



General Assembly

February Session, 2014

Raised Bill No. 179

LCO No. 1298



Referred to Committee on AGING

Introduced by:
(AGE)

***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2 statutes is repealed and the following is substituted in lieu thereof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 establish a
23 dementia care committee 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 nursing home administrator shall
28 designate one staff person to monitor the implementation of the
29 committee's approved recommendations.

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

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

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

47 Sec. 3. Subsection (b) of section 17a-227 of the general statutes is
48 repealed and the following is substituted in lieu thereof (*Effective*
49 *October 1, 2014*):

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

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

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

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

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

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

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

105 (1) Each person other than an applicant for renewal, applying prior
106 to February 1, 1985, shall have completed: (A) A program so designed
107 as to content and so administered as to present sufficient knowledge of
108 the needs to be properly served by nursing homes, laws and
109 regulations governing the operation of nursing homes and the

110 protection of the interest of patients therein and the elements of good
111 nursing home administration, or presented evidence satisfactory to the
112 Department of Public Health of sufficient education and training in the
113 foregoing fields; and (B) a one-year residency period under the joint
114 supervision of a duly licensed nursing home administrator in an
115 authorized nursing home and an accredited institution of higher
116 education, approved by said department, which period may
117 correspond to one academic year in such accredited institution. The
118 supervising administrator shall submit such reports as may be
119 required by the department on the performance and progress of such
120 administrator-in-training, on forms provided by the department. This
121 subdivision shall not apply to any person who has successfully
122 completed a program of study for a master's degree in nursing home
123 administration or in a related health care field and who has been
124 awarded such degree from an accredited institution of higher learning.

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

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

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

137 In order to be eligible for licensure by endorsement pursuant to
138 sections 19a-511 to 19a-520, inclusive, a person shall submit an
139 application for endorsement licensure on a form provided by the
140 department, together with a fee of two hundred dollars, and meet the

141 following requirements: (1) Hold a current license in good standing as
142 a nursing home administrator in another state that was issued on the
143 basis of holding, at a minimum, a baccalaureate degree and having
144 passed the examination required for licensure in such state; [and] (2)
145 have practiced as a licensed nursing home administrator for not less
146 than twelve months within the twenty-four-month period preceding
147 the date of the application; and (3) have received training or education
148 in long-term care, including, but not limited to, Alzheimer's disease
149 and dementia symptoms and care or have certified, in writing,
150 agreement to receive such training or education not later than one
151 hundred twenty days after license issuance. No license shall be issued
152 under this section to any applicant against whom disciplinary action is
153 pending or who is the subject of an unresolved complaint.

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

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

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

177 (a) The Commissioner of Public Health shall adopt regulations, in
178 accordance with the provisions of chapter 54, with respect to standards
179 for: (1) Approval of institutions of higher education, (2) course or
180 degree requirements, or both, for licensing and renewal of licenses,
181 which requirements shall include, but not be limited to, nursing home
182 administration, management behavior, financial management,
183 business administration, psychosocial behavior, [and] gerontology,
184 Alzheimer's disease and dementia, (3) the residency training program,
185 and (4) reinstatement of individuals who fail to renew their licenses
186 upon expiration, as provided in section 19a-515, to carry out the
187 provisions of sections 19a-511 to 19a-520, inclusive.

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

191 (b) Except as otherwise provided in subsections (d), (e) and (f) of
192 this section, a licensee applying for license renewal shall earn a
193 minimum of fifty contact hours of continuing medical education
194 within the preceding twenty-four-month period. Such continuing
195 medical education shall (1) be in an area of the physician's practice; (2)
196 reflect the professional needs of the licensee in order to meet the health
197 care needs of the public; and (3) during the first renewal period in
198 which continuing medical education is required and not less than once
199 every six years thereafter, include at least one contact hour of training
200 or education in each of the following topics: (A) Infectious diseases,
201 including, but not limited to, acquired immune deficiency syndrome
202 and human immunodeficiency virus, (B) risk management, (C) sexual
203 assault, (D) domestic violence, (E) cultural competency, [and] (F)
204 behavioral health, and (G) Alzheimer's disease and dementia
205 symptoms and care. For purposes of this section, qualifying continuing

206 medical education activities include, but are not limited to, courses
207 offered or approved by the American Medical Association, American
208 Osteopathic Medical Association, Connecticut Hospital Association,
209 Connecticut State Medical Society, county medical societies or
210 equivalent organizations in another jurisdiction, educational offerings
211 sponsored by a hospital or other health care institution or courses
212 offered by a regionally accredited academic institution or a state or
213 local health department. The commissioner may grant a waiver for not
214 more than ten contact hours of continuing medical education for a
215 physician who: (i) Engages in activities related to the physician's
216 service as a member of the Connecticut Medical Examining Board,
217 established pursuant to section 20-8a; (ii) engages in activities related
218 to the physician's service as a member of a medical hearing panel,
219 pursuant to section 20-8a; or (iii) assists the department with its duties
220 to boards and commissions as described in section 19a-14.

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

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

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

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

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

243 (NEW) (g) The Probate Court Administrator shall develop a plan to
244 offer training to probate judges, paid conservators and other
245 fiduciaries in diseases and disorders affecting the judgment of a
246 person, including, but not limited to, Alzheimer's disease and
247 dementia.

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

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

256 (a) The Commissioner of Public Health shall adopt regulations in
257 accordance with the provisions of chapter 54 to provide that
258 emergency medical technicians shall be recertified every three years.
259 For the purpose of maintaining an acceptable level of proficiency, each
260 emergency medical technician who is recertified for a three-year
261 period shall complete thirty hours of refresher training approved by
262 the commissioner, or meet such other requirements as may be
263 prescribed by the commissioner. The refresher training or other
264 requirements shall include, but not be limited to, training in
265 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)

Statement of Purpose:

To connect the growing number of Connecticut state residents with Alzheimer's disease and dementia to critically needed services.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]