TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE
March 5, 2020
Senate Bill 897: Maryland Department of Health - Residential Service Agencies - Training Requirements
Written Testimony Only

POSITION: SUPPORT WITH AMENDMENT

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support with amendment for Senate Bill 897. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction in the state.

HFAM members provide the majority of post-acute and long-term care to Marylanders in need: 6.2 million days of care across all payer sources annually, including more than four million Medicaid days of care and more than one million Medicare days of care. Thousands of Marylanders across the state depend on the high-quality services that our skilled nursing and rehabilitation centers offer every day. Residential Services Agencies (RSAs) are important to our members as an integral part of the continuum of care, particularly on discharge.

Senate Bill 897 would require RSAs to ensure that direct care and supervisory staff receive six hours of training regarding dementia and that those staff members also receive four hours of continuing education training regarding dementia each year, unless the staff member has provided dementia-related care or supervisory services for at least 24 consecutive months before beginning employment. In addition, this legislation would require that individuals providing the training have certain requirements including at least two years of related work experience.

We agree that staff members who provide direct care and those who are in supervisory roles with RSAs providing dementia-related services to individuals should have the appropriate training relative to dementia and that those who provide training should have suitable experience relative to dementia-related care.

While the intent of the bill appears to focus on RSAs providing dementia-focused services to individuals, the specific language of the bill is broader. Current language vaguely requires training that, "at a minimum", includes dementia training. This imposes an undefined requirement on RSAs for training other than dementia training without any rationale or parameters.

Not all RSAs should be subject to this bill. This legislation fails to recognize that there are a variety of different types of RSAs that provide different types of services. As currently drafted, this legislation would require dementia training even if not relevant to the services provided. It is important that the training requirements apply only to staff who routinely interact with individuals who have a dementia-related diagnosis.

That said, HFAM supports Senate Bill 897 with these specific amendments:

1. Page 3 line 3 should read: EACH RESIDENTIAL SERVICE AGENCY PROVIDING DEMENTIA-FOCUSED SERVICES SHALL ENSURE THAT:

2. Page 3 line 8 should read: RESIDENTIAL SERVICE AGENCY BY [*DELETE:*, AT A MINIMUM,] PROVIDING:

For these reasons, and with these edits, we request a favorable report with amendment on Senate Bill 897.

Submitted by:

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