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**HB 416 Health Care Facilities – Assisted Living Programs – Memory Care  
and Alzheimer’s Disease Unit Regulations  
Favorable  
House Health and Government Operations Committee  
March 11, 2021**

Good afternoon Chairwoman Pendergrass and members of the House Health and Government Operations Committee. I am Tammy Bresnahan. I am the Director of Advocacy for AARP Maryland. AARP Maryland is one of the largest membership-based organizations in the state, encompassing over 860,000 members. AARP MD overwhelmingly supports **HB 416 Health Care Facilities – Assisted Living Programs – Memory Care and Alzheimer’s Disease Unit Regulations**. We thank Delegate Belcastro for sponsoring this important legislation.

AARP is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities, and protection from financial abuse.

HB 416 requires the Maryland Department of Health to issue regulations for memory care units at assisted living facilities, and to address specific areas which include admissions, discharge, staff training and procedures to reduce social isolations among residents. Assisted living regulations haven’t been updated since at least 2008.

For proper context, it is important to note that America’s assisted living facilities (ALFs) are not regulated by the federal government; and therefore there is no federal statutory oversight or regulatory program that is analogous to those governing our nation’s nursing home facilities, despite many that are participating in Medicaid programs (which do have a federal regulatory component, due to joint funding by individual states and the federal government).

Maryland’s current 1,554 ALFs are only fully-regulated by and accountable to the State (unlike Maryland’s 230 nursing homes, which are fully regulated by the State and the federal government). The onus to ensure adequate protection and safety of a large segment of Maryland’s most vulnerable citizens rests solely within the resources of the State.

Memory care units are specialized residential facilities designed to serve the needs of aging adults with Alzheimer's disease, dementia and other cognitive issues. Staff members need be trained to help with daily living activities and to help residents manage dementia symptoms such as combativeness, sundown syndrome and wandering.

Memory care might be provided at stand-alone facilities or in dedicated wings, sometimes called special care units, at assisted living facilities and nursing homes. They generally need and have a higher staff-to-resident ratio and place a greater emphasis on security, using things such as alarmed doors, elevator codes and tracking devices to prevent wandering.

Just for background, the average cost for memory care is about \$5,400 a month, according to Dementia Care Central, an information resource for dementia caregivers that received seed money from the National Institute on Aging. For assisted living facilities, there currently is no nationally set guideline for an appropriate staff-to-patient ratio. Currently, assisted living facilities determine the "sufficient" ratio to best meet the needs of their program and residents.

In 2005, The Maryland Office of Health Care Quality (OHCQ), in its report entitled Maryland's Assisted Living Evaluation noted, "For over a decade or more, it is widely-known in the industry that the residents in assisted living facilities consistently present acuity levels that were previously only seen among nursing home residents." In 2005, up to two-thirds of residents in assisted living programs have moderate to severe dementia and less than half receive adequate treatment for this condition.

Given the enormous variability in regulations, and services provided by assisted living, consumers are unsure what to expect in different types of facilities and communities they call home. While skilled-nursing facilities are fairly well defined, there is more variation in the definition of assisted living and residential care which provide different levels of service depending on what is authorized or required by the state. The availability of assisted living/residential care and supportive housing is growing in response to consumer demand and increased public funding for services in such settings. Licensing and regulation of assisted living and residential care occurs at the state level.

AARP MD believes that policy makers should pass the laws that implement various approaches to promoting service quality and protecting the rights of consumers and updating and promulgating regulations is one way to do hold assisted living facilities accountable to the residents they serve. AARP MD also believes that states can establish licensing requirements that set various provider standards, monitor service quality, and protect residents' rights.

And finally AARP believes that states should enact legislation that requires the state to update its assisted living facilities regulations that reflect the current conditions in those facilities.

For these reasons, AARP MD respectfully ask the House Health and Government Operations Committee for a favorable report on HB 416. If you have questions or comments, please contact Tammy Bresnahan at [tbresnahan@aarp.org](mailto:tbresnahan@aarp.org) or at 410-302-8451. Thank you!