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Legislative District 9

Carroll and Howard Counties

Education, Health, and Environmental Affairs Committee

Chair, Joint Committee on Cybersecurity, Information Technology and Biotechnology



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Testimony in Support of SB275 - Maryland Department of Health - Residential Service Agencies - Training Requirements

February 4th, 2021

Chair Kelley, Vice-Chair Feldman and Members of the Senate Finance Committee:

Thank you for your consideration of Senate Bill 275. Alzheimer's and other forms of dementia impact so many of our constituents, and are illnesses that I know so many of you on this committee have a personal connection with. The legislation in front of you, including a small conforming amendment, raises the bar for the standard of care by requiring that residential service agencies in Maryland provide their direct care and administrative staff with three hours of initial training related to dementia care, and two hours of continuing education every year.

It also requires the home care industry to further invest in their workforce, so they are equipped with best practices and a better understanding of how to provide the complicated care required for individuals with dementia. The Alzheimer's Association of Maryland and the Maryland-National Capital Homecare Association (MNCHA), representing residential service agencies, have crafted a compromise bill that helps caregivers and families. This legislation will equip caregivers — 37 percent of whom receive public assistance, over 15 percent of whom lack health insurance, and who have a median annual income of just over \$22,000 in Maryland — with the essential training they need to care for our most vulnerable seniors.

In your fiscal note, you will see that the Department of Legislative Services writes that the cost to the State under this bill increases by "an indeterminate amount." The Maryland Department of Health provided information, past the deadline for DLS to fully consider and include in your fiscal note, which assessed a 25 cent per hour Medicaid rate adjustment for home care agencies. DLS, in response, says that "the estimate seems to overstate the impact

on rates as it is consistent with an estimate for previous legislation that required double the amount of training." I would raise for your attention that with this cost estimate, the Department's actuaries are suggesting they would adjust Medicaid rates in a manner that does not reflect the decreased cost to providers in implementing this year's legislation as a result of the provisions of this legislation requiring fewer training hours, more focused training topics, and greater flexibility for supervisors to provide the requisite training. For that reason, I would concur with DLS' assessment that the Departments' estimate is very likely an overstatement of the impact this bill will have on rates.

Today, one in three seniors suffer from Alzheimer's disease or dementia. For the over 1,200 residential service agencies in Maryland providing staff to those vulnerable seniors, their staff currently have no mandated training in dementia care and are only visited by the State in the case of a complaint. There is a critical gap that needs to be filled in terms of oversight of quality of care, and this negotiated agreement between residential service agencies and groups representing the interests of our seniors and individuals with alzheimers and dementia is an excellent, mutually agreed upon solution. I would like to thank this committee for the work you have already done to improve the standard of care for over 110,000 Marylanders with Alzheimer's and countless others with dementia, and **respectfully request a favorable report on Senate Bill 275.**

Sincerely,

Senator Katie Fry Hester

Howard and Carroll Counties

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