

GRANITE STATE HOME HEALTH & HOSPICE ASSOCIATION

**Testimony in Opposition to HB 255,
re: dementia training for direct-care staff in residential and community -based settings**
February 6, 2019

Good morning Madam Chairman and members of the committee. I'm Gina Balkus with the Granite State Home Health and Hospice Association, which advocates on behalf of home care, hospice and palliative care providers and the people they serve.

Our providers support the intent of SB 255 – which is to set minimum training requirements for staff who work in licensed facilities, including home care and hospice agencies. The incidence of dementia among elderly clients is common, and the elderly comprise the majority of clients in home care and hospice. Our agencies continuously strive to train staff so they can address the clinical and personal needs of the people they serve.

However, we are concerned that SB 255 is a proscriptive requirement that will be extremely difficult for home care and hospice agencies to operationalize. It goes beyond what we feel is necessary to train our professional caregivers. We believe that any requirement for minimum training should be flexible, competency-based, and would be best addressed in each health facility's licensing rules.

Here are some concerns we have with HB 255

- The bill requires training for *all direct care staff*, even if they do not work with clients with dementia. There are several home care agencies that specialize in pediatric skilled nursing care. Their staff would be unlikely to encounter dementia clients, yet they would all have to go through many hours of initial training and continuing education each year. That's misuse of resources and time.
 - This bill requires all direct care staff to undergo 6 hours of initial training and 4 hours of continuing training each year. To be honest, this is a huge number of hours. The He-P 822 licensing rules for non-medical home care agencies require that personal care service providers receive 8 hours of training before they can serve clients. In addition, the rules require each agency to have a plan for infection control, which includes education of caregivers. Adding 6 hours onto this requirement almost doubles the existing training requirements.
- A lot of training today is through online programs. If some people were required to take a 6-hour course, some might finish it in 4 hours, others might take 7. Would agencies be non-compliant if someone finished sooner?



- This bill specifies topics that must be covered in the 6-hour initial training. Some of these requirements are not appropriate to all levels of staff. For instance, the requirement for assessment and care planning would be appropriate for nurses, but not for LNAs or personal care providers because assessment and planning is not within their scope of practices.
- This bill requires DHHS to approve the training programs facilities offer. This is unprecedented. DHHS does not approve any other disease- specific training programs and we see no reason why they should be involved in this. If an agency is tailoring its curriculum to the staff's knowledge base, or if it is purchasing a curriculum, the agency would need to get approval from DHHS. That is a burden on DHHS and agencies.
- This bill requires that employees pass a test. Education levels vary among our staff and not everyone tests well. We would prefer a competency -based approach that could be observed by a supervisor.
- This bill is also an unfunded mandate that will increase the losses that agencies already experience from Medicaid.

In conclusion, we are supportive of a training requirement for professionals who deal directly with dementia clients, but we believe it should be flexible rather than proscriptive. Providers should be able to tailor it to the personnel being trained. DHHS does not need to approve curricula, but rather the minimum training requirements should be incorporated into facility licensing rules. An example to follow could be the infection control requirements in current He-P 822 and He-P 809 rules.

We are willing to work with the sponsor and stakeholders to amend the bill so that it meets its intent and creates minimum standards so that professional caregivers are better trained to meet the needs of people with dementia. Thank you for the opportunity to speak.