



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

February 4, 2021

Senate Bill 275: 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 275. 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 million days of care across all payer sources annually, including more than 4 million Medicaid days of care and 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 275 would require RSAs to ensure that direct care and supervisory staff receive three hours of training regarding dementia and that those staff members also receive two hours of continuing education training regarding Alzheimer's disease and dementia each calendar year, unless the staff member has provided Alzheimer's disease or dementia-related direct care or supervisory services for at least 24 consecutive months before beginning employment. In addition, this legislation would require the individual providing the training to issue a certificate of completion to the individual who completes the training and would require each RSA to maintain records that indicate the type of training received by each individual who has received a certificate of completion.

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.

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Not all RSAs should be subject to this bill. While this legislation does not apply to RSAs that only provide durable medical equipment, it fails to recognize that there are a variety of different types of other 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 275 with these specific amendments:

1. Page 3 lines 5-6 should read: BEGINNING JULY 1, 2022, EACH RESIDENTIAL SERVICE AGENCY PROVIDING DEMENTIA-FOCUSED SERVICES SHALL ENSURE THAT:
2. Page 3 line 11 should read: RESIDENTIAL SERVICE AGENCY BY [~~DELETE;~~, AT A MINIMUM,] PROVIDING 3 HOURS OF ONLINE

For these reasons, and with these edits, we request a favorable report with amendment on Senate Bill 275.

Submitted by:

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