

VIRGINIA I. JONES ALZHEIMER'S DISEASE AND RELATED DISORDERS COUNCIL

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March 11, 2021

Delegate Shane E. Pendergrass
Chair, Health and Government Operations
Room 241, House Office Building
Annapolis, MD 21401

RE: House Bill 416--Health Care Facilities - Assisted Living Programs - Memory Care and Alzheimer's Disease Unit Regulations

Dear Chair Pendergrass,

The Virginia I. Jones Alzheimer's Disease and Related Disorders Council (the Council) is submitting this letter of support for House Bill 416 (HB 416) titled "Health Care Facilities - Assisted Living Programs - Memory Care and Alzheimer's Disease Unit Regulations." HB 416 requires the Maryland Department of Health (MDH) to establish specific standards governing memory care and Alzheimer's disease units in assisted living programs, including certain training requirements, certain staffing pattern requirements, certain activity requirements, certain admissions and discharge criteria, and certain other procedures, and that require compliance by assisted living programs with the standards.

The Council extends its support for HB 416, as it promotes high quality and care standards in assisted living, memory care, and Alzheimer's disease and related disorder (ADRD) units. HB 416 also presents a significant opportunity for service delivery improvement, as the demand for and offering of assisted living programs with memory care and ADRD units is on the rise. As a result, these specialized programs are serving increasing numbers of vulnerable individuals who, in many circumstances, also have high levels of frailty and medical acuity. Residents cared for in memory care and ADRD units have unique, multidimensional care needs, which places higher and new demands on assisted living providers. Best practice recommendations for dementia care highlight a number of effective disease and symptom management strategies, that, when delivered systematically, can make significant differences for patient outcomes as well as alleviate caregiver burden. These include—but are not limited to—effective non-pharmacological management of behavioral symptoms (e.g., agitation, aggression, care resistance, depression, anxiety, apathy); provision of adequate supervision; promotion of a safe living environment (e.g., fall and wander-risk management); and provision of meaningful activity engagement.

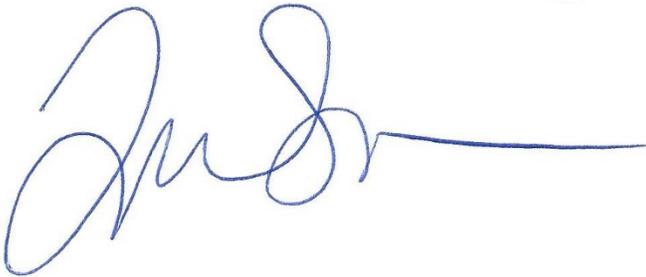
In accordance with HB 416, the Council agrees that specific standards should be established to govern memory care and ADRD units in assisted living programs, including:

- Staff training requirements, including the number of hours and content of dementia-specific training requirements for special care unit administrators and staff;
- Staff pattern requirements;
- Appropriate frequency and type of activities for residents based on their capabilities and preferences;
- Procedures that are beyond those historically provided in assisted living programs (e.g. frequency of nighttime bed checks to prevent dangerous events); and
- Clear admissions and discharge criteria and procedures, including the appropriateness of initial placement and continued residence in the special care unit.

Further, the Council agrees that memory care and ADRD programs offered in assisted living should comply with these minimum standards.

The Council respectfully urges this Committee to approve HB 416 as an important quality improvement measure for memory care units, which have become a prominent long-term setting of care for large numbers of vulnerable persons with dementia. In doing so, this bill will aid in advancing assisted living provider capabilities and competency as it relates to dementia care, increase accountability to assisted living consumers, and ultimately improve resident experiences, care quality, and outcomes.

Sincerely,

A handwritten signature in blue ink, appearing to read "Quincy M. Samus", with a long horizontal line extending to the right.

Quincy M. Samus, PhD, MS, Chair, Virginia I. Jones Alzheimer's Disease and Related Disorders Council