



# Senate

General Assembly

**File No. 169**

February Session, 2014

Substitute Senate Bill No. 179

*Senate, March 27, 2014*

The Committee on Aging reported through SEN. AYALA, A. of the 23rd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND  
DEMENTIA TASK FORCE'S RECOMMENDATIONS ON TRAINING.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-522c of the 2014 supplement to the general  
2 statutes is repealed and the following is substituted in lieu thereof  
3 (*Effective October 1, 2014*):

4 (a) A nursing home administrator of a chronic and convalescent  
5 nursing home or a rest home with nursing supervision shall ensure  
6 that all facility staff receive annual in-service training in an area  
7 specific to the needs of the patient population at such facilities,  
8 including patients' fear of retaliation from employees or others. A  
9 nursing home administrator shall ensure that any person conducting  
10 the in-service training is familiar with needs of the patient population  
11 at the facility, provided such training need not be conducted by a  
12 qualified social worker or qualified social worker consultant. A  
13 nursing home administrator shall ensure that the in-service training in  
14 patients' fear of retaliation includes discussion of (1) patients' rights to

15 file complaints and voice grievances, (2) examples of what might  
16 constitute or be perceived as employee retaliation against patients, and  
17 (3) methods of preventing employee retaliation and alleviating  
18 patients' fear of such retaliation. [In accordance with section 19a-36, the  
19 Commissioner of Public Health shall amend the Public Health Code in  
20 conformity with the provisions of this section.]

21 (b) A nursing home administrator of a chronic and convalescent  
22 nursing home or a rest home with nursing supervision shall designate  
23 one staff person in each such home to review and make  
24 recommendations to the administrator concerning residents with  
25 dementia, including, but not limited to: (1) Factors which affect person-  
26 centered care, (2) wellness indicators, and (3) staff training programs  
27 for dementia care capability. The designated staff person shall monitor  
28 implementation of approved recommendations.

29 (c) A nursing home administrator of a chronic and convalescent  
30 nursing home or a rest home with nursing supervision shall ensure  
31 that all facility staff receive training upon employment and annually  
32 thereafter in Alzheimer's disease and dementia symptoms and care.

33 (d) In accordance with section 19a-36, the Commissioner of Public  
34 Health shall amend the Public Health Code to implement the  
35 provisions of this section.

36 Sec. 2. (NEW) (*Effective October 1, 2014*) Each home health agency,  
37 residential care home and assisted living services agency, as those  
38 terms are defined in section 19a-490 of the general statutes, and each  
39 licensed hospice care organization operating pursuant to section 19a-  
40 122b of the general statutes shall provide training and education on  
41 Alzheimer's disease and dementia symptoms and care to all staff  
42 providing direct care upon employment and annually thereafter. The  
43 Commissioner of Public Health shall adopt regulations, in accordance  
44 with the provisions of chapter 54 of the general statutes, to implement  
45 the provisions of this section.

46 Sec. 3. Subsection (b) of section 17a-227 of the general statutes is

47 repealed and the following is substituted in lieu thereof (*Effective*  
48 *October 1, 2014*):

49 (b) The commissioner shall adopt regulations, in accordance with  
50 the provisions of chapter 54, to insure the comfort, safety, adequate  
51 medical care and treatment of such persons at the residential facilities  
52 described in subsection (a) of this section. Such regulations shall  
53 include requirements that: (1) All residential facility staff be certified in  
54 cardiopulmonary resuscitation in a manner and time frame prescribed  
55 by the commissioner; (2) records of staffing schedules and actual staff  
56 hours worked, by residential facility, be available for inspection by the  
57 department upon advance notice; (3) each residential facility develop  
58 and implement emergency plans and staff training to address  
59 emergencies that may pose a threat to the health and safety of the  
60 residents of the facility; (4) department staff verify during quality  
61 service reviews and licensing inspections, that (A) staff is adequately  
62 trained to respond in an emergency, and (B) a summary of information  
63 on each resident is available to emergency medical personnel for use in  
64 an emergency; [and] (5) all residential facilities serving persons with  
65 Down syndrome fifty years of age or older have at least one staff  
66 member trained in Alzheimer's disease and dementia symptoms and  
67 care; and (6) not less than one-half of the quality service reviews,  
68 licensing inspections or facility visits conducted by the department  
69 after initial licensure are unannounced.

70 Sec. 4. Section 19a-562a of the general statutes is repealed and the  
71 following is substituted in lieu thereof (*Effective October 1, 2014*):

72 (a) Each nursing home facility that is not a residential care home or  
73 an Alzheimer's special care unit or program shall annually provide a  
74 minimum of two hours of training in pain recognition and  
75 administration of pain management techniques to all licensed and  
76 registered direct care staff and nurse's aides who provide direct patient  
77 care to residents.

78 (b) Each Alzheimer's special care unit or program shall annually  
79 provide Alzheimer's and dementia specific training to all licensed and

80 registered direct care staff and nurse's aides who provide direct patient  
81 care to residents enrolled in the Alzheimer's special care unit or  
82 program. Such requirements shall include, but not be limited to, (1) not  
83 less than eight hours of dementia-specific training, which shall be  
84 completed not later than six months after the date of employment or, if  
85 the date of employment is on or after the effective date of this section,  
86 not later than one hundred twenty days after the date of employment  
87 and not less than eight hours of such training annually thereafter, and  
88 (2) annual training of not less than two hours in pain recognition and  
89 administration of pain management techniques for direct care staff.

90 (c) Each Alzheimer's special care unit or program shall annually  
91 provide a minimum of one hour of Alzheimer's and dementia specific  
92 training to all unlicensed and unregistered staff, except nurse's aides,  
93 who provide services and care to residents enrolled in the Alzheimer's  
94 special care unit or program. For such staff hired on or after October 1,  
95 2007, such training shall be completed not later than six months after  
96 the date of employment and, for such staff hired on or after the  
97 effective date of this section, not later than one hundred twenty days  
98 after the date of employment.

99 Sec. 5. Subsection (b) of section 19a-512 of the general statutes is  
100 repealed and the following is substituted in lieu thereof (*Effective*  
101 *November 1, 2014*):

102 (b) Minimum education and training requirements for applicants for  
103 licensure are as follows:

104 (1) Each person other than an applicant for renewal, applying prior  
105 to February 1, 1985, shall have completed: (A) A program so designed  
106 as to content and so administered as to present sufficient knowledge of  
107 the needs to be properly served by nursing homes, laws and  
108 regulations governing the operation of nursing homes and the  
109 protection of the interest of patients therein and the elements of good  
110 nursing home administration, or presented evidence satisfactory to the  
111 Department of Public Health of sufficient education and training in the  
112 foregoing fields; and (B) a one-year residency period under the joint

113 supervision of a duly licensed nursing home administrator in an  
114 authorized nursing home and an accredited institution of higher  
115 education, approved by said department, which period may  
116 correspond to one academic year in such accredited institution. The  
117 supervising administrator shall submit such reports as may be  
118 required by the department on the performance and progress of such  
119 administrator-in-training, on forms provided by the department. This  
120 subdivision shall not apply to any person who has successfully  
121 completed a program of study for a master's degree in nursing home  
122 administration or in a related health care field and who has been  
123 awarded such degree from an accredited institution of higher learning.

124 (2) Each such person applying on or after February 1, 1985, in  
125 addition to the requirements of subdivision (1) of this subsection, shall  
126 either (A) have a baccalaureate degree in any area and have completed  
127 a course in long-term care administration approved by the department,  
128 or (B) have a master's degree in long-term care administration or in a  
129 related health care field approved by the commissioner.

130 (3) Each such person applying on or after the effective date of this  
131 section, in addition to the requirements of subdivisions (1) and (2) of  
132 this subsection, shall have completed training in Alzheimer's disease  
133 and dementia symptoms and care.

134 Sec. 6. Section 19a-513 of the general statutes is repealed and the  
135 following is substituted in lieu thereof (*Effective November 1, 2014*):

136 In order to be eligible for licensure by endorsement pursuant to  
137 sections 19a-511 to 19a-520, inclusive, a person shall submit an  
138 application for endorsement licensure on a form provided by the  
139 department, together with a fee of two hundred dollars, and meet the  
140 following requirements: (1) Hold a current license in good standing as  
141 a nursing home administrator in another state that was issued on the  
142 basis of holding, at a minimum, a baccalaureate degree and having  
143 passed the examination required for licensure in such state; [and] (2)  
144 have practiced as a licensed nursing home administrator for not less  
145 than twelve months within the twenty-four-month period preceding

146 the date of the application; and (3) have received training or education  
147 in long-term care, including, but not limited to, Alzheimer's disease  
148 and dementia symptoms and care or have certified, in writing,  
149 agreement to receive such training or education not later than one  
150 hundred twenty days after license issuance. No license shall be issued  
151 under this section to any applicant against whom disciplinary action is  
152 pending or who is the subject of an unresolved complaint.

153 Sec. 7. Subsection (b) of section 19a-515 of the general statutes is  
154 repealed and the following is substituted in lieu thereof (*Effective*  
155 *October 1, 2014*):

156 (b) Each licensee shall complete a minimum of forty hours of  
157 continuing education every two years, including, but not limited to,  
158 training in Alzheimer's disease and dementia symptoms and care.  
159 Such two-year period shall commence on the first date of renewal of  
160 the licensee's license after January 1, 2004. The continuing education  
161 shall be in areas related to the licensee's practice. Qualifying  
162 continuing education activities are courses offered or approved by the  
163 Connecticut Association of Healthcare Facilities, LeadingAge  
164 Connecticut, Inc., the Connecticut Assisted Living Association, the  
165 Connecticut Alliance for Subacute Care, Inc., the Connecticut Chapter  
166 of the American College of Health Care Administrators, the  
167 Association For Long Term Care Financial Managers, the Alzheimer's  
168 Association or any accredited college or university, or programs  
169 presented or approved by the National Continuing Education Review  
170 Service of the National Association of Boards of Examiners of Long  
171 Term Care Administrators, or by federal or state departments or  
172 agencies.

173 Sec. 8. Subsection (a) of section 19a-519 of the general statutes is  
174 repealed and the following is substituted in lieu thereof (*Effective*  
175 *October 1, 2014*):

176 (a) The Commissioner of Public Health shall adopt regulations, in  
177 accordance with the provisions of chapter 54, with respect to standards  
178 for: (1) Approval of institutions of higher education, (2) course or

179 degree requirements, or both, for licensing and renewal of licenses,  
180 which requirements shall include, but not be limited to, nursing home  
181 administration, management behavior, financial management,  
182 business administration, psychosocial behavior, [and] gerontology,  
183 Alzheimer's disease and dementia, (3) the residency training program,  
184 and (4) reinstatement of individuals who fail to renew their licenses  
185 upon expiration, as provided in section 19a-515, to carry out the  
186 provisions of sections 19a-511 to 19a-520, inclusive.

187 Sec. 9. Subsection (b) of section 20-10b of the 2014 supplement to the  
188 general statutes is repealed and the following is substituted in lieu  
189 thereof (*Effective October 1, 2014*):

190 (b) Except as otherwise provided in subsections (d), (e) and (f) of  
191 this section, a licensee applying for license renewal shall earn a  
192 minimum of fifty contact hours of continuing medical education  
193 within the preceding twenty-four-month period. Such continuing  
194 medical education shall (1) be in an area of the physician's practice; (2)  
195 reflect the professional needs of the licensee in order to meet the health  
196 care needs of the public; and (3) during the first renewal period in  
197 which continuing medical education is required and not less than once  
198 every six years thereafter, include at least one contact hour of training  
199 or education in each of the following topics: (A) Infectious diseases,  
200 including, but not limited to, acquired immune deficiency syndrome  
201 and human immunodeficiency virus, (B) risk management, (C) sexual  
202 assault, (D) domestic violence, (E) cultural competency, [and] (F)  
203 behavioral health, and (G) Alzheimer's disease and dementia  
204 symptoms and care. For purposes of this section, qualifying continuing  
205 medical education activities include, but are not limited to, courses  
206 offered or approved by the American Medical Association, American  
207 Osteopathic Medical Association, Connecticut Hospital Association,  
208 Connecticut State Medical Society, county medical societies or  
209 equivalent organizations in another jurisdiction, educational offerings  
210 sponsored by a hospital or other health care institution or courses  
211 offered by a regionally accredited academic institution or a state or  
212 local health department. The commissioner may grant a waiver for not

213 more than ten contact hours of continuing medical education for a  
214 physician who: (i) Engages in activities related to the physician's  
215 service as a member of the Connecticut Medical Examining Board,  
216 established pursuant to section 20-8a; (ii) engages in activities related  
217 to the physician's service as a member of a medical hearing panel,  
218 pursuant to section 20-8a; or (iii) assists the department with its duties  
219 to boards and commissions as described in section 19a-14.

220 Sec. 10. Subsection (b) of section 7-294o of the general statutes is  
221 repealed and the following is substituted in lieu thereof (*Effective*  
222 *October 1, 2014*):

223 (b) Each police basic or review training program conducted or  
224 administered by the Division of State Police within the Department of  
225 Emergency Services and Public Protection, the Police Officer Standards  
226 and Training Council or a municipal police department shall include  
227 training in (1) the policy developed pursuant to subsection (a) of this  
228 section, [and training in] (2) the use of the National Missing and  
229 Unidentified Persons System created by the Office of Justice Program's  
230 National Institute of Justice, and (3) cognitive disorders and diseases,  
231 including, but not limited to, Alzheimer's disease and dementia  
232 symptoms and care.

233 Sec. 11. Subdivision (6) of subsection (b) of section 17b-403 of the  
234 2014 supplement to the general statutes is repealed and the following  
235 is substituted in lieu thereof (*Effective October 1, 2014*):

236 (6) Provide administrative and technical assistance to  
237 representatives [to assist the representatives in participating in the  
238 program] and training in areas including, but not limited to,  
239 Alzheimer's disease and dementia symptoms and care;

240 Sec. 12. Section 45a-77 of the general statutes is amended by adding  
241 subsection (g) as follows (*Effective October 1, 2014*):

242 (NEW) (g) The Probate Court Administrator shall develop a plan to  
243 offer training to probate judges, paid conservators and other



244 fiduciaries in diseases and disorders affecting the judgment of a  
 245 person, including, but not limited to, Alzheimer's disease and  
 246 dementia.

247 Sec. 13. (NEW) (*Effective October 1, 2014*) The Commissioner of Social  
 248 Services shall ensure that all employees assigned to the Department of  
 249 Social Service's protective services for the elderly program who  
 250 directly interact with elderly persons receive annual training in  
 251 Alzheimer's disease and dementia symptoms and care.

252 Sec. 14. Subsection (a) of section 19a-195a of the 2014 supplement to  
 253 the general statutes is repealed and the following is substituted in lieu  
 254 thereof (*Effective October 1, 2014*):

255 (a) The Commissioner of Public Health shall adopt regulations in  
 256 accordance with the provisions of chapter 54 to provide that  
 257 emergency medical technicians shall be recertified every three years.  
 258 For the purpose of maintaining an acceptable level of proficiency, each  
 259 emergency medical technician who is recertified for a three-year  
 260 period shall complete thirty hours of refresher training approved by  
 261 the commissioner, or meet such other requirements as may be  
 262 prescribed by the commissioner. The refresher training or other  
 263 requirements shall include, but not be limited to, training in  
 264 Alzheimer's disease and dementia symptoms and care.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2014</i>	19a-522c
Sec. 2	<i>October 1, 2014</i>	New section
Sec. 3	<i>October 1, 2014</i>	17a-227(b)
Sec. 4	<i>October 1, 2014</i>	19a-562a
Sec. 5	<i>November 1, 2014</i>	19a-512(b)
Sec. 6	<i>November 1, 2014</i>	19a-513
Sec. 7	<i>October 1, 2014</i>	19a-515(b)
Sec. 8	<i>October 1, 2014</i>	19a-519(a)
Sec. 9	<i>October 1, 2014</i>	20-10b(b)
Sec. 10	<i>October 1, 2014</i>	7-294o(b)

Sec. 11	<i>October 1, 2014</i>	17b-403(b)(6)
Sec. 12	<i>October 1, 2014</i>	45a-77
Sec. 13	<i>October 1, 2014</i>	New section
Sec. 14	<i>October 1, 2014</i>	19a-195a(a)

**AGE**      *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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### **OFA Fiscal Note**

#### **State Impact:**

<b>Agency Affected</b>	<b>Fund-Effect</b>	<b>FY 15 \$</b>	<b>FY 16 \$</b>
Public Health, Dept.; Social Services, Dept.	GF - None	None	None
Department of Emergency Services and Public Protection	GF - Cost	Approximately 50,000	Approximately 2,500

#### **Municipal Impact:**

<b>Municipalities</b>	<b>Effect</b>	<b>FY 15 \$</b>	<b>FY 16 \$</b>
Various Municipalities	Potential Cost	Approximately 50,000	Approximately 2,500

#### **Explanation**

The bill requires police basic and review training programs to include training on cognitive disorders and diseases. This provision is anticipated to result in a cost to the Department of Emergency Services and Public Protection of approximately \$50,000 in FY 15 for development of the training program. In FY 16, and annually thereafter, DESPP is anticipated to incur costs of less than \$2,500 to administer the training program.

To the extent that a municipality runs a police training program, the municipality may incur similar costs in the development and administration of such programs.

There is no fiscal impact to the Department of Public Health from requirements under the bill to amend the Public Health Code and regulations, nor is there any impact from the expansion of education requirements for certain applicants for licensure and licensure renewal.

Similarly, the bill is not anticipated to result in a cost to the Department of Social Services as the training provisions in the bill are either already being conducted as a matter of practice or can be accommodated within the current training process.

***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

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**OLR Bill Analysis****sSB 179*****AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATIONS ON TRAINING.*****SUMMARY:**

This bill establishes mandatory Alzheimer's and dementia-specific training for a wide range of personnel, including physicians, emergency medical technicians (EMTs), police, probate judges, paid conservators, and protective services employees.

It requires staff in Alzheimer's special care units hired on or after October 1, 2014 to complete the currently required initial Alzheimer's and dementia-specific training within the first 120 days of employment. Under current law, the training must be completed within six months of employment.

EFFECTIVE DATE: October 1, 2014, except for the provisions on Alzheimer's training for nursing home administrator's license applicants (§§ 5 & 6), which are effective November 1, 2014.

**§ 1 — NURSING HOMES DEMENTIA PATIENTS**

By law, nursing home administrators must ensure that all facility staff receive in-service training in an area specific to the needs of the patients. The bill specifically requires that they receive training in Alzheimer's disease and dementia symptoms and care upon employment and annually thereafter.

It requires the administrator to name an employee in each home to (1) review and make recommendations to him or her about residents with dementia and (2) monitor the implementation of approved recommendations. The recommendations must include (1) factors that affect person-centered care, (2) wellness indicators, and (3) programs to train staff to care for patients with dementia.

The bill also requires the Department of Public Health (DPH) commissioner to adopt implementing regulations.

## **§ 2 — NURSING HOME AND HOSPICE STAFF**

The bill requires home health agencies, residential care homes, and assisted living services agencies and licensed hospice care organizations to provide to all staff providing direct care, upon employment and annually thereafter, training and education in Alzheimer's disease and dementia symptoms and care. It also requires the DPH commissioner to adopt implementing regulations.

## **§ 3 — STAFF SERVING PEOPLE WITH DOWN SYNDROME**

The bill requires the developmental services commissioner's regulations to mandate that all residential facilities serving people age 50 or older with Down syndrome have at least one employee trained in Alzheimer's disease and dementia symptoms and care. This is in addition to other training and requirements under existing law.

## **§ 4 — ALZHEIMER'S UNIT STAFF**

By law, all licensed and registered staff and nurses' aides who provide direct care to patients in Alzheimer's special care units or programs must receive Alzheimer's and dementia-specific training, including at least eight hours of dementia-specific training annually. Unregistered and unlicensed staff, except nurse's aides, who provide services and care to residents must complete one hour of such training annually.

The bill requires staff hired on or after October 1, 2014 to complete the initial training within the first 120 days of employment. Under current law, staff must complete this training within six months after being hired.

## **§§ 5 & 6 — NURSING HOME ADMINISTRATOR NEW APPLICANT LICENSE**

The bill requires anyone applying for a new nursing home administrator's license by examination to have completed training in Alzheimer's disease and dementia symptoms and care, in addition to

training and qualifications required by existing law.

It requires anyone applying for this license by endorsement to (1) have training or education in long-term care, including Alzheimer's and dementia symptoms and care, or (2) certify, in writing, that he or she will get such training not later than 120 days after being licensed.

#### **§ 7 — NURSING HOME ADMINISTRATORS CONTINUING EDUCATION**

The bill requires nursing home administrators to take training in Alzheimer's disease and dementia symptoms as part of the 40-hour continuing education training they must take every two years under existing law. It adds courses offered by the Alzheimer's Association to the qualifying continuing education courses.

#### **§ 8 — NURSING HOME ADMINISTRATOR COURSE REQUIREMENTS**

The bill requires the DPH commissioner to include Alzheimer's disease and dementia in the course or degree requirements for licensure of nursing home administrators. Among the other existing requirements are management behavior, nursing home administration psychosocial behavior, and gerontology.

#### **§ 9 — PHYSICIANS**

The bill requires that the continuing medical examination (CME) for physicians include training or education on Alzheimer's disease and dementia symptoms and care. By law, physicians, unless exempt, must take one contact hour in specified topics during the first renewal period for which CME is required (the second license renewal), and once every six years after that. The mandatory topics for CME currently include infectious diseases, risk management, sexual assault, domestic violence, and cultural competency.

#### **§ 10 — POLICE OFFICERS**

The bill requires police initial and review training programs to include training in cognitive disorders and diseases, including Alzheimer's disease and dementia symptoms and care. It applies to the

State Police, Police Officer Standards and Training Council, and municipal police departments' training programs.

### **§ 11 — REPRESENTATIVES OF NURSING HOME AND LONG-TERM REHABILITATION FACILITIES**

The bill requires the state long-term care ombudsman to provide training to representatives of residents in nursing homes and residential care facilities in areas such as Alzheimer's disease and dementia symptoms and care. By law, a "representative" is a regional ombudsman, a resident's advocate, or an employee of the Long-Term Care Ombudsman Office designated by the ombudsman.

### **§ 12 — PROBATE JUDGES, CONSERVATORS, AND FIDUCIARIES**

The bill requires the probate court administrator to develop a plan to train probate judges, paid conservators, and other fiduciaries in diseases and disorders affecting a person's judgment, including Alzheimer's disease and dementia.

### **§ 13 — PROTECTIVE SERVICES FOR THE ELDERLY PROGRAM**

The bill requires the Department of Social Services (DSS) commissioner to ensure that all employees assigned to DSS' protective services for the elderly program who interact directly with seniors receive annual training in Alzheimer's disease and dementia symptoms and care.

### **§ 14 — EMTs**

The bill requires that the 30 hours of refresher training required every three years for EMT recertification include training in Alzheimer's disease and dementia symptoms and care.

### **COMMITTEE ACTION**

Aging Committee

Joint Favorable Substitute

Yea 12 Nay 0 (03/11/2014)