

BILL ANALYSIS

C.S.H.B. 1673
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Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Individuals with Alzheimer's disease are high users of long-term care services. According to a report published by the Alzheimer's Association in 2023, by the age of 80 approximately 75 percent of people with Alzheimer's disease live in a long-term care setting, compared with just four percent of the general population that same age. Individuals affected by Alzheimer's disease and other dementias, as well as their families, face a debilitating and progressive disease that requires different types of care and support throughout the stages of the disease; often, this makes care delivery more challenging and more demanding. One of the most important determinants of quality dementia care across all care settings is the direct care staff. These providers help shape the daily lives of people with dementia and assist with all aspects of care. Through their close interactions with patients, direct care staff gain an in-depth knowledge of an individual, including their preferences, behaviors, and cognitive ability. Unfortunately, the ability of this staff to provide quality dementia care is jeopardized due to high levels of turnover and job dissatisfaction as a result of low pay, poor working conditions, and few opportunities for career advancement. Staff training programs to improve the quality of dementia care can have positive benefits, but not all staff receive adequate training.

Current law states that assisted living staff serving Alzheimer's residents should be trained in Alzheimer's disease, but does not specify content or number of hours of training. C.S.H.B. 1673 seeks to require that assisted living facility employees receive an initial four hours of training on Alzheimer's disease and related disorders, as well as two hours of annual continuing education. The bill also establishes content requirements for the training and requires staff to pass competency-based evaluations following training to ensure that staff have been adequately trained. Proper training of those involved in the delivery of care can improve the quality of care and the living experience of residents with Alzheimer's disease and related disorders and, equally important, the training can provide the tools and resources long-term care staff need to feel supported and successful in caring for residents, which in turn can help increase job satisfaction and retention rates.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill.

ANALYSIS

C.S.H.B. 1673 amends the Health and Safety Code to require an assisted living facility that provides personal care services to residents with Alzheimer's disease or related disorders and

that does not hold a license to provide those services to require each facility staff member to complete training on Alzheimer's disease and related disorders as follows:

- each direct service staff member must successfully complete four hours of training and pass a competency-based evaluation on the following:
 - Alzheimer's disease and related disorders;
 - the provision of person-centered care;
 - assessment and care planning;
 - daily life activities of residents with Alzheimer's disease or related disorders; and
 - common behaviors and communications associated with residents with Alzheimer's disease and related disorders;
- each assisted living manager must successfully complete four hours of training and pass a competency-based evaluation on the same topics included in the evaluation for direct service staff members, as well as the following:
 - administrative support services related to information for comorbidities management, care planning, and the provision of medically appropriate education and support services and resources in the community, including person-centered care, to residents with Alzheimer's disease or related disorders and their families;
 - staffing requirements to facilitate collaboration and cooperation among facility staff members and to ensure each staff member obtains appropriate informational materials and training to properly care for and interact with residents with Alzheimer's disease or related disorders based on the staff member's position;
 - the establishment of a supportive and therapeutic environment for residents with Alzheimer's disease or related disorders to enhance the sense of community among the residents and within the facility; and
 - the transition of care and coordination of services for residents with Alzheimer's disease or related disorders; and
- all other staff members, including housekeeping staff, front desk staff, maintenance staff, and other staff members with incidental but recurring contact with residents with Alzheimer's disease or related disorders, must successfully complete training and pass a competency-based evaluation on Alzheimer's disease and related disorders, the provision of person-centered care, and common behaviors and communications associated with residents with Alzheimer's disease and related disorders.

With respect to these training and evaluation requirements, H.B. 1673 provides the following:

- a direct service staff member may not provide any direct care to a resident with Alzheimer's disease or related disorders until the staff member successfully completes the training and passes the evaluation;
- each direct service and assisted living manager must annually complete two hours of continuing education on best practices related to the treatment and provision of care to residents with Alzheimer's disease or related disorders;
- an assisted living facility must provide a certificate of completion to and maintain records of each certificate, in accordance with applicable records retention policies the Health and Human Services Commission (HHSC) prescribes, for each staff member who successfully completes the training and passes the required evaluation and each such staff member must maintain documentation regarding the training and evaluation completed, including continuing education requirements;
- a staff member who successfully completes the training and passes the evaluation and who transfers to another facility is not required to complete the requirements again for the other facility;
- a facility may require a staff member who has a lapse of employment with an applicable assisted living facility for a period of two years or more to successfully complete the training and pass the evaluation applicable for their position even if the staff member has previously completed those requirements; and
- staff members are not required to complete the training or pass the evaluation until December 31, 2024.

C.S.H.B. 1673 requires the executive commissioner of HHSC to adopt rules necessary to implement the bill's provisions. The bill clarifies which staff members constitute assisted living managers and direct service staff members and establishes that the training requirements evaluation requirements apply to both full-time and part-time employees.

EFFECTIVE DATE

September 1, 2023.

COMPARISON OF INTRODUCED AND SUBSTITUTE

While C.S.H.B. 1673 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute replaces references to "administrative staff member," which was used in the introduced to reference senior personnel, with references to "assisted living manager," which has the same meaning.

Whereas the introduced required the training required for each assisted living facility staff member to be approved by HHSC, the substitute does not.

The substitute replaces references in the introduced to an "examination" with references to a "competency-based evaluation."

The substitute revises the provision in the introduced requiring the four hours of training and subsequent examination for senior personnel to cover the topic of administrative support services related to medical information management and the provision of medically appropriate education and support services, including holistic person-centered care, to residents with Alzheimer's disease or related disorders and their families. Specifically, the analogous provision in the substitute:

- does not include administrative support services related to medical information management but includes administrative support services related instead to information for comorbidities management;
- includes administrative support services related to care planning, which the introduced did not;
- includes the provision of applicable resources in the community, which the introduced did not; and
- omits the specification that the person-centered care is holistic care.

The substitute includes a requirement absent from the introduced for a facility to maintain records of each certificate of completion provided, in accordance with applicable records retention policies HHSC prescribes.

The bill changes the date on which the bill's requirements begin to apply to a facility staff member from September 1, 2024, as in the introduced, to December 31, 2024. Whereas the introduced made the requirements applicable to full-time and part-time facility employees as well as independent consultants, contractors, and subcontractors of an assisted living facility, including an employee of the consultant, contractor, or subcontractor, the substitute makes the requirements applicable only to facility employees.