



To: House Aging & Long-Term Care Committee  
From: Ohio Assisted Living Association, Interested Party Testimony  
Re: HB 265

Chair Ginter, Vice Chair Swearingen and Ranking Minority Member Howse,

The Ohio Assisted Living Association supports dementia education for individuals working with residents or clients with cognitive impairment. We do have concerns, however, with this bill as written and its potential interpretations, particularly as so much is left to the rule making process in it. Certainly, the testimonies offered to date indicate varying interpretations of the bill.

As originally discussed by Representative Arndt, it was to provide a “voluntary” dementia certificate to be offered by the Ohio Department of Aging to demonstrate an individual had received training approved by ODA on a specific curriculum in dementia care. OALA suggests Assisted Living providers are already required to provide this training. Training- standardized or not is only as good as the training and the receptiveness and engagement of the individuals being trained and their desire to put into action what they have learned. Assisted Living communities must **provide initially 2 hours of dementia training within the first 14 days of work for staff providing care to residents with cognitive impairment and 4 additional hours that first year and 4 more hours annually thereafter.** [OAC: 3701-16-06\(E\)\(6\)](#) These rules and requirements are through ODH. While ODH has not specifically outlined the curriculum, it does require communities that have special memory care units, **to explain to residents and their sponsors the following items: statement of mission and philosophy, admission, transfer and discharge criteria, weekly staffing schedule for increased supervision needs, how behavioral issues are addressed, description of appropriate activities, supportive environmental features, and specialized staff training and continuing education practices.** [OAC:3701-16-07\(E\)\(5\)](#) This mirrors closely the curriculum outlined in HB265.

It is not necessary to require this dementia certificate as rules already require the requisite training. **If there are settings where this is not the case and should be, then the appropriate process would be to address those settings, if necessary.** There is a wealth of very good dementia training available. It is not “new”.

This highlights another one of our major concerns. Many individuals have already invested time and money in nationally recognized, reputable dementia certificates or credentialing programs. Not allowing them to continue to utilize these certification acronyms after their names is contrary to the spirit of supporting dementia education. Numbers of these programs were established by renowned experts in this field. It’s unlikely these national programs will submit their programs for approval by the Ohio Department of Aging and regardless would still want their credentials, which are nationally recognized, to be used after individuals’ names. Most certifications are pursued by individuals in a quest to advance their knowledge and career opportunities. This is how we believe this program was initially focused and should be maintained.

The bill seemingly makes the Ohio Department of Aging arbiters of all dementia training in Ohio. There are questions as to whether ODA would have requisite experts and adequate staff to manage program reviews, certifications and renewals without charging high fees. Would it ultimately limit innovation? Would it take too long to approve programs?

As a voluntary program, it might offer opportunities for individuals in the field of dementia care and could be utilized by providers at times to encourage and motivate promising staff, or individuals may elect to pursue options on their own. Making it mandatory, however duplicates requirements already in existence for Assisted Living staff (and others). Generally, it has been the goal of the General Assembly to eliminate duplicative regulation and process, especially if they increase costs. Right now, providers struggle with offering higher wages to attract and retain staff. Most providers' goal right now is to enhance wages.

Our concern with the bill is that it is too loosely worded and lacks sufficient detail. If the bill progresses it needs be stated as **optional and available to individuals at their discretion as most certifications are and not carry the restrictions on the use of national, reputable credentials after individuals' names.**

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