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THE MARYLAND HOUSE OF DELEGATES
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TESTIMONY FOR HEALTH AND GOVERNMENT OPERATIONS COMMITTEE

CHAIR SHANE PENDERGRASS
VICE CHAIR JOSELINE PENA-MELNYK

HOUSE BILL 1168: MARYLAND DEPARTMENT OF HEALTH – RESIDENTIAL SERVICE AGENCIES- TRAINING REQUIREMENTS

MARCH 5, 2020

POSITION: SUPPORT

Good Afternoon Chairman Pendergrass and Vice Chair Pena Melnyk. Today, I ask for your support of HB 1168, Maryland Department of Health - Residential Service Agencies - Training Requirements, which would mandate that residential service agencies in Maryland provide their direct care and administrative staff with five hours of initial training related to dementia care, and have two hours of continuing education for staff every year. As someone with a parent who suffers from dementia this bill is personal to me, but I am far from alone in that struggle. I am sure many of you also have people close to you who are suffering. So I ask that you think of those relatives when considering this legislation. We are simply asking that the people caring for one of our most vulnerable populations are properly equipped to handle them.

This legislation came to me two years ago from a constituent and RSA owner, Amy Keller, who you will hear from today. She was growing increasingly concerned with the state of the industry. With over 11 years of experience, she had seen too often the care for seniors fall short of what they deserved. It was Amy—a provider—who said to me that we need to set a standard for companies in the RSA industry. And it was Amy—a provider—who said that caregivers need more tools to care for the aging population, amidst an industry that pays them just above minimum wage**.**

When we met, she provided the biggest binder of information than I've received from any lobbyist or advocate since I've been in the General Assembly. In that binder was color coded COMAR references and PowerPoints and studies; but most importantly she provided her Dementia training curriculum. It was and still is one of the most thorough trainings you will see any provider give to their employees in any field, and our original goal was to implement all of it.

Unfortunately, our grand plans ran into the realities of Annapolis, and we have spent the last year and a half negotiating with industry representatives to create a bill that is palatable to them. In that time we made plenty of concessions. We have lowered the hours required, expanded the timeline for training, and restricted the scope of who needs to be trained. Still, the industry refuses to budge.

Industry representatives say they are willing to concede as well, and have offered an amended version of the bill to that effect. Their amended version: gives no timeline for when the training should happen; eliminates training criteria for supervisors, who manage and provide guidance to these workers providing direct care; removes the hour requirement for the initial training, so these substantive requirements could technically be completed during your lunch break; removes the continuing education requirement, so a worker who has been on the job for a decade would not have to learn about any new developments in dementia care; and eliminates the already-reduced role for the State Health Department, in providing oversight for this work.

I believe—as the old cliché goes, "we can't let perfect be the enemy of the good." But this amendment is not good. It functionally guts the intention of the bill, and is not what I would consider a compromise in any way.

The providers will claim they cannot afford the changes we are proposing. These same providers charge an average of $26.00 per hour for their care, and yet pay their caregivers just $11.65 on average. This committee has received written testimony from Harrington Software, who provides online dementia training for assisted living facilities, and notes that they offer it at less than $30 per person. The RSA will make up that expense in 2 hours.

This legislation will equip caregivers—37 percent of whom receive public assistance, over 15 percent of whom lack health insurance, and have a median annual income of just over $22,000 in Maryland—with essential training, while they are in the workforce, to care for our most vulnerable seniors. They deserve it.

One in three seniors suffer from Alzheimer's disease or related dementia right now. My mom, at the too-young age of 61, began showing signs of this disease. Assisted living and nursing homes in our state have staff who are required to be trained in dementia care. For the over 1,200 RSAs in Maryland, who we invite into our homes—to care for our greatest generation—they are only visited by the State if there is a complaint, and they have staff with no mandated training in dementia care. I urge you to fill this critical gap in care.

Thank you again for you time, and a request favorable report on HB 1168.