



Testimony on HB 265 to the Aging and Long Term Care Committee

by The Ohio Council for Cognitive Health (OCFCH)

Bonnie K. Burman, Sc.D, President

January 30, 2020

Thank you Chair Ginter, Vice-Chair Swearingon, Ranking Member Howse, and members of the Aging and Long Term Committee, for the opportunity to offer testimony on House Bill 265 (HB 265) which is intended to create a dementia care certificate for individuals who satisfy the stated requirements. I am Dr. Bonnie Burman, President of the Ohio Council for Cognitive Health, a 501c3 dedicated to ensuring that those impacted by dementia continue to live with as much meaning, purpose and joy as possible. I also served as the director of the Ohio Department of Aging from 2011-2016.

As our State's population ages and more of our citizens are impacted by dementia, it is important that we are able to care for them in the most responsive and cost-effective manner. Ensuring that care partners (also called caregivers) throughout our health and long-term services and supports systems have adequate and appropriate education, training and guidance in dementia is certainly an important step in the right direction. While we are clearly very supportive of the intent of HB 265, we offer the following 4 comments that we hope will be considered as it moves forward.

Our first comment focuses on the breadth of HB 265. In Section 173.071 (B), reference is made that the "list of approved dementia training and education programs will be organized by health professional type" and the department of aging may "require programs to meet different criteria depending on the professional type." Section 173.071 (C)(1) continues that a dementia care training or education program "shall include the expectations of health care providers when caring for individuals with dementia." Thus, we begin by questioning the use of the terms "health care provider" and "health care professional." What does this mean and who does it include? To us, the appropriate audience is both long term services and supports providers and health care providers. In addition, we believe the focus should not be only on professional types; instead, we suggest including workers who provide either direct or indirect care. We chose to specifically include long term services and supports providers because persons living with dementia and other types of cognitive impairment have the right to live in

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the community of their choice—and this can range from home and community-based settings to memory care units. By providing evidence-based and person-centered education and training throughout the various sectors of our system, we can better assure a seamless and consistent approach along the road from community to residential care since many individuals with dementia will travel it during their dementia journey.

Our second comment focuses on whether the intent of the bill is to highlight process or outcome. If the desired outcome we all share is that Ohioans living with cognitive impairments live the highest quality of life possible wherever they call home, and the intent of the bill is to ensure that our health and long term services and supports systems are equipped to provide the most responsive and cost effective care, then why are we focusing on the process—that is the individual and the certificate? Instead, we are proposing that the focus of HB 265 be on requiring organizations to ensure that their staff have adequate training prior to, and throughout, their work with clients, residents or patients.

Our third comment highlights the kinds of education and training programs that will be approved. Section 173.071 of HB 265 states that “the department of aging shall review and approve training and education programs.” While there are many approaches to be taken to this review, we strongly encourage both the department and the Legislature to consider the practice guidelines the Alzheimer’s Association set forth in 2018. The process by which these guidelines were developed was as rigorous as they come and involved top scholars and experts from throughout the country including some wonderful ones from Ohio. As part of this process, the Alzheimer’s Association developed a framework that was intended to shape dementia care throughout our nation’s long term services and supports and health care systems. Their recommendations—which reflect current best practices and are evidence-based and person-centered—pertain to all dementia-specific delivery, coordination and support services

Our fourth and final comment centers on section 173.072 of HB 265 which indicates that no one “shall knowingly use any of the following (terms/titles) unless the person holds a certificate in dementia care.” Examples of terms include the title “certified in dementia care, dementia practitioner and certified in Alzheimer’s care.” The section continues that “any other words, letters, signs, cards or devices that tend to indicate or imply that the person is certified in dementia care “ shall not be used unless the person holds the certificate discussed throughout the bill. We respectfully point out that this may result in unintended consequences. We have many clinicians who have spent years training to specialize in cognitive health, neurology and

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dementia. On the other hand, we know that individuals throughout our communities are participating in information sessions that allow them to claim a designation. There are currently valuable programs out there—one for example, the Dementia Friends Program that is managed by the National Association of Area Agencies on Aging, provides information sessions for all sectors of our communities. In Ohio, the Ohio Council for Cognitive Health holds the sublicense for this program. I don't believe that the intent of the bill is to inadvertently limit other effective programs from being offered.

To recap, we support the intent of HB 265 and propose further discussion of whether this initiative is intended for health care or long term services and supports providers or both; and whether the focus should be on the individual or the provider organizations. We also suggest taking into consideration the consistency that can be achieved across systems by grounding the education and training in practice guidelines such as those developed by of the Alzheimer's Association. And finally, we draw your attention to the potential unintended consequences that may result from the prohibition surrounding the use of various terms.

Thank you for the opportunity to share our thoughts with you today. We look forward to continuing to work with you to ensure that those Ohioans impacted by dementia can live with as much meaning, purpose and joy possible.

Respectfully Submitted,

A handwritten signature in black ink that reads "Bonnie K. Burman". The signature is written in a cursive, flowing style.

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