**2023 Senate Bill no. 2272**

**Senate Human Services Committee**

**Senator Judy Lee, Chairman**

**February 8, 2023**

Good morning, Chairman Lee and members of the Senate Human Services, my name is Lacey Armstrong. I am a board-certified psychiatrist with Sanford Health Bismarck. I also serve as Sanford Bismarck's chief of psychiatry.

I work together with two psychiatric advance practice providers (APPs) to cover our inpatient psychiatric unit, consultations on the medical floors, and the emergency room.

As a psychiatrist managing the region's primary inpatient psychiatric treatment center, I am asking that you please give SB 2272 a **Do Not Pass** recommendation. The health care system for inpatient psychiatric care in North Dakota is already stretched too thin. Restricting the State Hospital to caring only for forensic patients would make this problem worse.

At Sanford Bismarck, our psychiatric unit serves the entire western part of the state. In addition to serving Burleigh and Morton counties, we frequently accept patients from Williston, Dickinson, Watford City, and every town in between. We also accept admissions from the regional reservations including Standing Rock (Fort Yates and Mobridge, S.D.), Fort Berthold (New Town), Turtle Mountain (Belcourt), and the Cheyenne River Reservation (Eagle Butte, S.D.).

Though our psychiatric unit in Bismarck technically has 23 beds – 10 double occupancy rooms and three seclusion rooms – the unit is typically capped at 12 patients. Due to double occupancy, it is nearly impossible to have that many patients on the unit at one time. High patient acuity and limited staffing at times also limit how many patients we can safely accept.

All hospitals in our state struggle to find beds for those patients that need a higher level of psychiatric care than what they can provide. As a PPS hospital, we serve as the tertiary care

center to the smaller hospitals in our region as much as we can and we count on the State Hospital to provide a higher level of care some of our patients need.

It's not uncommon for us to have patients who require long-term hospitalizations due to lack of safe discharge options. With the influx of illicit drugs into the state, we have seen many young, healthy patients develop long-term cognitive sequela or psychotic symptoms. Some have taken months to clear, and at times symptoms appear permanent. Some of these patients are highly paranoid, aggressive, volatile, and require 1:1 staff – which we simply do not have – to keep our other patients safe. When we have to use 1:1 staff, it forces us to decrease our unit capacity because we don't have enough nurses to care for the other patients.

Other patients demonstrate cognitive impairment and are often not safe to care for themselves, requiring a locked facility just to prevent them from wandering, which is a serious safety concern during the winter months. We also have difficulty placing our elderly patients with mental illness, as skilled nursing facilities are hesitant to accept once patients have required psychiatric admission. With only 10-12 beds, these chronic patients can easily occupy half of our available capacity.

We also do not have any segregation, or separation of the unit (i.e., geriatric unit, high acuity, or psychotic unit, etc.). This leaves the most vulnerable of our patients (elderly, dementia, severely depressed, or anxious) not just exposed, but in close proximity with our patients who are young, psychotic, manic, paranoid, and at times aggressive and threatening.

It is not a safe or otherwise appropriate setting for patients that have serious mental health conditions to be cared for in a lower level of care, any more than it would be appropriate for a patient in need of surgical intervention to be kept in a facility without an available surgeon. Care of mental health patients requires trained staff and appropriate facilities intended for that purpose. This is not borne of the desire for private hospitals to be rid of a patient, but of the need for the patient to be cared for in the setting appropriate for their condition.

Without the State Hospital to provide Serious Mental Illness (SMI) care for the patients described above, the responsibility falls on our PPS health systems, which greatly impairs our ability to care for the rest of our North Dakota residents who require treatment for acute mental health needs. The lack of available psych beds then leads to patients being boarded for extended periods of time in the ER, which impacts our ability to promptly treat the acute, at times life-threating, medical issues of our North Dakota residents.

The state hospital is, and needs to continue to be, that safety net for patients that have high acuity, serious mental health conditions that cannot be safely cared for in the private hospital system.

Thank you for the opportunity to share this information. North Dakota hospitals welcome the opportunity to work together with state leaders to find solutions to better care for patients and their families in the communities we serve.

I'd be happy to answer any questions.

Respectfully submitted,

Lacey Armstrong, M.D.
Sanford Health Bismarck