

Testimony
Senate Bill 2113 – Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman
January 11, 2017

Chairman Lee, and members of the Senate Human Services Committee, I am Karla Backman, State Long Term Care Ombudsman with the Department of Human Services (Department). I am here today in support of Senate Bill 2113, which was introduced at the request of the Department.

The amendment to subsection 7 of section 50-10.1-03 is to match the wording of the subsection to the rest of chapter 50-10.1 and also ND Administrative Code 75-03-25.

The amendment to section 50-10.1-06 is to clarify the wording.

The new section to chapter 50-10.1 is to have all long term care facilities send a copy of transfer and discharge notices to the State Long Term Care Ombudsman. North Dakota defines long term care facilities as assisted living, basic care, swing bed hospitals approved to furnish long term care services, and nursing homes. All of these facilities are required by North Dakota Century Code chapter 50-10.2 to give their residents a notice of any transfer or discharge. The intent of the new section is to assist the long term care ombudsmen in fulfilling their responsibility to act as an advocate for residents of long term care facilities. Transfer and discharge issues have been one of the top concerns encountered by the ombudsman program for the past few years. Effective November 28, 2016, the updated Federal Requirement of Participation for Nursing

Homes requires all nursing homes to send a copy of the written transfer and discharge notices to the Office of the State Long Term Care Ombudsman. The purpose is to provide added protection to the resident and assist the State Long Term Care Ombudsman to keep informed of agency activities. The proposed changes reaffirm the new federal requirement for nursing homes and also insure that residents of assisted living, basic care, and swing beds have the same safeguard.

There are times when the transfers and discharges are done with an improper justification and the long term care ombudsman is not aware of the situation until after the transition has taken place. Having the long term care facilities send the notices allows the long term care ombudsman to educate the facility on the allowed reasons for transfers and discharges. Also the ombudsman can discuss the situation with the resident and then advocate as directed by the resident or the resident's representative.

Other times a discharge to a different level of care is necessary to meet the needs of the resident as each level of care has limitations on the care that can be provided. This new section would provide the opportunity for the ombudsman to provide additional education and support to residents and their families when such a transfer or discharge is necessary.

Furthermore, all transfers and discharges have the potential for the resident to suffer transfer trauma. This is a response to the stress caused by a transfer or relocation that may include depression; agitation; an increase in withdrawn behavior; self-care deficits; falls; and weight loss. Any transfer or discharge can mean the resident may be leaving their community, family and friends which can lead to fewer visits and

less community engagement. Lost also are the known routine, familiar staff and medical providers. The ombudsmen can also help educate the long term care facilities – both the discharging and the receiving – on strategies to reduce transfer trauma.

With full knowledge of all transfers and discharges, the ombudsman can support the resident throughout the transition process. Overall this section helps insure the basic resident and human right of being treated courteously, fairly and with the fullest measure of dignity.

This concludes my testimony. I would be happy to answer any questions the committee may have. Thank you.