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**HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE  
HOUSE BILL 0416: HEALTH CARE FACILITIES – ASSISTED LIVING PROGRAMS –  
MEMORY CARE AND ALZHEIMER’S DISEASE UNIT REGULATIONS**

**MARCH 11, 2021**

**POSITION: SUPPORT**

Thank you for the opportunity to provide testimony on House Bill 0416: Health Care Facilities – Assisted Living Programs – Memory Care and Alzheimer’s Disease Unit Regulations. Disability Rights Maryland (DRM – formerly Maryland Disability Law Center) is the federally designated Protection and Advocacy agency in Maryland, mandated to advance the civil rights of people with disabilities. DRM works to increase opportunities for Marylanders with disabilities to be integrated in their communities, live independently and access high-quality, affordable health care.

Maryland’s regulations governing Assisted Living Programs (ALP) have not been substantively updated since 2008.<sup>1</sup> The current regulation governing Alzheimer’s special care units at ALPs do not require specific training or program services to meet the needs of residents with Alzheimer’s or memory care needs.<sup>2</sup> Rather, ALPs are given total discretion in developing their specialty units, including what particular training their staff receives and what services they provide.

The lack of reasonable standards for ALPs with Alzheimer’s and Memory Care specialty units creates the risk of inconsistency in care and services at ALPs. The only staff qualifications that may address the needs of residents with memory care issues are the general requirements of 5 hours of staff training on cognitive impairment and mental illness within the first 90 days of employment and 2 hours of annual continued education.<sup>3</sup> However, this requirement applies to all ALP staff members that provide personal care services. Training on cognitive impairments and mental illness cover a wide array of diagnosis and residents needs, and is not specific to the ALPs that hold themselves out as having Alzheimer’s special care units.

As of 2014, estimates suggested that up to 70% of assisted living residents experience a diagnosable form of mild to severe Alzheimer’s disease or another dementia diagnosis.<sup>4</sup> At least half of these residents exhibit symptomology such as depression, challenging behaviors, such as wandering and inappropriate aggression, and disrupted thinking processes, including visual and

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<sup>1</sup> 35:26 Md. R. 2249, effective December 29, 2008.

<sup>2</sup> COMAR 10.07.14.30

<sup>3</sup> COMAR 10.07.14.19

<sup>4</sup> National Center for Assisted Living. (2014). Resident profile Retrieved January 21, 2015, from <http://www.ahcancal.org/ncal/resources/Pages/ResidentProfile.aspx>

auditory hallucinations.<sup>5</sup> Regulations are needed to ensure ALPs are meeting the unique needs of assisted living residents diagnosed with Alzheimer's or requiring memory care.

For many nursing home residents with Alzheimer's, dementia or memory care needs, their only option for a safe discharge to the community is to an ALP. Requiring the Maryland Department of Health to develop regulations that will establish standards for ALPs with Alzheimer's and Memory Care specialty care units will help to ensure that people with these diagnoses receive appropriate care to meet their needs, avoid unnecessary institutionalization and support residents to successfully age in place in the community.

As written, this bill does not create any new financial responsibilities or care standards for ALPs. Rather, this bill only requires OHCQ, the agency obligated to oversee ALPs, to develop regulations to establish reasonable standards for ALPs with Alzheimer's and Memory Care specialty units. Through the proposed regulation process OHCQ will receive comments from ALPs and stakeholders to ensure any regulations, developed as a result of this bill, meet the needs of residents, but are not overly burdensome. Consistency in care for people with Alzheimer's, dementia or memory care needs may allow more people to transition out of institutional settings to live in the community and may lower costs related to unnecessary hospitalization and institutionalization. Furthermore, establishing standards for ALPs will ensure ALPs are able to meet the needs of their residents, avoid unnecessary discharges of residents, and ensure consistent care when ALP residents do transfer between ALPs.

**For these reasons, DRM strongly supports House Bill 0416.**

Respectfully,

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<sup>5</sup> Leroi I., Samus Q. M., Rosenblatt A., Onyike C. U., Brandt J., Baker A. S, ... Lyketsos C. (2007). A comparison of small and large assisted living facilities for the diagnosis and care of dementia: The Maryland Assisted Living Study. *International Journal of Geriatric Psychiatry*, 22, 224–232.