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## FISCAL IMPACT REPORT

ORIGINAL DATE 02/19/21  
 SPONSOR HSEIC LAST UPDATED 03/17/21 HB CS/250/aHF1#1/aSF1#1  
 SHORT TITLE Long-Term Care Dementia Training Requirements SB \_\_\_\_\_  
 ANALYST Chilton

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY21	FY22	FY23	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Initial Cost</b>		\$80.0-\$100.0		\$80.0- \$100.0	Nonrecurring	General Fund
<b>Ongoing costs</b>		\$11.5	\$11.5	\$23.0	Recurring	General Fund
<b>Total</b>		\$91.5 - \$111.5	\$11.5	\$103.0- \$123.0	Mixed	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

Related to Senate Memorial 6.

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Aging and Long-Term Services Department (ALTSD)  
 Department of Health (DOH)  
 Human Services Department (HSD)

### SUMMARY

#### Synopsis of SF1#1 Amendment

The Senate floor #1 amendment to House State Government, Elections and Indian Affairs Committee substitute for House Bill 250 as amended, changes the reference for the dementia training program (online or in-person) from part of Section 4 of the act to Section 5, which deals with dementia certificates and their issuance. The training program is now to be approved by the Department of Health pursuant to Section 5.

#### Synopsis of HF1#1 Amendment

The House floor #1 amendment to House State Government, Elections and Indian Affairs Committee substitute for House Bill 250 makes two changes:

- 1) Removes the qualification “in person, video, audio or telephonic” from the definition of direct care services used in the bill, and
- 2) Changes the definition of “direct care service care staff member” to include both those employed by or contracted with a long-term care facility to provide in person care or those contracted to provide at least ten hours per week of direct care by video, audio or telephonic means at long-term care facilities.

### Synopsis of Original Bill

The House State Government, Elections and Indian Affairs Committee substitute for House Bill 250 would require training in recognition and treatment of dementia for all those working in long-term care facilities, where encounters with people suffering dementia are common. This would include full-time and part-time employees, both administrative and those involved in direct patient care working in skilled nursing facilities, intermediate care nursing facilities, and other adult residential care facilities, and also would include independent contractors or consultants to these facilities.

Section 1 of the bill identifies it as the “Long-Term Care Facility Dementia Training Act.”

Section 2 provides definitions. “Direct service staff members” are those providing service directly to persons in long term care facilities, whether directly employed by the facility or hired by a third party. The definition of “long-term care facility” includes all state-licensed long-term care facilities.

Section 3 gives details of training to be required, including the content of that training, to be specified and provided by the Department of Health. Requirements of training and experience for those conducting the training are specified and must be at least four hours in duration. Direct care personnel hired after January 1, 2022, would be required to complete the training within 60 days of beginning work; the same would apply to all employees who started work earlier, unless they had completed an equivalent course in the preceding two years. Those who previously took the training but had been out of the field of long-term care for more than two years would be required to take the course as well. Long-term care facility contractors would be required to provide copies of dementia education certificates for their employees to the facilities in which they were to be working.

Section 4 requires DOH to certify existing programs on dementia or to develop them, to provide guidance to long-term care facilities on compliance with this act, to oversee provision of dementia training in all long-term care facilities, to review evaluation tools so that employees could demonstrate knowledge about dementia, to approve dementia training programs at all long-term care facilities, and to issue training certificates. DOH would be required to give notice of the provisions of the act within ninety days of the act’s effective date.

Section 5 details the training certificates and their use within and among long-term care facilities.

There is no effective date of this bill. It is assumed the effective date is 90 days following adjournment of the Legislature.

### **FISCAL IMPLICATIONS**

There is no appropriation in House Bill 250.

DOH notes:

[DOH] will be required to incur staff time needed to amend nine health facility licensing regulations related to residential facilities and agencies employing direct care staff, regarding the administrative overview of training standards, testing, and periodic overview of training standards of administration and direct care staff caring for citizens with dementia and Alzheimer disease. DOH's Division on Health Improvement will be required to provide oversight for each training program and provide periodic review and approval of standardized programs for use in the training programs.

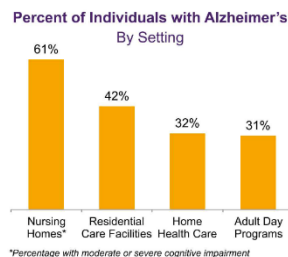
DOH provides the following cost estimate regarding the original bill:

- An extra 5.0 FTEs [for 120 hours each] in the first year (FY 22) at an estimated \$80 thousand-100 thousand to research and promulgate the rule standards, review of evaluation instruments, and for NMDOH Office of General Counsel (OGC) to promulgate rules. Included in this FY 22 estimate are the estimated costs to appoint hearing officers to hold rule hearings on each newly adopted or amended regulation for each type of licensed facility and provide reports and recommendations on the adopted rule or amendment to the Secretary.
- An extra .20 FTE every year thereafter at an estimated cost of \$11.5 thousand for the required periodic review of standardized training programs that meet the requirements of the Act.
- An extra .20 FTE every year thereafter at an estimated cost of \$11.5 thousand for oversight and approval of all long-term care facility training programs.

It is possible the somewhat increased responsibilities given to DOH in the committee substitute may increase these projected expenses.

## SIGNIFICANT ISSUES

In a 2018 article about dementia, the National Conference on State Legislatures gives statistics indicating how common dementia is in long-term care facilities and makes recommendations on training staff in such facilities to best detect and care for their patients suffering dementia.



What Can States Do?
<ul style="list-style-type: none"><li>• Require a minimum of six to eight hours of evidence-based dementia training for all those who serve individuals with dementia.</li><li>• Ensure continuing education to reinforce best practices in the care of those with dementia.</li><li>• Implement a culturally-competent curriculum that incorporates principles of person-centered care.</li><li>• Allow portability of completed dementia care training across employment settings.</li><li>• Ensure trainers meet minimum requirements to qualify as instructors of a dementia curriculum.</li><li>• Designate a state agency to monitor dementia training programs, evaluate their effectiveness, and ensure compliance with state dementia training requirements.</li></ul>

It would appear these suggestions are met by the provisions in House Bill 250.

ALTSD gives similar figures, noting the importance of staff knowledge of how to recognize dementia and how to treat those suffering from it with compassion and respect. ALTSD mentions provisions of the federal Affordable Care Act that strengthen training for those caring for elderly patients and provide some funds for this purpose.

ALTSD also notes the following:

NMDOH Assisted Living licensing regulations requires staff in assisted living facilities with memory care units have an additional 12 hours of training related to Alzheimer’s and dementia (NMAC 7.8.2.69.C).

The State Ombudsman [at ALTSD] has identified this legislation as an essential training for LTC staff. Many residents experiencing dementia have a shortage of knowledgeable fully trained staff that understand the different and difficult challenges facing this community. This legislation would support and expand services for a specialized population that need immediate help.

A significant amount of research and recommendations exist for the care and well-being of those with dementia. Specialized training around dementia is essential for both the resident and the staff (many of whom are underpaid and overworked).

As dementia progresses, people depend more on others for help with activities ranging from managing finances to the most personal tasks such as eating and bathing. At some point, people cannot manage their lives on their own. Caregivers, who are family or friends, generally help without pay out of a feeling of love or duty. Eventually, the demands of caring for someone with dementia may become more than caregivers can manage without help. Then, people with dementia and their families rely on paid caregivers in the home and community, or in institutions like nursing homes.

(See <https://ltombudsman.org/uploads/files/issues/BH-Brief-Dementia-Capable-Basics.pdf>)

HSD comments:

“HB250 defines "direct care service" as an in-person, video, audio or telephonic service provided to long-term care facility residents that maintain or improve the health and quality of life of the residents. Direct care providers will be allowed to take the Long-Term Care Facility Dementia training either online or in-person to meet the requirement in HB250.”

**RELATIONSHIP**

Relates to Senate Memorial 6, which would set up a Nursing Home Long-Term Care Task Force.

**ALTERNATIVE**

ALTSD proposes:

Should the legislature feel that ALTSD may be better suited to provide this training, ALTSD would require additional funding and one additional FTE to develop and implement evidence-based memory care training (\$150,000.00) across the state.

DOH would have to promulgate Nursing Home Licensure Rules to mandate this training and amend the Assisted Living regulations in order to enforce compliance.

If this alternative were adopted, DOH’s role would be smaller, but its reduced costs would be added to the annual \$150 thousand noted by ALTSD.

LAC/al/rl