisted living facility licensed by the department of human services; and

SECTION 5. EFFECTIVE DATE. Section 4 of this Act is effective for taxable events occurring after June 30, 2021."

Renumber accordingly

Testimony of Laurie Kadrmas
SB 2226
Senate Industry, Business and Labor Committee
Bismarck, North Dakota – February 1, 2021

Thank you, Chairman Klein and members of the Senate Industry, Business and Labor Committee for this opportunity to provide testimony on behalf of Senate Bill 2226. My name is Laurie Kadrmas, and I'm a Bismarck resident. End-of-life care is dear to my heart because of my family's experience, which I will now share.

In 2000, my 46-year-old brother Terry was living alone in Tampa Bay, Florida when his cancer advanced requiring additional surgeries and aggressive treatment. As his treatment took its toll, I tried to support and provide care from a distance. And, when possible, I flew back and forth between North Dakota and Florida to be with him.

I am retired now, but at the time I was juggling Terry's care with a busy full-time Human Resources management position, and just newly married. Within a few months the distance and travel were a challenge, and Terry agreed and decided to relocate back home to North Dakota to live in my husband's and my home in Bismarck. We flew home together, and a moving company transported his belongings from Tampa Bay to my home.

We received help from hospice caregivers while Terry was living with us. The hospice staff were very helpful in guiding us in his care, talking to us about Terry's end-of-life journey, and helping us explain the process to his nephew and our young nieces.

Terry lived with us for seven months, until it became clear that the level of care he needed was increasing to a level I could no longer provide. Near the end of his time in our home, I was sleeping on the floor of his room so I would be close if he needed anything in the middle of the night. Unfortunately, at that time the hospice staff were stretched very thin and they were not able to provide 24/7 care.

Two weeks before he passed, we moved my brother to a hospital. It was a very hard decision. I know he was upset that he had to leave our home. That is something that still makes me sad 20 years later. If a homey, residential end-of-life facility had been available in Bismarck in 2001, I would have gladly moved my brother there for those final two weeks because I know he would have been more comfortable, and our family could have stayed with him whenever we wanted during those final days.

I am so grateful though that I was able to share our home with Terry during his last months. I am also thankful that our parents, other family members and his friends had the opportunity to visit Terry anytime they wanted within the comfort of our home. In addition, I'm so pleased my husband was able to get to know his brother-in-law better and spend time together.

However, not everyone has family members who are able to provide round-the-clock end-of-life care for their loved ones. In fact, our parents were not in a position to care for Terry in their home, so I feel very fortunate that I live in a home that could accommodate him. My employer was also very understanding about my family's situation. But, not everyone is as blessed.

North Dakotans need another option when it comes to choosing where they'll spend their final days. I know my brother would have preferred to remain in a home setting rather than be hospitalized at the end of his life. But that wasn't an option for him back then, and I didn't have the ability to honor his wish. But it could be an option for North Dakotans in 2021.

Please support the creation of a new chapter of code in Senate Bill 2226 to permit residential end-of-life facilities. North Dakota needs another option for kind and dignified end-of-life services, beyond the choice – die at home or in a non-home setting.

Thank you, Chairman Klein, and the members of the Senate Industry, Business and Labor Committee for hearing my testimony today.

Testimony of Dr. Laura Archuleta Testimony
SB 2226
Senate Industry, Business and Labor Committee
Bismarck, North Dakota – February 1, 2021

Introduction

Chairman Klein and members of the Senate Industry, Business and Labor Committee. My name is Dr. Laura Archuleta, and I am here as an individual to ask you to support SB 2226, which will enable North Dakota to have residential end-of-life facilities. As a medical director for a hospice program, I have the privilege to work with individuals who have a terminal illness by educating them on palliative medicine as well as the beauty of hospice care. Because of my unique background serving North Dakota's terminally ill patients in communities located in and around Bismarck, Dickinson, Williston, and Valley City, I appreciate the opportunity to speak positively on behalf of this bill, as by doing so I am advocating for North Dakota's aging population.

Giving North Dakotans the option of a residential end-of-life facility could greatly impact patients' quality of life and provide them with the dignity they deserve during end-of-life care. During my testimony I will illustrate just how important a residential end-of-life facility is to the continuum of care for North Dakota residents by sharing three patient stories – stories that have touched my heart and have kept me awake at night knowing how different their end-of-life experience could have been.

Real People a Residential End-of-Life Facility Could Have Helped

First, I will introduce you to Elizabeth. She was a 52-year-old female with stage IV lung cancer which spread to her brain. Because of the brain metastases, she had seizures and increased confusion, and her disease progressed despite treatment. After discussion with her doctors, she decided the side effects of treatment were worse than the underlying disease itself. She wanted to stop treatment and enjoy the time she had left making memories with her children and grandchildren. Elizabeth was single with three children in their twenties, and four grandchildren. All three of her children work full-time to support their own families. Elizabeth was physically strong enough to take care of herself, go out on day trips, and live a relatively full life. However, because of her brain metastases, and the way it advanced, she did need 24-hour care. At age 52, she was young and active enough that she hated the idea of being "trapped" in a

nursing home. She moved in with her son and had other family piece together caregiving, but it created significant emotional and financial burdens on them. Elizabeth was adamant that she **DID NOT** want to die in her son's home because she did not want her grandchildren to face those memories every time they went into her room. At the end of life, when her family was no longer able to care for her, she was admitted to the hospital and died there. If we had a residential end-of-life facility, Elizabeth would have had the help she needed, but would have been able to come and go with family and friends as she wanted while she was still well enough to do so. She would have had expert care 24 hours a day, trained to meet her needs near end-of-life. Her family could have focused on building memories and a legacy for her instead of experiencing the stress and anxiety they had from being her caregivers.

Next, I want to introduce you to David, who was a 68-year-old gentleman with stage IV colon cancer. He was in and out of the hospital several times for abdominal obstruction due to his tumor. However, he was not a good candidate for surgery, and he was not able to complete additional cancer-directed therapies. So, he chose comfort care. Because of his obstruction, he had a stomach tube which used wall suction, and he was on a continuous IV infusion for pain. His wife had early dementia and could not handle his complex caregiving needs at home, and his children were unable to provide in-home caregiving as well. His only option was a nursing home. He was very angry at the idea of going to a nursing home and made his family promise they would not, "Put him in a home." At the same time, nursing homes were hesitant to accept him because of the level of care he needed, even with the hospice program's assistance. Unfortunately, we were unable to find an appropriate placement for David, and he passed away in the hospital. I'll never forget his last wish, which was to be able to sit on his back deck with a cup of coffee and enjoy the flowers and birds in his backyard. He never had the opportunity to do that. Now, granted, a residential end-of-life facility would not have been the same; but it would have given him a private, home environment where he could have spent his final days receiving the care he needed. He would have had a chance to have that cup of coffee and enjoy the flowers and birds in his new backyard.

Conclusion

For the past 11 years, I have specialized in helping North Dakota's aging and terminally ill population. This calling has been with me since I was a little girl because of my grandparents, and the vastly different end-of-life experiences they each had, which is my third story. My grandfather spent his last weeks hospitalized, surrounded by medical equipment in an institutional

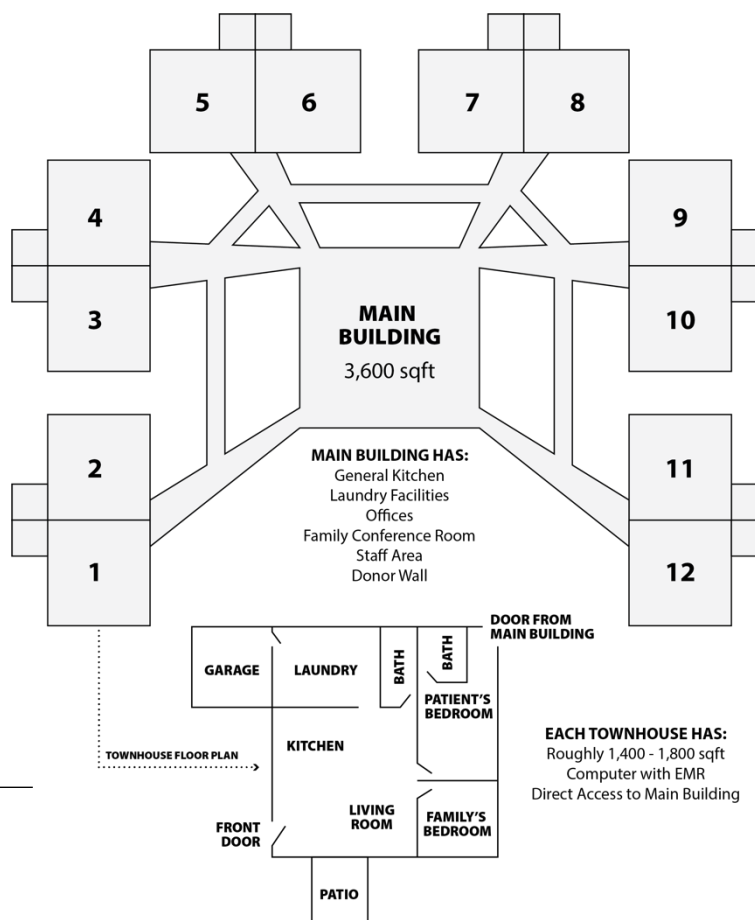
room. When I look at pictures of his final day, I see his dull and lifeless eyes, and a spirit that left prior to his passing. On the flip side, my grandmother had the opportunity to receive hospice in her home, in which she was surrounded by her children, grandchildren and all the laughter that ensued as we shared family stories. Pictures of her last days show her eyes bright, and she has a sense of peace that was present up until she took her last breath. I want my future patients who are unable to receive hospice in their home to have a choice of living in a residential end-of-life facility, where they can have a true home experience. That's the next best alternative to being at home, in my humble and professional opinion.

Chairman Klein, and the members of the Senate Industry, Business and Labor Committee, I thank you for your time and for hearing my testimony today.

What is Gaia Home?

- Gaia Home will be residential homes in which 24-hour end-of-life care is provided in a quiet, home setting.
- Staffed by RNs, LPNs and CNAs, it will feature a community of 12 private twin homes for Gaia Guests and their loved ones to call home, while they receive loving, supportive care, and are nurtured through the end-of-life journey.
- The intent is to not encroach on nursing homes, assisted living facilities or hospitals by taking their patients. The goal is to provide another end-of-life solution for ND residents.

Gaia Home Building Vision



Who Will Benefit from Gaia Home?

- People who need hospice but have limiting factors which make it difficult or impossible to receive hospice services at home, and who want to be in a private home setting.
- Families who want to honor a loved one's wish of being in a home setting during life's final season but are unable to provide that support in their loved one's home.
- Families who need relief care for longer than the five-day respite benefit.
- Those who cannot afford the private pay option will benefit from compassionate care funds via an endowment as we raise resources through our Gaia Giving Campaign.
- Hospice patients whose home is no longer a viable option but desire a home setting. It is a "home away from home."





Why Gaia Home is Needed

- There is no true home setting that only serves those who need end-of-life care.
- There is no private home setting for those who seek hospice services and are unable to receive hospice care in their home.
- Gaia Home offers a true home experience and is the next best option from receiving end-of-life care in your home.
- It fills a gap in the continuum of care for families who need assistance longer than the five-day respite period.



How is Gaia Home Different?

- Gaia Home will open its homes to licensed hospice providers so they can offer this true home setting with 24-hour supportive care to their patients.
- Gaia Guests can receive hospice services from a licensed hospice provider of their choosing, and Gaia caregivers will collaborate with hospice providers to ensure the goals and priorities of the patients and families are met.
- Every Gaia Guest will receive personalized care 24 hours a day, seven days a week, with a significantly low guest to caregiver ratio.
- Family members can live with their loved one and spend quality time making lasting memories as Gaia caregivers relieve families of the many difficult caretaking tasks.
- Qualified volunteers are critical to our mission as they will assist Gaia Guests and their families by providing extra support so families can enjoy the remaining time they have together.



Terry Rockstad Testimony

SB 2226 – Residential End-of-Life Facilities Senate Industry, Business & Labor February 1, 2021, 2:15pm

Chairman Klein and members of the committee, my name is Terry Rockstad, Founder of the Rockstad Foundation, and I am here to testify in support of SB 2226, which would add a new option for hospice patients by creating a licensure for residential end-of-life facilities.

Before me you have heard some compelling stories of how this facility will fill a needed gap in North Dakota. A residential end-of-life facility has been a dream of mine and the Rockstad Foundation since 2014. I have had many friends of all ages who have experienced hospice care. For some, it was a blessing to be able to provide hospice in their loved-one's home. However, I have seen first-hand many friends suffer from the stress and anxiety of becoming a loved one's primary caregiver; and the grief they experience each time they pass by the room in which their loved one died. I also know many people who struggle from the guilt of not being able to honor their loved one's wish of being in a home during end of life, and eventually pass in an institutional setting surrounded by strangers instead of family. This is especially evident during this COVID-19 pandemic. And finally, my heart breaks for those who simply do not have a family member or friend who is capable to provide the care needed when end of life is near.

Today I want to address: 1) What a residential end-of-life facility is, 2) Why it is needed, 3) Who it will benefit, and 4) Insight to our financial projections to make this a reality.

1) First, What a Residential End-Of-Life Facility Is. North Dakota's existing hospice provider licensure allows for facilities to be built and operated. However, if a for-profit or non-profit entity would like to build the facility only and partner with a provider or multiple providers, there is no licensure available. While exploring this concept, we visited with multiple employees from the Department of Health to find a fit under existing Century Code. We exhaustively searched under Basic Care, Home Health, Hospice and elsewhere without success. We then met with

employees from the Department of Human Services to find a fit under current laws of Nursing Homes, Assisted Living or Adult Foster Care without further success. Throughout all of our conversations, it became evident that we do not fit under any of these codes and need to be in an independent chapter under the Health Department. This proposed language defines a residential end-of-life facility licensure and subsequently establishes administrative rules that will detail the life safety requirements.

It is critical to understand that the Rockstad Foundation does not have a preference as to the specific language or the department of which this would be regulated. In fact, if your opinion is that this type of facility doesn't need to be licensed, we only would ask that law would be enacted to state that we can exist without licensure. Our only objective is to create confidence to the public that this is a safe facility for loved ones who are vulnerable adults.

To take you inside this proposed facility, individuals could receive hospice services from a licensed hospice provider of their choosing, and facility staff would collaborate with hospice providers to ensure the goals and priorities of the patients and families are met. The facility would specialize in providing 24-hour end-of-life care by qualified, dedicated staff and volunteers. These homes are staffed by RNs, LPNs, and CNAs who provide personalized supportive care 24 hours a day, seven days a week, with a significantly low guest to caregiver ratio – often 1 caregiver to every 3 or 4 guests.

Some comparable facilities across the nation are larger facilities with eight to 12 private rooms, while others are single family or twin homes with one or two individuals receiving care. There are often rooms available for families to stay while others have the capability for the family members to live with their loved one. The residential end-of-life facility employees and volunteers take care of the family members' caregiving tasks, cook meals and provide light cleaning, so families can solely focus on spending quality time and making lasting memories with their loved one.

2) Why Residential End-of-Life Facilities are Needed. I want to highlight some of the research our Foundation has done of why these facilities are needed:

1. North Dakota's population of 65 or older use hospice services the most. They are currently 22% of the state's population and that number will increase by 11% in the next 10-15 years. (CensusReporter.org.)
2. From 2016 through 2018, beneficiaries who received hospice care under Medicare Part A increased by 65% (Great Plains Quality Innovation Network).
3. There is currently no true home setting in North Dakota where 24-hour supportive care is provided for those who seek hospice services and are unable to receive care in their home.

3) Who Will Benefit from a Residential End-of-Life Facility? This type of home can fill gaps in the continuum of care. Those who will benefit include:

- People who need hospice services but have limiting factors which make it difficult or impossible to receive hospice services at home, and who wish to be in a home setting. This being said, it is not the intention to move or recruit an individual that is in a nursing home or assisted living who does not want to move.
- Families who want to honor a loved one's wish of being in a home during life's final season but are unable to provide that support in their loved one's home.
- Families who need relief care for longer than the five-day Medicare/Medicaid Hospice respite benefit. Five days just isn't long enough for some families; but if a loved one moves into a residential end-of-life facility, those families can get the relief they need.
- Hospice patients whose home is no longer a viable option but desire a home setting. It's a "home away from home."

4) Insight to the Financial Costs of Making a Residential End-of-Life Facility

Finally, I want to share a bit of how we see this facility through a financial lens. The intent of the Rockstad Foundation is to create a separate non-profit entity and to build a 100% privately funded and licensed end-of-life facility that is opened to ND Hospice providers so they can offer this true home setting with 24-hour supportive care to their patients. You may be asking why not just become licensed and become another hospice service provider? The answer is simple: Our interest is not to encroach upon established hospice programs that provide wonderful hospice care—

our interest is to supplement with a facility and let the service providers do what they do best.

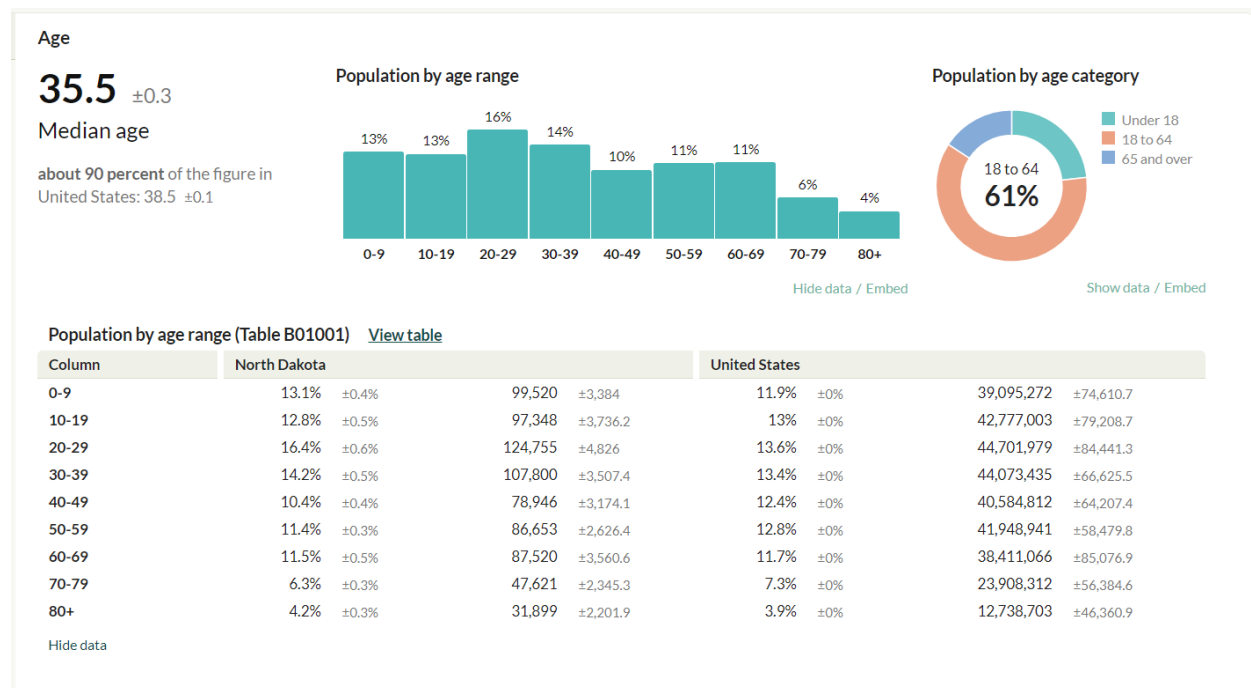
It is currently estimated that a \$35 million campaign is needed to build the 12 twin-home facility in Bismarck, fund initial operations, and to begin an endowment that will provide compassionate care funds for those who can't afford private pay. Currently, \$3.5 million has been committed thus far. Once legislation is passed, a capital campaign would kick off and construction would begin when the funds have been secured.

Based upon a successful campaign and initial projections, the facility would open in 2025 and 35% of the guests, or 84-139 people on an annual basis could have 100% of the costs defrayed in year one, and for the next 13 years without ANY additional donations. An initial business plan currently details that private funds will aim to subsidize the cost of the care, so the private pay component is only \$500 per day, which is the market rate for comparable facilities in other states. According to 2018 data, the median length-of-stay for individuals on hospice care in the Bismarck region is 11 days, therefore a family could expect an estimated cost of up to \$5,500. However, the overall goal is to grow the endowment to continue to push down the costs so eventually all guests are fully fund.

Finally, I want to leave you with what I have learned throughout this journey of researching and learning about hospice care. It is not the last step before dying—it is about giving individuals and families the ability to have dignity in the last phases of life —and we want to be part of making the last days comfortable and easier. I will show a short video of our vision. Thank you and I will stand for any questions after the video.

For Reference Only

Video explaining Residential End-of-Life Facilities: <https://youtu.be/nADQydzNI1I>



<https://censusreporter.org/profiles/04000US38-north-dakota/>

TESTIMONY
SENATE BILL 2226 – HOSPICE OF THE RED RIVER VALLEY
SENATE INDUSTRY, BUSINESS AND LABOR COMMITTEE
SENATOR JERRY KLEIN, CHAIRMAN
FEBRUARY 1, 2021

Chairman Klein and distinguished members of the Senate Industry, Business and Labor Committee, for the record my name is Stephen P. Astrup, Regulatory and Project Counsel for Hospice of the Red River Valley (“HRRV”). I am here today to provide testimony offering information related to hospice and hospice care. As to the Proposed Amendment to Senate Bill 2226, our organization, HRRV, remain neutral.

HRRV is a nonprofit community-based hospice that serves patients in both North Dakota and northwestern Minnesota, covering an area of more than 40,000 square miles. As an organization, we are committed to providing quality care to our patients at the right time and in the right place. We are a certified hospice program by the Centers for Medicare and Medicaid Services and licensed by the North Dakota Department of Health. As a certified and licensed hospice program, we must provide all care related to a patient’s terminal condition, including nursing services, case management, medication management, and medical equipment coordination. Beyond these medical services, we also provide bereavement services, chaplaincy/spiritual services, social services, hospice aide services, and coordinate a staff of volunteers.

While hospice utilization varies across the United States, North Dakota continually ranks near the bottom. Together with our North Dakota Hospice and Palliative Care Organization partners, we have worked tirelessly to reduce health disparities in North Dakota as it relates to hospice care and services.

Over the past decade or more, our hospice patient population has changed drastically. We are now serving more individuals residing in nursing homes and assisted living facilities – in addition to our traditional home-based populations. We serve patients and families across North Dakota’s comprehensive continuum of care and support patients and families right of choice – including where a patient wishes to call home. Additionally, hospice organizations must be fiercely protective of the quality of care they are providing to patients. Advancing legislation allowing the operation of a residential end-of-life facility requires hospice stakeholders to thoroughly understand the rules and regulations necessary for the operation of a facility of this type. It is necessary North Dakota hospice organizations are provided the opportunity to assist in the development of the rules and regulations governing residential end-of-life facilities to ensure the safety of patients, and quality of care the patients are receiving.

This concludes my testimony. I am happy to answer any questions you may have.

Testimony in SUPPORT of SB 2226
Related to the Amendment to Senate Bill 2226
House Committee on Industry, Business and Labor

February 1, 2021 • ND State Capitol

SuAnn Olson

5star@bektel.com • cell: 701.220.0907 • home: 701.258.3887

Baldwin, ND

Chairman Klein and members of the Industry, Business and Labor committee. I urge you to support and pass the amended version of SB 2226, which will authorize a new option for North Dakota families facing end of life dilemmas. Currently, there are limited homey options for those who may be receiving hospice care or who would qualify for hospice care except that for various reasons their own home isn't suitable or accessible or they lack family caregivers who can assist with the daily care needs of their loved ones. My own father is someone who could have benefited from such a facility. All the bedrooms in his farm home were on the second floor. When he became quite infirm just before he died, the only solution for him was a hospital bed in the living room because he couldn't make it up the stairs. The small home made it difficult for his children to come from some distance to help. How wonderful it would have been to have a facility where he could have gone that lifted the burden off his wife and made it easier for his children to visit and say their goodbyes.

Many individuals in this situation are the elderly and often their needs are beyond what their elderly household member can supply. Creating a new statute that allows for a separate facility that can provide a peaceful home-like experience to those facing the end of their life is a concept that is much needed in our state.

I respectfully request that you support and pass SB 2226.

Thank you.

**Testimony in SUPPORT of SB 2226
Related to the Amendment to Senate Bill 2226
House Committee on Industry, Business and Labor**

February 1, 2021 • ND State Capitol

Submitted by Cheryl Kary, Ph.D.

Sacred Pipe Resource Center

Cheryl@sacredpipe.net • 701.426.1315

Chairperson Klein and members of the Committee:

My name is Cheryl Kary and I am the Director of the Sacred Pipe Resource Center, a local non-profit serving the American Indian population in Bismarck and Mandan.

I would like to offer this written testimony in support of SB 2226, relating to regulation of residential end-of-life facilities. I have had the opportunity to review the Gaia Home model, the development of residential homes in which 24-hour end-of-life care is provided in a quiet, home setting, and I am in full support of this option for those contemplating end-of-life care decisions.

It is easy to see the need that this model fills for family-based and culturally-competent options. As a Native-serving organization, we see the gaps in services in so many programs and services that do not take into account the need for including extended family, providing strong family supports, and making room for cultural ways of being. This model not only provides for all of those options, it also takes into account the need for physical facilities that reflect the human need for connection and support. We support this option as well because it does not seek to supplant any current options but rather seeks to enhance the continuum of services available for individuals and families going through very difficult times of life.

We encourage your support of this Amendment that paves the way for the Gaia Home, and potentially other organizations as well, to enhance the continuum of services in a culturally-appropriate and compassionate manner.

Testimony in SUPPORT of SB 2226
Related to the Amendment to Senate Bill 2226
House Committee on Industry, Business and Labor

February 1, 2021 • ND State Capitol
Chad Wachter
Investcore, Inc.
cw@investcore.com • cell: 701.319.5000
Bismarck, ND

Chairman Klein and members of the Industry, Business and Labor committee. I am happy to offer written testimony in support of the amended version of SB 2226, which will create and enact a new chapter of Century Code that establishes a new licensure for a residential end-of-life facility, licensed by the Health Department.

My lifelong passion has been real estate. I find deep pleasure in developing new communities in which homes are at the core as a home has a way of holding many life experiences and allowing for many memories to be made by those who live there.

Throughout my life I have had several experiences with friends and family receiving hospice care. To me the beauty of hospice care is when it can be offered in a person's life-long home, in which they are continually surrounded by their family and friends. However, I have also known people in which receiving hospice services in their home is not an option, and the only choice left for them is to be in a place that does not at all resemble a home to them.

Currently there is no other home option for people in the state in which their family can live with them as they can receive 24-hour end-of-life care. Therefore, I urge you to support passing the amended version of SB 2226, creating a new option that will allow a homier choice for people, in which they can make final lasting memories with their loved ones.

DA: Monday, January 25, 2021

TO: ND Legislators

RE: Residential End-of-Life Facility

Please accept this letter of support for the concept of the Residential End-of-Life Facility, which would provide twin homes with 24-7 supportive care for hospice patients and their families who are receiving hospice services from a hospice provider.

Our mother recently passed. She wanted very much to stay in her home where she could eat meals alone, have family and friends over, have more peace and quiet to rest, etc. Towards the end, however, she needed 24-hour supportive care which we could not provide due to jobs, etc. We would have appreciated an Residential End-of-Life Facility as a possibility.

Please favorably consider changes to ND Century Code to allow this option as there is currently a gap in care services for individuals such as our mother.

Sincerely,

Rena Hoffmann Walker
1847 Harding Place
Bismarck, ND 58501
renaehoffmannwalker@gmail.com
701-527-4611

Teri Halverson
1831 N. 23rd St.
Bismarck, ND 58501
th Alverson@metroplains.com
701-223-0172

Dawn Brady
4101 Montreal St. #108
Bismarck, ND 58503
Dm_brady@yahoo.com
701-934-3779

Cc: kilee@rockstadfoundation.org

**Testimony in SUPPORT of SB 2226
Related to the Amendment to Senate Bill 2226
House Committee on Industry, Business and Labor**

February 1, 2021 • ND State Capitol

Submitted by Julie Schwab, MSNA, MGMT, PMP

HealthTech Solutions

julie.schwab@healthtechsolutions.com • 701.226.0843

Julie Schwab Testimony

Chairperson Klein and members of the Committee:

My name is Julie Schwab, and health care is my experience and expertise. Today I offer written testimony in support of SB 2226.

Throughout my 30+ years in the health care industry, I have served as a RN, as an administrator, as a consultant, as an executive director of an Accountable Care Organization (ACO), a palliative care clinic director, and as a past Director of Medical Services for the ND Department of Human Services. I have great skill in care coordination, population health, palliative care, operational management, and community-based services. Currently I am a consultant working to help broaden the services for social determinants of care across the upper Midwest.

Due to my extensive background, I see many gaps in the continuum of care in which residential end-of-life facilities can fill. The three I view to be the most important are:

1. Giving more people, especially those outside of hospice service areas, access to hospice care;
2. Provide those who do not have caregiver support at home a home option; and,
3. Offering a less restrictive option to receive end-of-life care for North Dakota residents.

By enacting the amended version of SB 2226, people who are outside of hospice service areas could move with their family members to live in a residential end-of-life facility and receive hospice services from their chosen hospice provider. The facility caregivers would collaborate with the hospice provider to ensure the goals and priorities of the patient and family are met. In addition, because 24-hour supportive care would be provided by the facility caregivers, family members could spend quality time, making lasting memories with their loved one, without having to worry about providing the difficult care that may be required.

Then there are individuals who want to remain in a home setting who need hospice services but have limiting factors which make it difficult or impossible to receive hospice services in their life-long home. For these individuals, having a place that is a true home setting in which 24-hour end-of-life care is provided, would ensure their final days are met with dignity and compassion.

Lastly, residential end-of-life facilities offer North Dakotans an option that is currently not available to them. The premise of these facilities is to truly offer a home away from home experience, allowing their guests to have the freedom to live the way they want as they receive end-of-life care. Guests will retain their identity and dignity as they experience the final season of their life.

I encourage your support of the amended version of SB 2226, giving North Dakotans another option for their end-of-life care.

**Testimony in SUPPORT of SB 2226
Related to the Amendment to Senate Bill 2226
House Committee on Industry, Business and Labor**

February 1, 2021 • ND State Capitol

Wally Goulet

Wally.goulet@gmail.com • 701.471.2522

Bismarck

Dear North Dakota Senate Committee: **I am writing today in support of Senate Bill 2226** as I have lived through the benefits that similar facilities to Residential End-of-Life Facilities provided my mother in Arizona.

My mother at 92 years of age had clear mental faculties but physically she was suffering from terminal congestive heart failure and required 24/7 care for ambulation, bathing and bowel movements that **became beyond our family's caregiving ability to provide** at her home as they ultimately became exhausting and awkward to provide. In the facility she helped us choose, for what turned out to be her final three months of life, we could visit with her daily without the responsibilities of all the health care tasks associated with her daily needs. It was a relief to my mother and our family that we had this option for her final months of life. The staff of the facility, in concert with her previous hospice providers, were able to provide all the necessary services giving us all confidence we had made **the right choice for all involved**. We also enjoyed the fact that Mother had more options when facing the last days of her life than just having the option of moving into an institutional-like setting. The facility she chose had the look and feel of a large residential home that fit in well in a residential part of Scottsdale. She did not desire to move into a nursing home, so her choice gave her many of the comforts, amenities, assurances, and dignities of her own home. This choice was a much less restrictive environment than would have been available in hospitals or nursing homes. Best of all we had almost an unrestricted access to visiting her.

I fully **support the forward-thinking plan of the Rockstad Foundation** in its desire to create similar end-of-life residential facilities in North Dakota. My support for such facilities is certainly buoyed by my family's experience in Arizona. **It would be my hope that the legislature of North Dakota enact legislation that would provide for licensing and rules for the opportunity to move forward with the creation of such residential end-of-life facilities.**

Thank you for your consideration.

2021 SENATE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee Fort Union Room, State Capitol

SB 2226
2/2/2021

relating to licensure of residential hospice programs

11:07 AM

Chair Klein opened the hearing at 11:07 a.m. All members were present. Senators Klein, Larsen, Burckhard, Vedaa, Kreun, and Marcellais.

Discussion Topics:

- Intent of hospice programs

Senator Vedaa moved a DO PASS on amendments 21.0663.03002 [11:12].

Senator Burckhard seconded the motion [11:12].

[11:13]

Senators	Vote
Senator Jerry Klein	Y
Senator Doug Larsen	Y
Senator Randy A. Burckhard	Y
Senator Curt Kreun	Y
Senator Richard Marcellais	Y
Senator Shawn Vedaa	Y

Motion passed: 6-0-0

Senator Vedaa moved DO PASS AS AMENDED [11:13].

Senator Burckhard seconded the motion [11:13].

[11:13]

Senators	Vote
Senator Jerry Klein	Y
Senator Doug Larsen	Y
Senator Randy A. Burckhard	Y
Senator Curt Kreun	Y
Senator Richard Marcellais	Y
Senator Shawn Vedaa	Y

Motion passed: 6-0-0

Senator Vedaa will be the carrier [11:14].

Chair Klein closed the meeting at 11:19 a.m.

Isabella Grotberg, Committee Clerk

January 29, 2021

SK 203

PROPOSED AMENDMENTS TO SENATE BILL NO. 2226

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact chapter 23-17.7 of the North Dakota Century Code, relating to regulation of residential end-of-life facilities; to amend and reenact subsection 1 of section 23-09-01, subsection 1 of section 50-32-01, and subdivision a of subsection 24 of section 57-39.2-04 of the North Dakota Century Code, relating to the definition of assisted living facility and to a sales tax exemption for sales made to an eligible facility; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 1 of section 23-09-01 of the North Dakota Century Code is amended and reenacted as follows:

1. "Assisted living facility" means a building or structure containing a series of at least five living units operated as one entity to provide services for five or more individuals who are not related by blood, marriage, or guardianship to the owner or manager of the entity and which is kept, used, maintained, advertised, or held out to the public as a place that provides or coordinates individualized support services to accommodate the individual's needs and abilities to maintain as much independence as possible. An assisted living facility in this chapter includes a facility that is defined as an assisted living facility in any other part of the code. An assisted living facility does not include a facility that is a congregate housing facility, licensed as a basic care facility, or licensed under chapter 23-16-~~or, chapter~~ 25-16, chapter 23-17.7, or section 50-11-01.4.

SECTION 2. Chapter 23-17.7 of the North Dakota Century Code is created and enacted as follows:

23-17.7-01. Definitions.

As used in this section, unless the context and subject matter otherwise require:

1. "Department" means the state department of health.
2. "Hospice patient" has the same meaning as provided under section 23-17.4-01.
3. "Hospice program" has the same meaning as provided under section 23-17.4-01.
4. "Hospice services" has the same meaning as provided under section 23-17.4-01.
5. "Residential end-of-life facility" means a freestanding facility that provides twenty-four hour residential and support services in a home-like setting for

no more than twelve hospice patients receiving hospice services from a third-party hospice program.

23-17.7-02. License required.

A person may not conduct, maintain, or operate a residential end-of-life facility in this state without a license issued by the department under this chapter. A licensed residential end-of-life facility is not a hospital, skilled nursing home, intermediate care facility, nursing facility, assisted living facility, home health agency, or hospice program.

23-17.7-03. License issuance and renewal - Evaluation and inspection - Rules.

1. Upon receipt of an initial or renewal license application on forms established by the department, the department or the department's authorized representative shall evaluate and inspect the residential end-of-life facility. The department shall issue or renew a license for an applicant that submits a complete application, submits the appropriate fee, and meets the minimum requirements of this chapter.
2. In consultation with stakeholders, the state health council shall adopt rules:
 - a. For the application, issuance, and renewal of a license under this chapter;
 - b. Establishing minimum standards for licensure of a residential end-of-life facility; and
 - c. Establishing the fee for issuance of a license and renewal of a license of a residential end-of-life facility.

23-17.7-04. Denial, suspension, or revocation of license.

The department may deny, suspend, or revoke the license of a residential end-of-life facility for noncompliance with this chapter or rules adopted under this chapter in accordance with the administrative hearings provisions of chapter 28-32.

SECTION 3. AMENDMENT. Subsection 1 of section 50-32-01 of the North Dakota Century Code is amended and reenacted as follows:

1. "Assisted living facility" means a building or structure containing a series of at least five living units operated as one entity to provide services for five or more individuals who are not related by blood, marriage, or guardianship to the owner or manager of the entity and which is kept, used, maintained, advertised, or held out to the public as a place that provides or coordinates individualized support services to accommodate the individual's needs and abilities to maintain as much independence as possible. An assisted living facility does not include a facility that is a congregate housing facility, licensed as a basic care facility, or licensed under chapter 23-16-~~or~~, chapter 25-16, chapter 23-17.7, or section 50-11-01.4.

SECTION 4. AMENDMENT. Subdivision a of subsection 24 of section 57-39.2-04 of the North Dakota Century Code is amended and reenacted as follows:



- a. "Eligible facility" means any hospital, skilled nursing facility, intermediate care facility, residential end-of-life facility, or basic care facility licensed by the state department of health, or any assisted living facility licensed by the department of human services; and

SECTION 5. EFFECTIVE DATE. Section 4 of this Act is effective for taxable events occurring after June 30, 2021."

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2226: Industry, Business and Labor Committee (Sen. Klein, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2226 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact chapter 23-17.7 of the North Dakota Century Code, relating to regulation of residential end-of-life facilities; to amend and reenact subsection 1 of section 23-09-01, subsection 1 of section 50-32-01, and subdivision a of subsection 24 of section 57-39.2-04 of the North Dakota Century Code, relating to the definition of assisted living facility and to a sales tax exemption for sales made to an eligible facility; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 1 of section 23-09-01 of the North Dakota Century Code is amended and reenacted as follows:

1. "Assisted living facility" means a building or structure containing a series of at least five living units operated as one entity to provide services for five or more individuals who are not related by blood, marriage, or guardianship to the owner or manager of the entity and which is kept, used, maintained, advertised, or held out to the public as a place that provides or coordinates individualized support services to accommodate the individual's needs and abilities to maintain as much independence as possible. An assisted living facility in this chapter includes a facility that is defined as an assisted living facility in any other part of the code. An assisted living facility does not include a facility that is a congregate housing facility, licensed as a basic care facility, or licensed under chapter 23-16-~~or, chapter~~ 25-16, chapter 23-17.7, or section 50-11-01.4.

SECTION 2. Chapter 23-17.7 of the North Dakota Century Code is created and enacted as follows:

23-17.7-01. Definitions.

As used in this section, unless the context and subject matter otherwise require:

1. "Department" means the state department of health.
2. "Hospice patient" has the same meaning as provided under section 23-17.4-01.
3. "Hospice program" has the same meaning as provided under section 23-17.4-01.
4. "Hospice services" has the same meaning as provided under section 23-17.4-01.
5. "Residential end-of-life facility" means a freestanding facility that provides twenty-four hour residential and support services in a home-like setting for no more than twelve hospice patients receiving hospice services from a third-party hospice program.

23-17.7-02. License required.

A person may not conduct, maintain, or operate a residential end-of-life facility in this state without a license issued by the department under this chapter. A licensed residential end-of-life facility is not a hospital, skilled nursing home,

intermediate care facility, nursing facility, assisted living facility, home health agency, or hospice program.

23-17.7-03. License issuance and renewal - Evaluation and inspection - Rules.

1. Upon receipt of an initial or renewal license application on forms established by the department, the department or the department's authorized representative shall evaluate and inspect the residential end-of-life facility. The department shall issue or renew a license for an applicant that submits a complete application, submits the appropriate fee, and meets the minimum requirements of this chapter.
2. In consultation with stakeholders, the state health council shall adopt rules:
 - a. For the application, issuance, and renewal of a license under this chapter;
 - b. Establishing minimum standards for licensure of a residential end-of-life facility; and
 - c. Establishing the fee for issuance of a license and renewal of a license of a residential end-of-life facility.

23-17.7-04. Denial, suspension, or revocation of license.

The department may deny, suspend, or revoke the license of a residential end-of-life facility for noncompliance with this chapter or rules adopted under this chapter in accordance with the administrative hearings provisions of chapter 28-32.

SECTION 3. AMENDMENT. Subsection 1 of section 50-32-01 of the North Dakota Century Code is amended and reenacted as follows:

1. "Assisted living facility" means a building or structure containing a series of at least five living units operated as one entity to provide services for five or more individuals who are not related by blood, marriage, or guardianship to the owner or manager of the entity and which is kept, used, maintained, advertised, or held out to the public as a place that provides or coordinates individualized support services to accommodate the individual's needs and abilities to maintain as much independence as possible. An assisted living facility does not include a facility that is a congregate housing facility, licensed as a basic care facility, or licensed under chapter 23-16-~~or, chapter~~ 25-16, chapter 23-17.7, or section 50-11-01.4.

SECTION 4. AMENDMENT. Subdivision a of subsection 24 of section 57-39.2-04 of the North Dakota Century Code is amended and reenacted as follows:

- a. "Eligible facility" means any hospital, skilled nursing facility, intermediate care facility, residential end-of-life facility, or basic care facility licensed by the state department of health, or any assisted living facility licensed by the department of human services; and

SECTION 5. EFFECTIVE DATE. Section 4 of this Act is effective for taxable events occurring after June 30, 2021."

Renumber accordingly

2021 HOUSE HUMAN SERVICES

SB 2226

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2226
3/9/2021

Relating to regulation of residential end-of-life facilities, relating to the definition of assisted living facility and to a sales tax exemption for sales made to an eligible facility; and to provide an effective date

Chairman Weisz opened the committee hearing at 3:59 p.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	A
Representative Matthew Ruby	A
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Hospice care law
- Home setting
- 24-hour supportive care

Sen. Dick Dever, District 32 (3:59) introduced the bill (bill sponsor)

Jennifer Clark, Legislative Council (4:04) went over the bill with the committee.

Kayla Effertz Kleven, Olson Effertz Lobbying & Consulting (4:10) played Rockstad video and introduced Terry Rockstad, Rockstad Foundation.

Terry Rockstad, Rockstad Foundation (4:14) testified in favor and submitted testimony #8037.

Laura Archuleta, Hospice Medical Director (4:18) testified in favor and submitted testimony #8050.

Jolene Rohde, Bismarck (4:24) testified in favor and submitted testimony #8053.

Susanne Olson, Hospice Liaison North Dakota Hospice & Palliative Care Organization (4:28) testified neutral and submitted testimony #8288.

Kilee Harmon, Team Member Rockstad Foundation (4:33) testified in favor and submitted testimony #8305, #8306 & #8307.

Abigail Christiansen, Americans for Prosperity North Dakota (4:54) testified in favor and submitted testimony #10119.

Stephen Astrup, Regulatory & Project Counsel Hospice of the Red River Valley (4:57) testified neutral and submitted testimony #8258.

Additional written testimony: #7806, #8075, #8078, #8080, #8081, #8082, #8086, #8089, #8240, #8244, #8250, #8253

Chairman Weisz adjourned at 5:03 p.m.

Tamara Krause, Committee Clerk

Testimony in Support of SB 2226

Residential End-of-Life Facilities

House Human Services Committee

March 9, 2021 • 2:45 p.m. • Pioneer Room

Terry Rockstad

Chairman Weisz and members of the committee, my name is Terry Rockstad, Founder of the Rockstad Foundation and Rockstad Advocates, and I am here to testify in support of Senate Bill 2226, which would add a new option for hospice patients by creating a licensure for residential end-of-life facilities.

A residential end-of-life facility has been my dream since 2014. I have had many friends who have experienced hospice care. For some, it was a blessing to provide hospice in their loved-one's home. For others, the stress and anxiety of becoming a loved one's primary caregiver was overwhelming, and the grief they experience each time they pass by the room in which their loved one died seems insurmountable.

I also know many people who struggle from the guilt of not being able to honor their loved one's wish of being in a home during end of life, and the loved one passes alone in an institutional setting. This has been especially evident during COVID-19. And finally, my heart breaks for those who simply do not have a family member or friend who is capable to provide the care needed when end of life is near.

The vision of the Rockstad Foundation is to remedy these scenarios. We want to support hospice programs by supplementing available end-of-life options with a residential facility that is similar to what is available in other states. Our understanding is North Dakota is one of the last states to have residential, homey places where end-of-life patients can spend their final days in comfort, surrounded by family and friends as they receive supportive care from trained providers.

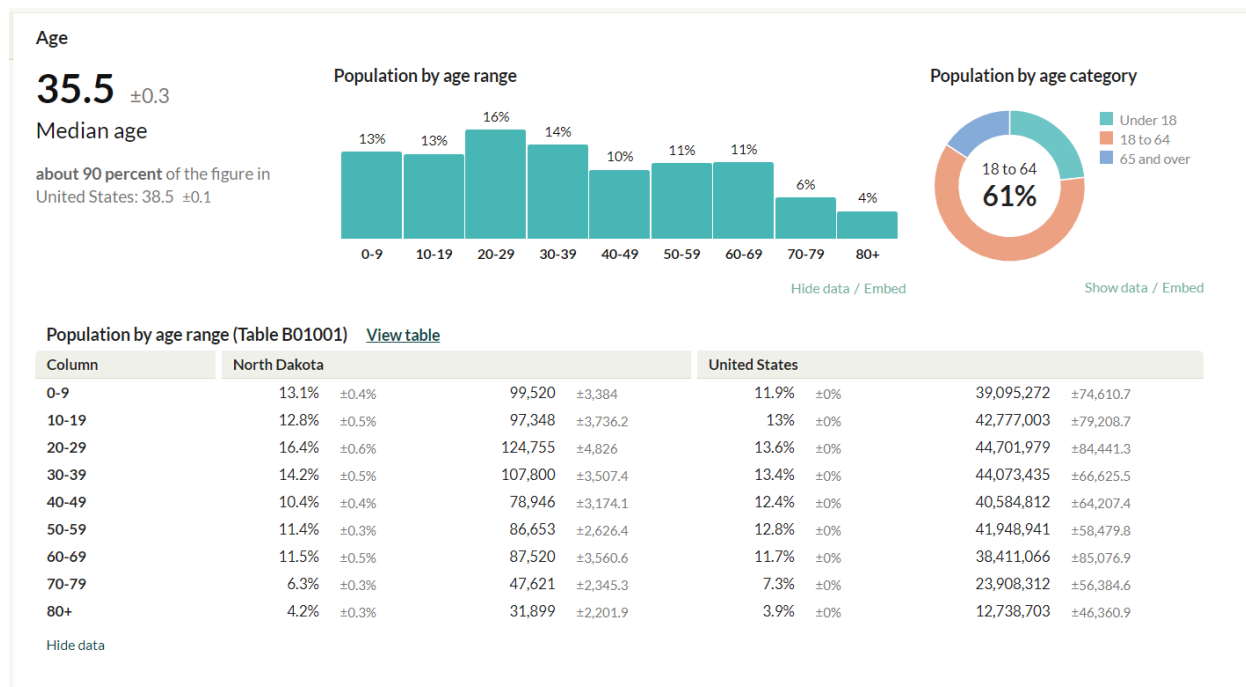
If Senate Bill 2226 passes, the Rockstad Foundation proposes to create a separate non-profit entity and to build a 100% privately funded and licensed residential end-of-life facility. Our dream is to build a development of twin homes in Bismarck where individuals receive hospice services from a licensed hospice provider of their choosing. Family could live with their loved one while facility staff will provide 24-hour supportive care, relieving families of difficult caretaking tasks. This type of residential end-of-life facility provides another option for those who do not have someone in their life to provide 24/7 care in their home, or do not want to burden family and friends with that responsibility. They also help families honor a loved one's wish of being in a home setting during life's final season. Kilee Harmon, our team member dedicated to this goal, will provide more details of our plan during her testimony.

Now, I grant that our proposed facility would be in Bismarck, but with passing Senate Bill 2226, other communities across the state could begin to work toward offering residential end-of-life facilities for their community members, especially for the elder population which is expected to grow. North Dakota's 65+ population use hospice services the most. According to CensusReporter.org, this group currently makes up 16% of the state's population and that number could increase by 11% in the next 10-15 years.

Right now, there is no true home setting in North Dakota where 24-hour supportive care is provided for those who seek hospice services and are unable to receive care in their home.

There could be with Senate Bill 2226.

For Reference Only



<https://censusreporter.org/profiles/04000US38-north-dakota/>

Testimony in Support of SB 2226**Residential End-of-Life Facilities****House Human Services Committee**

March 9, 2021 • 2:45 p.m. • Pioneer Room

Dr. Laura Archuleta

Introduction

Chairman Weisz and members of the House Human Services Committee. My name is Dr. Laura Archuleta, and I am here to ask you to support SB 2226, which will enable North Dakota to have residential end-of-life facilities. As a medical director for a hospice program, I work with individuals who have a terminal illness by educating them on palliative medicine and the beauty of hospice care. Because of my unique background serving North Dakota's terminally ill individuals in communities located in and around Bismarck, Dickinson, Williston, and Valley City, I appreciate the opportunity to testify on behalf of this bill, as by doing so I am advocating for North Dakota's aging population.

Giving North Dakotans the option of a residential end-of-life facility could greatly impact patients' quality of life and provide them with the dignity they deserve during end-of-life care. Today I will illustrate just how important residential end-of-life facilities are to the continuum of care for North Dakotans by sharing three patient stories – stories that have kept me awake at night knowing how different their end-of-life experience could have been.

Real People a Residential End-of-Life Facility Could Have Helped

First, I will introduce you to Elizabeth. She was a 52-year-old female with stage IV lung cancer which spread to her brain. After discussion with her doctors, she decided the side effects of treatment were worse than the underlying disease itself. As a single woman, she wanted to stop treatment and enjoy the time she had left with her three children, all of whom work full-time to support their own families, and her four grandchildren. Elizabeth was physically strong enough to take care of herself, go out on day trips, and live a relatively full life. However, because of her brain metastases she did need 24-hour care. At age 52, she was young and active enough that she hated the idea of being “trapped” in a nursing home. She

moved in with her son and other family pieced together caregiving, but it created significant emotional and financial burdens on them. Elizabeth was adamant that she **DID NOT** want to die in her son's home because she did not want her grandchildren to face those memories every time they went into her room. At the end of life, when her family was no longer able to care for her, she was admitted to the hospital and died there. If we had a residential end-of-life facility, Elizabeth would have had the help she needed, but would have been able to come and go with family and friends while she was still well enough to do so. She would have had expert care 24 hours a day, trained to meet her needs near end-of-life. Her family could have focused on building memories with her instead of experiencing the stress and anxiety they had from being her caregivers.

Next, I want to introduce you to David, who was a 68-year-old gentleman with stage IV colon cancer. He was in and out of the hospital several times for abdominal obstruction due to his tumor. But, since he was not a good candidate for surgery, and unable to complete additional cancer-directed therapies, he chose comfort care. His wife had early dementia and could not handle his complex caregiving needs at home, and his children were unable to provide in-home caregiving as well. His only option was a nursing home. He was very angry at the idea of going to a nursing home and made his family promise they would not, "Put him in a home." At the same time, nursing homes were hesitant to accept him because of the level of care he needed, even with the hospice program's assistance. Unfortunately, we were unable to find placement for David, and he passed away in the hospital. I'll never forget his last wish. He wanted to sit on his back deck with a cup of coffee and enjoy the flowers and birds in his backyard. He never had the opportunity to do that. Now, granted, a residential end-of-life facility would not have been the same; but it would have given him a private, home environment where he could have spent his final days receiving the care he needed. He would have had a chance to have that cup of coffee and enjoy the flowers and birds in his new backyard.

Conclusion

For the past 11 years, I have specialized in helping aging and terminally ill North Dakotans. This calling has been with me since I was a little girl because of my grandparents, and the vastly different end-of-life experiences they each had, which is my third story. My grandfather spent his last weeks hospitalized, surrounded by medical equipment in an institutional room. When I look at pictures of his final day, I see his dull and lifeless eyes, and a spirit that left prior to his passing. On the flip side, my grandmother had the opportunity to receive hospice in her home, in which she was surrounded by her children and grandchildren. Pictures of her last days show her eyes bright, and she has a sense of peace that was present up until she took her last breath. I want my future patients who are unable to receive hospice in their home to have a choice of living in a residential end-of-life facility, where they can have a true home experience. That's the next best alternative to being at home, in my humble and professional opinion.

Thank you, Chairman Weisz, and the members of the House Human Services Committee, for your time and for hearing my testimony today.

Testimony in Support of SB 2226

Residential End-of-Life Facilities

House Human Services Committee

March 9, 2021 • 2:45 p.m. • Pioneer Room

Jolene Rohde

Thank you, Chairman Weisz and members of the House Human Services Committee for this opportunity to provide testimony in support of Senate Bill 2226. My name is Jolene Rohde, and I am a Bismarck resident. I believe residential end-of-life facilities are needed in North Dakota.

During my husband's last weeks of his five-year battle with cancer, I was in the uncomfortable position of convincing a doctor that Larry needed to be hospitalized because he was extremely weak, was dehydrated and unable to eat, he was unable to ambulate, and was very ill, and I could no longer care for him in our house. I could not physically get him to and from the bathroom, my son and I could not get him to and from the car into our house or lift him if he fell. My other alternative was to place him in a nursing home. Ultimately, he was admitted into the hospital and stayed there until he died. Larry had a massive stroke shortly after his admission to the hospital which was followed by a series of seizures. He was agitated and unresponsive during his final days.

Unfortunately, my son and I do not have a family to rely upon. Both my and Larry's parents were already gone by the time he needed round the clock care. I am an only child and so was Larry and we also only have one child. Our son was 9 years old when Larry was diagnosed with cancer and began his struggle and was just 15 when Larry died in the fall of 2019.

Although I'm a nurse and had the medical knowledge to care for him, I could not physically or emotionally take on the responsibility of being Larry's full-time caregiver, and I did not want my son to be burdened with the responsibility of helping to care for his dying father. In addition, I still had to go to work and my son had to go to school, but the time came when Larry could not be left home alone. Finally, I did not want him to die in our home because I felt it would be traumatic for my son and myself as we wanted to remain in

our home after his death and the constant memory of his death there was not something we felt we could cope with or handle.

If the Rockstad Foundation's proposed Gaia Home existed two years ago in Bismarck, it would have been a blessing. We did not have the option to move Larry into a homey environment like the Gaia Home will provide. We did not have the peace of mind knowing we could stay with Larry as much as possible while he received 24-hour care. The thought of being able to be in a home with him where I knew that he was safe and receiving care, while my son and I spent quality time with Larry is such a comforting and reassuring thought. It's an option we did not have, but other families in North Dakota could.

In fact, when I'm facing the end of my life, I hope my son has the opportunity to choose a residential end-of-life facility for my final days and to assist him with the demands and emotional issues this time brings. Please pass Senate Bill 2226. This important legislation would create a new chapter of Century Code to allow the North Dakota Health Department to license residential end-of-life facilities. North Dakotans deserve another option when it comes to end-of-life care for their loved ones.

Thank you, Chairman Weisz, and the members of the House Human Services Committee for hearing my testimony today and your consideration.



Good Afternoon Chairman Robin Weisz and Fellow Committee Members;

My name is Susanne Olson, I have worked in the hospice industry for 25 years. I am representing our Statewide Hospice Organization today. There are 10 hospice agencies in ND that are members of the statewide organization.

Hospice is many things. Mostly, about living and making a difference during individuals last journey of life. This is done, as you may already know, through a multidisciplinary team of professionals to include Physicians, Nurses, Social Workers, Chaplains, CNA's and volunteers focusing on the physical, mental and spiritual needs of our client and their caregivers.

By managing symptoms and controlling pain, we give our patients the opportunity to enjoy the highest quality of life for as long as they have. This gives individuals the chance to share more special moments with their family and express all the things they need to say.

Our organization is taking a neutral position on the legislation before you. The rules will be very important in defining how residential end of life facilities are operated and how services are delivered and defined.

We feel it is important to safeguard our industry and ensure any such end of life house now or in the future has the proper oversight regarding staffing competencies, safety of keeping/storing and dispensing narcotics among other considerations. Therefore, we believe a collaborative group of stakeholders should be required to assist in the rule development process. We would like to be actively involved in that process. To our understanding that has been added to the bill but would like to ensure that 'stakeholders' would be defined to include representation from all hospice agencies across ND.

We thank you for your time and consideration.

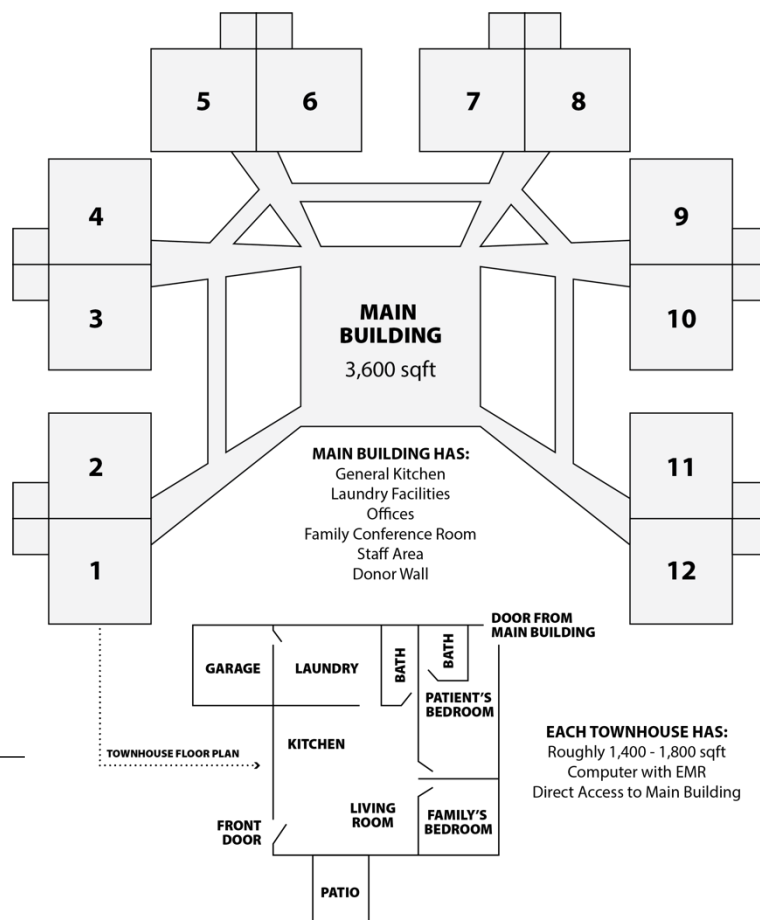
If you need any information, please contact:
Rochelle Schaffer - President NDHO (701) 323-8401
Susanne Olson – Hospice Liaison (701) 680-1297



What is Gaia Home?

- Gaia Home will be residential homes in which 24-hour end-of-life care is provided in a quiet, home setting.
- Staffed by RNs, LPNs and CNAs, it will feature a community of 12 private twin homes for Gaia Guests and their loved ones to call home, while they receive loving, supportive care, and are nurtured through the end-of-life journey.
- The intent is to not encroach on nursing homes, assisted living facilities or hospitals by taking their patients. The goal is to provide another end-of-life solution for ND residents.

Gaia Home Building Vision



Who Will Benefit from Gaia Home?

- People who need hospice but have limiting factors which make it difficult or impossible to receive hospice services at home, and who want to be in a private home setting.
- Families who want to honor a loved one's wish of being in a home setting during life's final season but are unable to provide 24-hour support in their loved one's home.
- Families who need relief care for longer than the five-day respite benefit.
- Those who cannot afford the private pay option will benefit from compassionate care funds via an endowment as we raise resources through our Gaia Giving Campaign.
- Hospice patients whose home is no longer a viable option but desire a home setting. It is a "home away from home."



Kilee Harmon | kilee@rockstadfoundation.org | 701.226.4546
www.rockstadfoundation.org | thegaiahome.org



Why Gaia Home is Needed

- There is no true home setting that only serves those who need end-of-life care.
- There is no private home setting for those who seek hospice services and are unable to receive hospice care in their home.
- Gaia Home offers a true home experience and is the next best option from receiving end-of-life care in your home.
- It fills a gap in the continuum of care for families who need assistance longer than the five-day respite period.
- Those who are 65+ utilize hospice services the most. Currently this age group is 16% of the state's population and that figure could grow another 11% in the next 10 to 15 years. (Censusreporter.org)



How is Gaia Home Different?

- Gaia Home will open its homes to licensed hospice providers so they can offer this true home setting with 24-hour supportive care to their patients.
- Gaia Guests can receive hospice services from a licensed hospice provider of their choosing, and Gaia caregivers will collaborate with hospice providers to ensure the goals and priorities of the patients and families are met.
- Every Gaia Guest will receive personalized care 24 hours a day, seven days a week, with a significantly low guest to caregiver ratio.
- Family members can live with their loved one and spend quality time making lasting memories as Gaia caregivers relieve families of the many difficult caretaking tasks.
- Qualified volunteers are critical to our mission as they will assist Gaia Guests and their families by providing extra support so families can enjoy the remaining time they have together.



https://bismarcktribune.com/opinion/editorial/tribune-editorial-bill-paves-way-for-option-in-hospice-care/article_c702b430-8c13-587c-87f1-eaec1fcf0ad7.html

Tribune editorial: Bill paves way for option in hospice care

Feb 24, 2021

Some bills in the Legislature are no-brainers. While they may be considered housekeeping bills, they serve an important purpose.

Such is the case with **Senate Bill 2226**, which has passed the Senate and awaits House action.

The bill would allow the establishment of residential end-of-life facilities and give the North Dakota Department of Health the responsibility of licensing and oversight of the facilities. The bill would open the door to another form of hospice services not available in North Dakota but offered in other states.

The Tribune editorial board supports the legislation for a number of reasons. It would provide another option for people to die with dignity in a home setting, it could offer longer care and would be funded by donations.

The driving force behind the bill is the Rockstad Foundation, whose founding family owned Dan's Supermarket Inc. The foundation proposes building a facility to be called Gaia Home, which would be a complex of 12 residential homes connected to a main building. Each home would have living quarters along with laundry and garage. Each home would be approximately 1,400 to 1,800 square feet.

The homes would be staffed by nurses and volunteers for 24-hour assistance. Hospice care would be from licensed hospice providers selected by the families.

Hospice care is normally provided at a patient's home, but that's not always practical. A patient may have children at home and not want the children to have memories of a death in the home. The patient may live in an apartment that would not accommodate

relatives during the period of hospice care.

The Rockstad Foundation plans a fundraising effort with the goal of \$35 million, though the project could be launched after a portion is raised. The foundation plans to create an endowment for ongoing funding. Organizers have proposed a location in northeast Bismarck with 4-6 acres for the home. The goal is for groundbreaking in the spring of 2024 and for operations to begin in June 2025.

Most who use the Gaia Home are expected to be 65 years old or older. At present, that age group makes up 16% of the state's population and is estimated to grow by 11% in the next 10 to 15 years. The average length of stay in similar homes in other states has been 11 days.

It's an ambitious plan by the Rockstad Foundation and if successful would provide a valuable option to the community. Most people dread the thought of dying in a lonely setting. One of the horrors of the pandemic has been the inability of loved ones to be present in the last moments of life.

Hospice care provides an opportunity for people to pass in a home setting with those they love the most. The Gaia Home would be another valuable hospice option.

The House should approve Senate Bill 2226.

Letter: Support new option for end-of-life care

Mar 1, 2021

I am writing in support of Senate Bill 2226, which will create and enact a new chapter of North Dakota Century Code to establish a licensure for residential end-of-life facilities through the North Dakota Department of Health.

My lifelong passion has been real estate. I find deep pleasure in developing new communities in which homes are at the core. Home has a way of holding many life experiences and allowing for many memories to be made by those who live there. And now I'm speaking out on the need for "homes" for the people of North Dakota who need end-of-life care.

Throughout my life I have had several experiences with friends and family receiving hospice care. To me, the beauty of hospice care is that it can be offered in a person's life-long home, in which they are continually surrounded by their family and friends. Unfortunately, it's not always possible for the terminally ill to receive care in their own homes.

Currently there is no other residential home option for people in the state where a family can live with their loved one as they receive 24-hour end-of-life care. Therefore, I urge you to reach out to your local representatives to support passing the amended version of SB 2226, to create a new option that will allow a homier choice for people, in which they can make final lasting memories with their loved ones.

Chad Wachter, Bismarck

Letter: Help loved ones have care options

Mar 1, 2021

I am writing in support of Senate Bill 2226, which will authorize a new option for North Dakota families facing end-of-life dilemmas. My own father is someone who could have benefited from a residential end-of-life facility had such a facility been available when he was facing the sunset season of his life.

When he became quite infirm just before he died, the only solution for him was a hospital bed in the living room because he couldn't make it up the stairs and all the bedrooms were on the second floor. The limited space in his small home also made it difficult for his children to stay with him to help with caregiving duties. How wonderful it would have been to have a residential homelike facility where he could have gone! It would have lifted the burden off his wife and made it easier for his children to visit and say their goodbyes.

Many individuals in this same situation are elderly and their needs are beyond what their spouses or family members can provide. Senate Bill 2226 would create a new statute in the Century Code to allow residential facilities to exist in North Dakota. These facilities provide a peaceful home experience to those facing the end of their life.

Many states already have places like this for loved ones to peacefully die with dignity and in comfort. This is a concept that is much needed here. My father and family members would have benefited greatly from the existence of a residential end-of-life facility. Let's make sure our loved ones have this additional option for end-of-life care in the future by passing SB 2226.

SuAnn Olson, Baldwin

Letter: Support bill for new end-of-life care option

Feb 22, 2021

A residential end-of-life facility has been my dream since 2014, as the founder of the Rockstad Foundation. I have had many friends who have experienced hospice care. For some, it was a blessing to provide hospice in their loved-one's home. For others, the stress and anxiety of becoming a loved one's primary caregiver was overwhelming.

I also know many people who struggle from the guilt of not being able to honor their loved one's wish of being in a home during end of life, and the loved one passes alone in an institutional setting. This has been especially evident during COVID-19.

I support Senate Bill 2226, which would add a new option for North Dakota's hospice patients by changing Century Code to allow the Health Department to create a new licensure for residential end-of-life facilities.

If SB 2226 passes, the Rockstad Foundation proposes to create a separate non-profit entity and to build a 100% privately funded and licensed residential end-of-life facility. Our dream is to build a development of twin homes in Bismarck where individuals receive hospice services from a licensed hospice provider of their choosing. Family could live with their loved one while facility staff of RNs, LPNs, and CNAs provide 24-hour supportive care, relieving families of difficult caretaking tasks.

The Rockstad Foundation wants to support hospice programs by supplementing available end-of-life options with a residential facility. North Dakota's 65+ population use hospice services the most. According to **CensusReporter.org**, this group currently makes up 16% of the state's population and that number could increase by

11% in the next 10-15 years. There is currently no true home setting in North Dakota where 24-hour supportive care is provided for those who seek hospice services and are unable to receive care in their home. There could be with SB 2226.

Terry Rockstad, Bismarck

Testimony in Support of SB 2226

Residential End-of-Life Facilities House Human Services Committee

March 9, 2021 • 2:45 p.m. • Pioneer Room

Kilee Harmon

kilee@rockstadfoundation.org • cell: 701.226.4546

Chairman Weisz and members of the committee, my name is Kilee Harmon. I am the Rockstad Foundation team member with the responsibility of creating Gaia Home, which will be licensed as a residential end-of-life facility if Senate Bill 2226 is enacted, providing a new option for end-of-life care. Today I am here to testify in support by 1.) Explaining the vision for our model, 2.) Who residential end-of-life facilities can benefit, and 3.) Why they are needed.

1) First, the Gaia Home Vision. Our model will offer a community of 12 private twin homes, in which people can receive hospice services from a provider of their choosing and receive 24-hour supportive care provided by the home's caregiving staff with a significantly low guest-to-caregiver ratio. Family members could live with their loved one, not have to worry about being the caregiver, and focus on spending quality time making lasting memories.

We anticipate each home will be roughly 1,400 to 1,800 square feet offering two bedrooms, two bathrooms, and an open concept living space with a kitchen, living room and dining area. Each will have its own laundry space, garage, and outdoor gathering spaces. The patient's room would be extra-large to accommodate a person's personal belongings and to allow for extra sleeping arrangements if family members want to comfortably sleep in the same room as their loved one.

All twin homes would be connected by hallways leading to the main home which will house staffing areas, a family conference room, a hydrotherapy spa, a chapel area, a general kitchen and other amenities.

To make this beautiful vision become reality, the intent of the Rockstad Foundation is to create a separate non-profit entity to fundraise for, start and operate Gaia Home. It would be 100% privately funded.

It is currently estimated that a \$35 million campaign is needed to build the 12-twin home facility, fund initial operations, and to begin an endowment for sustainability as we will provide compassionate care funds for those who cannot afford private pay. Currently, \$3.5 million has been committed thus far. Shortly after legislation is passed and enacted, the silent phase of a capital campaign would begin, and construction would commence when funds have been secured.

Based upon a successful campaign and initial projections, Gaia Home could open in 2025 and 35% of Guests, or 84-139 people on an annual basis, could have 100% of the costs defrayed in year one, and for the next 13 years without ANY additional donations. A business plan details

that privately raised funds will aim to subsidize the cost of the care, so the private pay component is only \$500 per day, which is the market rate for comparable facilities. According to 2018 data, the median length-of-stay for individuals on hospice care in the Bismarck region is 11 days, therefore a family could expect an estimated cost of up to \$5,500. However, the overall goal is to grow the endowment to continue to push down costs so all guests are fully fund.

- 2) Now that we understand the overall vision, I'd like to explain who **residential end-of-life facilities can benefit**, as they will enhance the continuum of services available. They will offer a solution for:
- People who need hospice but have limiting factors which make it difficult or impossible to receive hospice services at their home, and who want to be in a private home setting.
 - Families who want to honor a loved one's wish of being in a home during life's final season but are unable to provide 24-hour support in their loved one's home.
 - People who are outside of a hospice service area as they could move to a facility like this and receive care in a true home setting.
 - Current caregivers who need relief from providing care for longer than the 5-day Medicare respite benefit and their loved one wants to be in a home setting.
 - And, lastly, hospice patients whose homes are no longer a viable option, but they desire a home setting.
- 3) Lastly, **why residential end-of-life facilities are needed**. To qualify for hospice, a person needs to have 24-hour caregiver support, and that caregiver role typically falls on family members' shoulders. If someone does not have 24-hour caregiver support, does not want to put family in the caregiver role, or they do not want to receive hospice in their home, but they also do not want to be in a non-home setting, there is currently no option out there for them. Thus, residential end-of-life facilities fill a gap in the continuum of care.

That concludes my testimony. I thank you again for your time and attention, and I will happily stand for any questions you may have.

For Reference Only

Video explaining Residential End-of-Life Facilities: <https://youtu.be/nADQydzNI1I>

Frequently Asked Questions

1. Why is hospice utilization so low in ND, and what can be done?

According to the NHPCO 2020 facts and figures, the proportion of North Dakota Medicare decedents enrolled in hospice at the time of death in 2018 was 31%, which makes ND ranked 4th from the bottom of all 50 states, territories and District of Columbia. Essentially, this indicates that the Medicare hospice benefit is not being fully utilized in North Dakota. This can be due to not having access to hospice services, and people not fully understanding what hospice all is, the hospice benefit and what it can all offer them. One way to increase hospice utilization is by increasing access to hospice services. We believe Gaia Home will help in this effort.

Figure 4: % of Medicare Decedents Served by Hospice by state (Aligns with Figure 5)

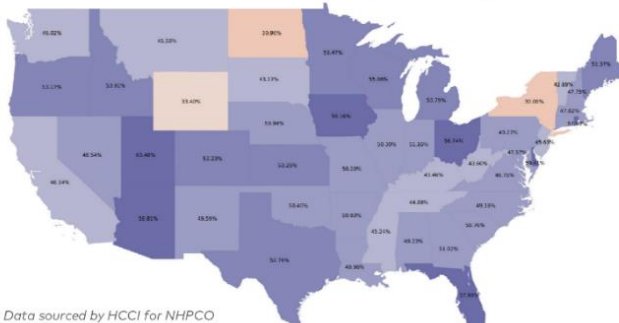
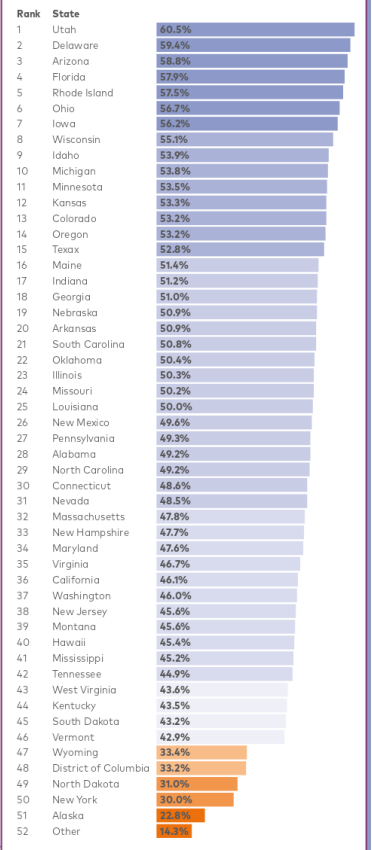


Figure 5: Medicare Decedent Enrollment % for 2018



2. What type of hospice care will hospice providers be able to provide within Gaia Home?

- a. There are four levels of hospice care provided by the Medicare hospice benefit. They are routine home care, continuous home care, respite care, and general inpatient.

Level of Care

In 2018, the vast majority of days of care were at the Routine Homecare (RHC) level.

Table 3: Level of Care by % of Days of Care

LOC Metrics	2014	2015	2016	2017	2018
RHC Days	97.7%	97.9%	98.0%	98.0%	98.2%
CHC Days	0.3%	0.3%	0.3%	0.2%	0.2%
IRC Days	0.3%	0.3%	0.3%	0.3%	0.3%
GIP Days	1.7%	1.6%	1.6%	1.3%	1.2%

Source: MedPAC March Report to Congress, Various years

- i. Routine Home Care is the most utilized level of hospice care. According to NHPCO 2020 facts and figures, in 2018, 98.2% of the days of care was under Routine Home Care. That is when the hospice program's interdisciplinary team (Patient and family, Physician including the medical director and attending physician, Registered nurse, Medical social worker, trained volunteers, providers of special services including a spiritual counselor, a registered pharmacist, a registered dietitian, or professional in the field of mental health may be included in the hospice care team as determined appropriate by the hospice program) creates the patient's plan of care, sets up the medical equipment needed wherever the patient calls home, organizes the medication schedule, trains the patient's caregivers on how to provide care per the plan, and more.
- ii. Continuous Home Care (CHC) is care provided for between 8 and 24 hours a day to manage pain and other acute medical symptoms. CHC services must be predominately nursing care, supplemented with caregiver and hospice aide services and are intended to maintain the terminally ill patient at home during a pain or symptom crisis. In 2018, .2% of days of care were CHC.
- iii. Inpatient Respite Care (IRC) is available to provide temporary relief to the patient's primary caregiver. Respite care can be provided in certified facilities such as a hospital, hospice facility, or a long-term care facility. In 2018, .3% of days of care were CHC. Even though hospice programs would not be able to offer respite care in our home, they would be able to offer "relief care" in which people can stay longer than the 5-day respite benefit. This portion of the benefit does pay for room and board of a certified facility, where our daily fee will be private pay.
- iv. Lastly, General Inpatient Care (GIP) is provided for pain control or other acute symptom management that cannot feasibly be provided in any other setting. GIP begins when other efforts to manage symptoms are not sufficient. GIP can be provided in a Medicare certified hospital, hospice inpatient facility, or nursing facility that has a registered nursing available 24 hours a day to provide direct patient care. In 2018, 1.2% of days of care were GIP. Hospice programs would not be able to offer GIP in our home.

- v. In researching this concept and visiting with hospice providers we are confident they will be able to provide routine home care and continuous home care in residential end-of-life facilities, which are the most utilized levels of care.

3. What about employment and the shortage of nursing personnel?

- a. We fully understand there is a nursing shortage on a national level and state level. Our hope is to help supplement the staffing with qualified volunteers which is what you will see in other similar places. However, even with that being the case, we do not foresee the nursing shortage as a reason to not offer this type of option for people's end-of-life care.

4. Why not just become a hospice program?

- a. We want to focus on running the home and let hospice partners do what they do best, which is provide wonderful hospice care. A home's caregivers would collaborate with hospice providers to ensure the goals and priorities of the patients and families are met.

5. Why are we seeking licensure at all?

- a. We believe licensure is the correct course as it creates rules in which govern a residential end-of-life facility, protecting the families who could receive hospice services and support care in these homes.
- b. If your opinion is that this type of facility doesn't need to be licensed, we only would ask that law would be enacted to state that we can exist without licensure. Our only objective is to create confidence to the public that this is a safe facility for loved ones who are vulnerable adults.

6. What supportive services are offered?

- a. Ultimately, the services residential end-of-life facilities will be able to provide will be determined by the administrative rules. However, we foresee them being able to help with the following:
 - i. Services that help a hospice patient with his or her activities of daily living, and may also include preparation of special diets, medication administration, or other activities that do not require constant attention of medical personnel.
 - 1. Activities of daily living are the tasks of transferring, moving about, dressing, grooming, toileting, bathing, and eating performed routinely by a person to maintain physical functioning and personal care.
 - ii. Provide non-personal care tasks such as housekeeping, laundry, shopping, and cooking.
 - iii. Could also include massages, music therapy, pet therapy and other therapies that help people through their end-of-life journey.

- 7. If a hospice patient revokes from the hospice agency, are they still able to live in this home?**
- a. If they choose to be a hospice patient of a different hospice program that provides services in the residential end-of-life facility, we believe they could stay.
 - b. If they are not a hospice patient, we do not believe they will be able to stay in a residential end-of-life facility.
- 8. Are hospice programs responsible for supervising nurses/aids at the facility?**
- a. No. The residential end-of-life facility will supervise its nurses, aids and volunteers.



**AMERICANS FOR
PROSPERITY**

NORTH DAKOTA

Senate Bill 2226-Residential End-of-Life Facilities

Presented by: Abigail Christiansen-Americans For Prosperity

Before: House Human Services Committee

Date: March 9, 2021

Chairman Weisz and members of the committee,

My name is Abigail Christiansen with Americans for Prosperity North Dakota. Our organization supports passage of SB 2226 on the principles of free market and adequate healthcare access for all. The intent of this legislation is to provide more care options to patients in a less restrictive environment. The Rockstad Foundation, who you will hear from later today, is a non-profit organization that has taken upon itself to invest in finding policy that creates new solutions in healthcare. This type of innovation is what our country is built upon. After speaking with the Rockstad Foundation, we applaud their efforts to find solutions that will open up the options for all business structures to enter into the market with or without government funds to operate. This effort has been done with innovation and minimal regulation in mind but with an eye squarely focused on the safety of vulnerable adults. This has been achieved by working with many stakeholders, such as Hospice Program Providers and ND state agencies to ensure the parts of our healthcare system that do work well are not disrupted. For these reasons, we urge a DO PASS on SB 2226.

Thank you and I will stand for any questions.

Abigail Christiansen-abchristiansen@afphq.org

TESTIMONY
SENATE BILL 2226 – HOSPICE OF THE RED RIVER VALLEY
HOUSE HUMAN SERVICES COMMITTEE
SENATOR ROBIN WEISZ, CHAIRPERSON
MARCH 9, 2021

Chairperson Weisz, Vice Chairperson Rohr, and distinguished members of the House Human Services Committee, for the record my name is Stephen P. Astrup, Regulatory and Project Counsel for Hospice of the Red River Valley (“HRRV”) and I am joined by my colleague Liz Sterling, Director of Quality, Education, and Ancillary Services. I am here today to provide testimony offering information related to hospice and hospice care. As to the Proposed Amendment to Senate Bill 2226, HRRV remains neutral.

HRRV is a nonprofit community-based hospice that serves patients in both North Dakota and northwestern Minnesota, covering an area of more than 40,000 square miles. As an organization, we are committed to providing quality care to our patients at the right time and in the right place. We are a certified hospice program by the Centers for Medicare and Medicaid Services and licensed by the North Dakota Department of Health. As a certified and licensed hospice program, we must provide all care related to a patient’s terminal condition, including nursing services, case management, medication management, and medical equipment coordination. Beyond these medical services, we also provide bereavement services, chaplaincy/spiritual services, social services, hospice aide services, and coordinate a staff of volunteers.

While hospice utilization varies across the United States, North Dakota continually ranks near the bottom. Together with our North Dakota Hospice and Palliative Care Organization partners, we have worked tirelessly to reduce health disparities in North Dakota as it relates to hospice care and services.

Over the past decade or more, our hospice patient population has changed drastically. We are now serving more individuals residing in nursing homes and assisted living facilities – in addition to our traditional home-based populations. We serve patients and families across North Dakota’s comprehensive continuum of care and support patients and families right of choice – including where a patient wishes to call home. Additionally, hospice organizations must be fiercely protective of the quality of care provided to patients. Advancing legislation allowing the operation of a residential end-of-life facility requires hospice stakeholders to thoroughly understand the rules and regulations necessary for the operation of a facility of this type. It is necessary that Medicare certified and North Dakota state licensed hospice organizations are provided the opportunity to assist in developing the rules and regulations governing residential end-of-life facilities to ensure the safety of patients, and quality of care the patients are receiving.

This concludes my testimony. I am happy to answer any questions you may have. Should you have questions subsequent to today’s hearing, please feel free to contact me via phone at (701) 356-1522 or via email at stephen.astrup@hrrv.org



House Human Services Committee – SB 2226

Representative Robin Weisz, Chair

March 9, 2021

Chairman Weisz, Members of the Committee:

My name is Brian Ritter and I'm President of the Bismarck Mandan Chamber EDC. Please accept this testimony on behalf of our organization's approximately 1,200 members in support of SB 2226.

While it may seem odd for a business organization to be expressing support for a bill such as SB 2226 that calls for a new licensure for a residential end-of-life facility, it should be noted that healthcare is one of the 'keystones' of our local economy. SB 2226 has the potential to contribute to our community's healthcare, by:

- Establishing a new licensure for a residential end-of-life facility, licensed by the State Health Department, which would allow patients to receive hospice care from their chosen provider at such a facility.
- Providing a facility for those in our community and our state who want to provide a residential setting for their loved ones in their final day, but are unable to do so in their own home.
- Offering an option for our state's population, the percentage of whom are over 65 is growing, to receive care in a residential setting as there is currently no true home setting in North Dakota where 24-hour supportive care is provided.

Specific to Bismarck-Mandan, the Rockstad Foundation has developed plans for such a facility called Gaia Home where all of these services would be provided. However, in order for this project to become a reality, SB 2226 must be passed.

As such, we would respectfully ask for a DO PASS recommendation on SB 2226.

Testimony in Support of SB 2226

Residential End-of-Life Facilities

House Human Services Committee

March 9, 2021 • 2:45 p.m. • Pioneer Room

Submitted by Julie Schwab, MSNA, MMT, PMP

Chairman Weisz and members of the Committee:

My name is Julie Schwab, and health care is my experience and expertise. Today I offer written testimony in support of SB 2226.

Throughout my 30+ years in the health care industry, I have served as a RN, as an administrator, as a consultant, as an executive director of an Accountable Care Organization (ACO), a palliative care clinic director, and as a past Director of Medical Services for the ND Department of Human Services. I have great skill in care coordination, population health, palliative care, operational management, and community-based services. Currently I am a consultant working to help broaden the services for social determinants of care across the upper Midwest.

Due to my extensive background, I see many gaps in the continuum of care in which residential end-of-life facilities can fill. The three I view to be the most important are:

1. Giving more people, especially those outside of hospice service areas, access to hospice care;
2. Provide those who do not have caregiver support at home a home option; and,
3. Offering a less restrictive option to receive end-of-life care for North Dakota residents.

By enacting SB 2226, people who are outside of hospice service areas could move with their family members to live in a residential end-of-life facility and receive hospice services from their chosen hospice provider. The facility caregivers would collaborate with the hospice provider to ensure the goals and priorities of the patient and family are met. In addition, because 24-hour supportive care would be provided by the facility caregivers, family members could spend quality time, making lasting memories with their loved one, without having to worry about providing the difficult care that may be required.

Then there are individuals who want to remain in a home setting who need hospice services but have limiting factors which make it difficult or impossible to receive hospice services in their life-long home. For these individuals, having a place that is a true home setting in which 24-hour end-of-life care is provided, would ensure their final days are met with dignity and compassion.

Lastly, residential end-of-life facilities offer North Dakotans an option that is currently not available to them. The premise of these facilities is to truly offer a home away from home

experience, allowing their guests to have the freedom to live the way they want as they receive end-of-life care. Guests will retain their identity and dignity as they experience the final season of their life.

I encourage your support of SB 2226, giving North Dakotans another option for their end-of-life care.

Testimony in Support of SB 2226

Residential End-of-Life Facilities

House Human Services Committee

March 9, 2021 • 2:45 p.m. • Pioneer Room

SuAnn Olson

Chairman Weisz and members of the House Human Services committee, I urge you to support and pass SB 2226, which will authorize a new option for North Dakota families facing end of life dilemmas. Currently, there are limited homey options for those who may be receiving hospice care or who would qualify for hospice care except that for various reasons their own home isn't suitable or accessible or they lack family caregivers who can assist with the daily care needs of their loved ones. My own father is someone who could have benefited from such a facility. All the bedrooms in his farm home were on the second floor. When he became quite infirm just before he died, the only solution for him was a hospital bed in the living room because he couldn't make it up the stairs. The small home made it difficult for his children to come from some distance to help. How wonderful it would have been to have a facility where he could have gone that lifted the burden off his wife and made it easier for his children to visit and say their goodbyes.

Many individuals in this situation are the elderly and often their needs are beyond what their elderly household member can supply. Creating a new statute that allows for a separate facility that can provide a peaceful home-like experience to those facing the end of their life is a concept that is much needed in our state.

I respectfully request that you support and pass SB 2226.

Thank you.

Testimony in Support of SB 2226

Residential End-of-Life Facilities

House Human Services Committee

March 9, 2021 • 2:45 p.m. • Pioneer Room

Chad Wachter

Chairman Weisz and members of the House Human Services committee:

I am happy to offer written testimony in support of SB 2226, which will create and enact a new chapter of Century Code that establishes a new licensure for a residential end-of-life facility, licensed by the Health Department.

My lifelong passion has been real estate. I find deep pleasure in developing new communities in which homes are at the core as a home has a way of holding many life experiences and allowing for many memories to be made by those who live there.

Throughout my life I have had several experiences with friends and family receiving hospice care. To me the beauty of hospice care is when it can be offered in a person's life-long home, in which they are continually surrounded by their family and friends. However, I have also known people in which receiving hospice services in their home is not an option, and the only choice left for them is to be in a place that does not at all resemble a home to them.

Currently there is no other home option for people in the state in which their family can live with them as they can receive 24-hour end-of-life care. Therefore, I urge you to support passing SB 2226, creating a new option that will allow a homier choice for people, in which they can make final lasting memories with their loved ones.

Testimony in Support of SB 2226

Residential End-of-Life Facilities

House Human Services Committee

March 9, 2021 • 2:45 p.m. • Pioneer Room

Wally Goulet

Dear North Dakota House Human Services Committee: **I am writing today in support of Senate Bill 2226** as I have lived through the benefits that similar facilities to Residential End-of-Life Facilities provided my mother in Arizona.

My mother at 92 years of age had clear mental faculties but physically she was suffering from terminal congestive heart failure and required 24/7 care for ambulation, bathing and bowel movements that **became beyond our family's caregiving ability to provide** at her home as they ultimately became exhausting and awkward to provide. In the facility she helped us choose, for what turned out to be her final three months of life, we could visit with her daily without the responsibilities of all the health care tasks associated with her daily needs. It was a relief to my mother and our family that we had this option for her final months of life. The staff of the facility, in concert with her previous hospice providers, were able to provide all the necessary services giving us all confidence we had made **the right choice for all involved**. We also enjoyed the fact that Mother had more options when facing the last days of her life than just having the option of moving into an institutional-like setting. The facility she chose had the look and feel of a large residential home that fit in well in a residential part of Scottsdale. She did not desire to move into a nursing home, so her choice gave her many of the comforts, amenities, assurances, and dignities of her own home. This choice was a much less restrictive environment than would have been available in hospitals or nursing homes. Best of all we had almost an unrestricted access to visiting her.

I fully **support the forward-thinking plan of the Rockstad Foundation** in its desire to create similar end-of-life residential facilities in North Dakota. My support for such facilities is certainly buoyed by my family's experience in Arizona. **It would be my hope that the legislature of North Dakota enact legislation that would provide for licensing and rules for the opportunity to move forward with the creation of such residential end-of-life facilities.**

Thank you for your consideration.

Testimony in Support of SB 2226

Residential End-of-Life Facilities

House Human Services Committee

March 9, 2021 • 2:45 p.m. • Pioneer Room

Vern Dosch

Chairman Weisz and members of the House Human Services Committee:

My name is Vern Dosch, and I'm a Bismarck resident. My family and I have had two distinctly different end-of-life care experiences with my mother and father, which have led to my written testimony in support for Senate Bill 2226. This bill would allow the Department of Health to license residential end-of-life facilities in North Dakota.

Eight years ago, my father was nearing the end of his life. When he was released from the hospital, our family had to make the difficult decision to place him in a nursing home. At that time, there weren't many hospice services available in Bismarck. Unfortunately, we were not able to care for him at home. If a residential end-of-life facility had been available, we would have been so grateful to have a homey place for him to receive 24-hour care while we spent quality time with him in his last days.

Fast forward to December 2020. My mother suffered a setback in her health and was hospitalized. We faced the same dilemma we experienced with my father when she was released from the hospital, with an important difference. The hospice services are much more robust in Bismarck now. CHI St. Alexius Health's hospice professionals were able to provide my family with an amazing suite of services and training to allow us to provide care for my mother in her final days.

It was very important to us that we spend as much quality time with mother as possible. Due to COVID-19 visiting restrictions, we did not want to place her in assisted living or a nursing home. We were fortunate that we were able to move her into my brother's home in Bismarck and we could provide her with the 24-hour care. My siblings and our families were able to spend the final five to six days talking with her, recording stories from her life, and saying our goodbyes. It was a beautiful example of the circle of life, but unfortunately not all families have this as an option.

My mother was able to die with dignity and that is a priceless gift to her and our family. The time we spent with her was an amazing conclusion to a life well-lived. In fact, our family shed no tears during her funeral because we had already found closure since she told us she was ready to go. Her funeral was truly a celebration of her life.

Senate Bill 2226 would allow other North Dakota families to experience a peaceful final season of life by permitting residential end-of-life facilities to exist. A patient facing the end of his or her life could choose the hospice provider they prefer, and then receive round the clock care from registered nurses, CNAs and LPNs. Their families would be welcome to visit as often as they want or even move into the facility with their loved one.

Senate Bill 2226 is the missing piece to the end-of-life care puzzle in North Dakota. I feel awful for those who lost loved ones during the pandemic, when visitors were not allowed at hospitals and nursing homes. Although vaccines are now available, we don't know what the future holds. Could we experience another pandemic in the future? SB 2226 would allow families to be at their loved ones' sides in their final days. Please pass SB 2226 for all of the families in North Dakota. It is my sincere hope that everyone in the state has residential end-of-life facilities as an option in the future.

Testimony in Support of SB 2226

Residential End-of-Life Facilities

House Human Services Committee

March 9, 2021 • 2:45 p.m. • Pioneer Room

Laura Kelley

Chairman Weisz and members of the House Human Services Committee, I am writing in support of Senate Bill 2226 to allow residential end-of-life facilities in North Dakota. Serving in the banking field for more than 20 years, I have worked with numerous elderly clients and their loved ones. I have seen them struggle with countless aspects of end-of-life care. These challenges put a strain not only on the dying, but also on their loved ones. I firmly believe that giving North Dakotans an alternate solution to guiding their loved ones, both the elderly and the terminally ill, into death is the right decision for our state. If SB 2226 is passed, Gaia Home could be part of the solution.

Gaia Home will be a complement to hospice care. It will be staffed with qualified, hands-on professionals available 24/7 in a home environment for those who are unable or desire not to be cared for in their own home. The 12 private twin homes, all connected to the main building that houses the staffing area, will allow for patients to feel as if they are in a 'home away from home' in their final days.

In addition, Gaia Home will allow relief on the patient's loved ones who are feeling the insurmountable pain and stress of trying to support and respect their loved one's dying wishes and needs. This facility will give the opportunity for loved ones to come and go as they need and grant them time with the patient to focus on creating final lasting memories.

Passing this bill will allow for an additional option to those in need of end-of-life care. As someone who has interacted with countless individuals who would have and could still benefit from this type of facility – and with full knowledge that many of you reading this have those individuals in your life as well – I implore you to loudly support this bill and Gaia Home.

Testimony in Support of SB 2226

Residential End-of-Life Facilities

House Human Services Committee

March 9, 2021 • 2:45 p.m. • Pioneer Room

Bruce Whittey

Chairman Weisz and members of the House Human Services Committee, my name is Bruce Whittey, and I'm a long-time Bismarck resident.

Today I'm submitting testimony in support of SB 2226 as a person who cares deeply about the community of Bismarck, as well as the entire State of North Dakota. As a senior who has been active in community development, I believe bringing new offerings and services to a community is what is needed to ensure a community thrives. A change in the North Dakota Century Code to create a licensure for residential end-of-life facilities, creating a new option for those who need end-of-life care, seems like common sense to me.

North Dakota is possibly one of the last states to allow residential, homey places where end-of-life patients can spend their final days in comfort, surrounded by family and friends as they receive supportive care from trained providers.

My friend Terry Rockstad's organization, the Rockstad Foundation, has proposed to build one of these residential end-of-life facilities in Bismarck. Under SB 2226, Gaia Home would be licensed by the North Dakota Department of Health.

The creation of Gaia Home would be a huge benefit to the community. Residential end-of-life facilities are an alternative to the current choices of receiving hospice services in a person's home where family has to take on the 24/7 caretaker role; or receiving these services in a non-home setting, such as a hospital. They are designed to combine the comfort of an actual home where people receive hospice services from their chosen hospice provider. The residential end-of-life facility's caregivers provide 24-hour supportive care.

Similarly, residents across North Dakota would also benefit from the existence of residential end-of-life facilities. For those who cannot or do not want to receive care in their homes, and do not want to go to a hospital, these home away from home places provide comfort and dignity at the end of life's road.

Please support SB 2226 to allow residential end-of-life facilities to exist in North Dakota, giving North Dakotans a new option for their care.

Testimony in Support of SB 2226

Residential End-of-Life Facilities

House Human Services Committee

March 9, 2021 • 2:45 p.m. • Pioneer Room

Kristie Rants

Chairman Weisz and members of the House Human Services Committee, I am writing in support of changing North Dakota Century Code to allow the Health Department to license residential end-of-life facilities in the state.

In 2004 I was working and living in central Minnesota and driving 10 hours each way to western North Dakota as often as I could to visit my ailing mother. She was receiving care several times a week from a home health nurse who was a blessing. However, most of the caregiving duties were provided by my aunt, father, neighbors, and family friends. It is not an easy job to take on, but they did it out of an abundance of love for my mother.

Residential end-of-life facilities provide a homey option where family and friends are welcome to visit and even stay with their loved ones. The difficult care required is provided by trained staff who are available 24 hours, seven days a week. I believe if residential end-of-life facilities existed when my mom was near the end of her fight with cancer, it would have allowed our family and friends to enjoy more quality time with her with less worry about her caregiving needs.

Our family was very lucky to have the support of my close-knit hometown during this very difficult time. Not everyone has an entire town helping to provide care and meals. And not everyone can stay in their home with a devoted group of caregivers.

Please support Senate Bill 2226 to allow residential end-of-life facilities to operate in North Dakota. They will give families more quality time with their loved ones during the final season of life.

Testimony in Support of SB 2226

Residential End-of-Life Facilities

House Human Services Committee

March 9, 2021 • 2:45 p.m. • Pioneer Room

Natalie Wetzel

Chairman Weisz and members of the House Human Services Committee:

My name is Natalie Wetzel, and I am a Bismarck resident. My family and I have had end-of-life care experiences with my parents that have led to my support for SB 2226. This bill would allow the Department of Health to license residential end-of-life facilities in North Dakota.

Prior to my parents becoming sick, they told me and my siblings that they did not want to go to a nursing home. We were able to honor that request for my father, but not my mother. Unfortunately, both died in institutional settings – one in a nursing home and the other in the hospital. Our family would have benefited immensely from access to a residential end-of-life home.

My mother developed Alzheimer's and was cared for in the memory care unit of an assisted living facility. After becoming ill, she was no longer well enough to stay in the memory care unit. Her care required more than my siblings and I could provide at home, and we had to make the difficult decision of placing her in a nursing home. I remember our family staying in a room that was provided to us from the nursing home during her end-of-life journey. Although this room was larger than her normal nursing home room, I believe the chaos of everyone trying to fit into this area created a stressful environment for my mom in her last days. Additionally, it would have been a welcome relief to have an area that we could have rested, ate, showered, and had the ability to discuss what was occurring in private and not bothered her with noise and commotion of our activities.

My dad's cancer journey ended in his hospital room. He really wanted to be at home with the ability to go outside and get fresh air and have his family around him, but his care exceeded what my siblings and I could provide. During his last days we gathered in the one small waiting room down the hall from his at the hospital and took turns visiting his room.

There were too many of us to fit in the room at one time. To complicate matters, there were other families who also needed the waiting room, but only one family could utilize the room at a time. Family members slept while sitting straight up in the waiting room chairs. It was not a comfortable place to stay for days, but when you are in that situation you do not want to leave in case you miss your loved one's final moments.

Residential end-of-life homes would provide what is missing in North Dakota. Currently, families must choose from three options – die at home, in a hospital, or at a nursing home. Residential end-of-life facilities are staffed with a lower patient to caregiver ratio. And hospice providers can be selected and by the loved one and his or her family to provide hospice services. I believe a residential end-of-life home would have relieved a lot of stress and provided more dignity in my parents' final days. In addition, it would have provided a more homey, spacious, and comfortable place for my family members to stay during these stressful times.

The decisions that we needed to make during my parents' final days were challenging. Although I try take comfort in that we made the best decisions we could with the information we had at any given moment, it is still hard not to wonder if we made the right choices for my parents. If we could have somehow made their final days less stressful for them. Please pass Senate Bill 2226. Both of my parents would have preferred to remain in a calm, homey environment with enough space for our entire family to be present. Residential end-of-life homes need to be an option for North Dakotans who face this in the future.

Thank you, Chairman Weisz and the members of the House Human Services Committee for reading my testimony today.

Testimony in Support of SB 2226

Residential End-of-Life Facilities

House Human Services Committee

March 9, 2021 • 2:45 p.m. • Pioneer Room

Submitted by Cheryl Kary, Ph.D.

Sacred Pipe Resource Center

Cheryl@sacredpipe.net • 701.426.1315

Chairman Weisz and members of the House Human Services Committee:

My name is Cheryl Kary, and I am the Director of the Sacred Pipe Resource Center, a local non-profit serving the American Indian population in Bismarck and Mandan.

I would like to offer this written testimony in support of SB 2226, relating to regulation of residential end-of-life facilities. I have had the opportunity to review the Gaia Home model, the development of residential homes in which 24-hour end-of-life care is provided in a quiet, home setting, and I am in full support of this option for those contemplating end-of-life care decisions.

It is easy to see the need that this model fills for family-based and culturally-competent options. As a Native-serving organization, we see the gaps in services in so many programs and services that do not take into account the need for including extended family, providing strong family supports, and making room for cultural ways of being. This model not only provides for all of those options, it also takes into account the need for physical facilities that reflect the human need for connection and support. We support this option as well because it does not seek to supplant any current options but rather seeks to enhance the continuum of services available for individuals and families going through very difficult times of life.

We encourage your support of this Amendment that paves the way for the Gaia Home, and potentially other organizations as well, to enhance the continuum of services in a culturally-appropriate and compassionate manner.

DA: Tuesday, March 9, 2021

TO: Chairman Weisz, and members of the House Human Services Committee,

RE: Residential End-of-Life Facility

Please accept this letter of support for the concept of the Residential End-of-Life Facility, which would provide twin homes with 24-7 supportive care for hospice patients and their families who are receiving hospice services from a hospice provider.

Our mother recently passed. She wanted very much to stay in her home where she could eat meals alone, have family and friends over, have more peace and quiet to rest, etc. Towards the end, however, she needed 24-hour supportive care which we could not provide due to jobs, etc. We would have appreciated a Residential End-of-Life Facility as a possibility.

Please favorably consider changes to ND Century Code to allow this option as there is currently a gap in care services for individuals such as our mother.

Sincerely,

Renae Hoffmann Walker
1847 Harding Place
Bismarck, ND 58501
renaehoffmannwalker@gmail.com
701-527-4611

Teri Halverson
1831 N. 23rd St.
Bismarck, ND 58501
th Alverson@metroplains.com
701-223-0172

Dawn Brady
4101 Montreal St. #103
Bismarck, ND 58503
Dm_brady@yahoo.com
701-934-3779

Cc: kilee@rockstadfoundation.org

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2226
3/16/2021

Relating to regulation of residential end-of-life facilities, relating to the definition of assisted living facility and to a sales tax exemption for sales made to an eligible facility; and to provide an effective date

Chairman Weisz opened the committee meeting at 10:45 a.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Committee action

Rep. Karen Rohr (10:46) moved **Do Pass**

Rep. Matthew Ruby (10:46) second

Representatives	Vote
Representative Robin Weisz	Y
Representative Karen M. Rohr	Y
Representative Mike Beltz	Y
Representative Chuck Damschen	Y
Representative Bill Devlin	Y
Representative Gretchen Dobervich	N
Representative Clayton Fegley	Y
Representative Dwight Kiefert	Y
Representative Todd Porter	Y
Representative Matthew Ruby	Y
Representative Mary Schneider	Y
Representative Kathy Skroch	Y

Representative Bill Tveit	Y
Representative Greg Westlind	N

Motion Carried Do Pass 12-2-0

Bill Carrier: Rep. Clayton Fegley

Chairman Weisz adjourned at 10:47 a.m.

Tamara Krause, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2226, as engrossed: **Human Services Committee (Rep. Weisz, Chairman)**
recommends **DO PASS** (12 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed SB 2226 was placed on the Fourteenth order on the calendar.