

# MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

1470

2001 HOUSE HUMAN SERVICES

HB 1470

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1470

House Human Services Committee

Conference Committee

Hearing Date January 29, 2001

Tape Number	Side A	Side B	Meter #
Tape 2	X		4380 to end
Tape 3	X		0 to 2425
Committee Clerk Signature <i>Courne Easton</i>			

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig

Chairman Price: Open hearing on HB 1470.

Rep. Sandvig: Introduced Bill. This program would provide information to caregivers about services available and assistance in assessing these services. It would provide individual counseling, organization of support groups, training to caregivers, and respite and adult day care to give caregivers relief. I urge a DO PASS.

Vice Chairman Devlin: Is there a fiscal note for this bill?

Rep. Sandvig: Yes. In a wording of the bill it says "to provide the adult day care and respite care". I'm wondering if maybe we couldn't change the bill to say "organize the support group" and do that part through the department.

Chairman Price: Are you talking about more of "I can call and find out what is available for respite care" or are you talking about paying a person to come in to your home?

Rep. Sandvig: I think it would be easier for the department to do the organizational part of it so there would be one place to call.

Norm Stuhmiller: I'm an advocate for older people. I have family members who tried to take care of their family members. It is really tough on these caregivers. Something should be done.

Gretchen Everson: Regional Director, Minnesota Chapter of Alzheimer's Association. (See support of HB 1470 in written testimony.) We did a statewide survey and 43% said there was a need for caregiver support and respite through personal and nursing care in their home. 27% stated there was a need for day services to provide respite.

Chairman Price: You said 27% said there is a need for day services, did you break that down by community, or rural, or urban at all?

Gretchen Everson: We did not.

Chairman Price: In our community we had those services, but they didn't have enough interest to stay open.

Rep. Niemeier: Cosponsor of HB 1470. The nursing home in my town does provide this services. This bill could identify people in a community, train them, and call on them. I do support this bill and hope something can be worked out to provide this services.

Marlo Kro: Department of Human Services, Aging Services Division. Adult Day Care and respite care are used throughout the state. Nursing homes and hospitals have attempted to provide this service. We have attempted to provide this service with a North Dakota Senior Service Information Line. We did several hundred calls a month, many for relief and support. It

is difficult to provide enough providers for this demand. We know there is a demand, but the utilization doesn't always follow through.

Rep. Niemeier: How is your current respite care program staffed and funded?

Marlo Kro: The primary funding sources that the Department of Human Services utilizes is Medicaid waiver, SPED program, and expanded SPED program.

Chairman Price: What would you tell me if I called and said I needed respite care for an elderly relative?

Marlo Kro: First we would ask you what community or county you live in. We would pull up data base of respite providers and then inform you of the providers. Hopefully, they would follow through. In reality, the dilemma is availability of staff.

Chairman Price: So everybody's name you would give me would have been checked out?

Marlo Kro: Yes, Madam Chairman.

Rep. Sandvig: Would there be any value in doing another study? Is there a possibility of getting a grant, and if there would be more people identified now in different parts of the state.

Marlo Kro: One of the recommendations is to fund a statewide needs assessment.

Rep. Niemeier: It seems that location is also a big issue besides staffing. Has Aging Services Department looked at offering incentives, or training QSP's to provide this service in our rural areas?

Marlo Kro: Yes, the Health Department and the Department of Human Services have indeed looked at what your explaining. There are a number of proposals being discussed.

Chairman Price: Rep. Niemeier, there is also about \$140,000 worth of funds in HB 1196 for training of QSP's. That is part of the Intergovernmental Transfer's proposal.

Chairman Price: Close hearing on HB 1470.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1470 A

House Human Services Committee

Conference Committee

Hearing Date February 6, 2001

Tape Number	Side A	Side B	Meter #
Tape 1	X		2280 to 3030
Committee Clerk Signature <i>Corinne Easton</i>			

Minutes:

**COMMITTEE WORK:**

CHAIRMAN PRICE: Let's go to 1470.

REP. SANDVIG: I know where this bill is going, but I think the concept was good. I talked to Marlo Kro, and he said that probably what was needed more than anything is promotion of the fact that these services are available out there and for people to be able to access them. It could be put in the form of a study resolution. I talked to Shelley, Long-Term Care Association, and she said that there was just a grant made available to the Aging Service Division dealing with respite and adult day care services.

CHAIRMAN PRICE: Remember that we put \$140,000 into the IGT for quality service provider training too.

Page 2  
House Human Services Committee  
Bill/Resolution Number HB 1470  
Hearing Date February 6, 2001

Rep. Niermeier: I would hope too that this idea could move forward, because I see a need out in the community for respite care people. I would think there would be people out there wanting the part time work as QSPs.

CHAIRMAN PRICE: The other thing that will hopefully move forward, is some of the flexibility in some of the money that we're giving to nursing homes in IGT that they explore. I know that some nursing homes do set aside a bed for respite when the family wants to travel. Part of the problem is staffing.

REP. SANDVIG: Chip Thomas is working with this bill - working with the hospitals to see if they can provide respite.

CHAIRMAN PRICE: The frustration with having the adult day cares, is not having them used.

What are your wishes:

REP. WEILER: I move for a DO NOT PASS.

REP. TIEMAN: Second.

CHAIRMAN PRICE: Discussion? Seeing none, the clerk will call the roll for a **DO NOT PASS.**

**12 YES 2 NO 0 ABSENT CARRIED BY REP. POLLERT**

## FISCAL NOTE

Requested by Legislative Council

01/23/2001

Bill/Resolution No.: HB 1470

Amendment to:

**1A. State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
<b>Revenues</b>						
<b>Expenditures</b>			\$1,494,907		\$1,561,374	
<b>Appropriations</b>			\$1,494,907		\$1,561,374	

**1B. County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2006 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

**2. Narrative:** *Identify the aspects of the measure which cause fiscal impact; and include any comments relevant to your analysis.*

This bill will establish a program to provide respite care and adult day care services to adult family member caregivers who provide informal in-home care for a disabled adult and who are ineligible for medical assistance under chapter 50-24.1. It's estimated that there would be approximately 222 potential clients for the respite care service and approximately 9 potential clients for the adult day care service.

**3. State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

**A. Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

**B. Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

### 01-03 Biennium

**Respite Care:** The expenditures are based on 222 clients and a 2.2% inflation factor each year. This translates into total expenditures of \$1,339,877.

**Adult Day Care:** The expenditures are based on 9 clients and a 2.2% inflation factor each year. This translates into total expenditures of \$155,030.

**03-05 Biennium**

Respite Care: The expenditures are based on 222 clients and a 2.2% inflation factor each year. This translates into total expenditures of \$1,399,448.

Adult Day Care: The expenditures are based on 9 clients and a 2.2% inflation factor each year. This translates into total expenditures of \$161,926.

These expenditures would be all general funds and charged to the grants line item.

*C. Appropriations: Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

The appropriation of \$1,494,907 is based on the estimated expenditures figures detailed above. It would be funded with 100% general funds and is **not** currently included in the executive budget recommendation for the Department of Human Services.

Name:	Brenda M. Weisz	Agency:	Human Services
Phone Number:	328-2397	Date Prepared:	01/26/2001

Date: 2-6-01  
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1470

House Human Services Committee

Subcommittee on \_\_\_\_\_

or

Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken DO NOT PASS

Motion Made By Rep. Weiler Seconded By Rep. Tieman

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman	✓		Rep. Audrey Cleary	✓	
Rep. William Devlin, V, Chairman	✓		Rep. Ralph Metcalf	✓	
Rep. Mark Dosch	✓		Rep. Carol Niemeier		✓
Rep. Pat Galvin	✓		Rep. Sally Sandvig		✓
Rep. Frank Klein	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Wayne Tieman	✓				
Rep. Dave Weiler	✓				
Rep. Robin Weisz	✓				

Total (Yes) 12 No 2

Absent \_\_\_\_\_

Floor Assignment Rep. Pollert

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)  
February 6, 2001 12:57 p.m.

Module No: HR-21-2473  
Carrier: Pollert  
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1470: Human Services Committee (Rep. Price, Chairman) recommends **DO NOT PASS** (12 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). HB 1470 was placed on the Eleventh order on the calendar.

2001 TESTIMONY

HB 1470

**TESTIMONY**  
**HOUSE BILL 1470**  
**BY REPRESENTATIVE SALLY SANDVIG**  
**BEFORE HOUSE HUMAN SERVICES COMMITTEE**

Chairwoman Price and Members of the Human Services Committee:

For the record I'm Representative Sally Sandvig and I'm here to introduce House Bill 1470, which would direct the Department of Human Services to establish a program to provide respite care and adult day care services to adult family member caregivers who provide informal in-home care for a disabled adult who is ineligible for medical assistance. The program would provide information to caregivers about available services and assistance in accessing these services; individual counseling, organization of support groups, training to caregivers to assist them in making decisions and solving problems relating to their care giving roles; and respite and adult day care to allow caregivers to be temporarily relieved from their care giving responsibilities.

History and facts have shown that taking care of a disabled person can end up hurting the health of the care giver. It is estimated to cost about \$50,000 per year to take care of a person with Alzheimer's disease at home. This includes the psychological costs of stress that affects the immune system and cardiovascular problems related to it. A little time off makes a world of difference in the caregivers mental and physical health.

The value of unpaid family caregivers in the U.S. in 1997 was 196 billion dollars; of which over 1/3 was for Alzheimer's patients. Family care givers provide 75% of the care for Alzheimer's patients and will continue to provide more care. 80% of disabled older adults living in communities receive unpaid assistance from family caregivers. Of typical caregivers 73% are women, 66% are married, the mean age is 46, 64% are employed full or part time, and 91% are

high school graduates. Statistics show that there will be a growth in the disabled population and fewer caregivers available. Caregivers wear out. The use of respite care delays nursing home care and saves states \$\$.

Adult day cares can provide therapeutic activities that diminish dementia, socialization, nutritional programs, and health monitoring. They can reduce agitation, mood disturbances, behavioral problems, and delay nursing home placement and hospitalization for Alzheimer's patients.

Several states have pursued state funded respite care programs in 1999. These include: Connecticut, Nebraska, Ohio, New Jersey, New Mexico, South Carolina, and Pennsylvania. Adult day care is being pursued in Massachusetts, Mississippi, New Jersey, North Carolina, Georgia, California; and Michigan and Wisconsin are working on both programs.

North Dakota is expected to have 24,950 people with Alzheimer's disease by the year 2025. It is estimated that 469.6 million dollars worth of care is given by 61,671 care givers providing 57.4 million hours of care giving for Alzheimer's patients in 1997.

More than 7 of 10 people with Alzheimer's nationally live at home. \$12,500 per year is paid for out of pocket care rather than home care. About 1 in 10 caregivers will become physically ill or injured as a direct result of care giving and anywhere from 43 to 46% will suffer from depression. Time to themselves improves the well being and extends the time they can provide in home care. Counseling and support can help caregivers to cope longer and delay nursing home placement by about 329 days. If even delayed a month about \$1,863.00 per person can be saved. Services provided on weekends, evenings, overnight and in cases of emergencies can help a lot.

This concludes my testimony. I'll try to answer any questions that you may have. Please give this bill a do pass and give our caregivers the help that they need.



Testimony of Gretchen Everson on House Bill 1470  
Fargo/Moorhead Regional Center Director  
Alzheimer's Association Minnesota-Dakotas Chapter  
January 29, 2001

**Minnesota-Dakotas Chapter**  
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**Executive Director**  
John C. Kemp

In September of 2000 the Alzheimer's Association conducted a statewide survey of caregivers. Respondents were asked to identify what they felt were the top five most important issues related to Alzheimer's care. 43% said there was a need for caregiver support and respite through personal and nursing care in their home. 27% stated there was a need for day services to provide respite. House Bill 1470 meets both of these identified needs.

House Bill 1470 provides for the organization of support groups. Currently there are 12 Alzheimer's Association affiliated support groups in North Dakota. There 16,000 North Dakotans with Alzheimer's disease. Despite efforts on the part of the Alzheimer's Association to start new support groups there simply are not enough support groups to reach all the families affected by Alzheimer's disease in North Dakota. Many of these groups meet in larger communities making them inaccessible to caregivers in rural areas that have no respite care for their loved one when they want to attend a meeting and have to travel a great distance to attend.

Respite services are essential for healthy caregiving. 45% of caregivers suffer from a serious illness of their own. Aside from the physical demands of caregiving, caregivers require emotional support and social interaction. Going to the grocery store or getting a good nights sleep are often impossible for someone caring for a person with Alzheimer's disease in their home. It is not unusual for caregivers to become incapacitated and unable to continue to provide care in the home. The person with Alzheimer's disease is most often then placed in a care facility. Financial issues are then raised.

Everything we can do to help family caregivers maintain their strength and emotional health is imperative. House Bill 1470 creates programs that provide caregivers with resources to maintain their ability to provide in-home care.

## HB 1470

### Testimony of Kenneth Karls Cystic Fibrosis Association of North Dakota

Chairman Price and members of the committee, my name is Ken Karls and I represent the Cystic Fibrosis Association of North Dakota. I am testifying to provide information for the committee.

The majority of our members are covered under traditional third party health care policies, and others are covered under CHAND. While these plans cover much of the cost of required care, there are areas that are not covered and because cystic fibrosis is such an expensive disease to fight, significantly impact the entire family.

Each person with cystic fibrosis should receive chest physical therapy (CPT) at least two times per day, should receive inhalation therapy twice per day, and must take large numbers of medications and enzyme supplements each day. While persons with the disease can normally self-administer the daily medications, enzymes and inhalation therapy, such is normally not the case with CPT.

The method of applying CPT requires "clapping" on the trunk of the patient's body for an average period of 30 minutes each time it is administered. It is vitally important that all lobes of the lungs receive the benefit of this therapy in order to dislodge mucus. If any part of the lung does not experience CPT, bacterial growth will quickly follow. This in turn, will initiate the destruction of that portion of the lung.

Unless the person with cystic fibrosis is hospitalized, the usual CPT provider is a parent. While this is a significant commitment of time and energy on the part of the parent each day, it also helps to reinforce the bond between the parent and child.

Parents who have administered CPT 2 to 4 times daily for 8, 10 or 16 years are finding that the therapy is taking a toll on their own bodies. Numbers of these parents have experienced pain in their hands very similar to carpal tunnel syndrome. They have been instructed to discontinue CPT administration for extended periods (3 to 6 months) or permanently. In those cases, other alternatives must be sought for CPT administration.

Usually the CPT chore falls entirely upon the other parent until they develop the characteristic pain in their hands. In other cases use of therapeutic equipment is required. The equipment used for this application is an airway clearance system consisting of a custom-fit inflatable vest and compressor which does a good job of pulsating all areas of the lungs, but presently costs about \$14,000.

The bottom line is that CPT is not an option for persons with cystic fibrosis. If parents cannot administer the care, cannot afford the vest, or cannot get insurance coverage for the vest, the only other option is to seek someone outside the family who has the expertise to correctly administer the therapy. This is usually a respiratory therapist. As I understand it, this bill would allow short-term provision of that option by the State Department of Human Services.