

FACT SHEET
Senate Bill 449 (Monning)

Certified Nurse Aides: Dementia Training

Why is SB 449 (Monning) Needed?

SB 449 (Monning) will strengthen the training, job skills and dementia competency of California's Certified Nurse Aides (CNAs) and improve care for vulnerable persons with Alzheimer's disease.

Under current law (Health and Safety Code section 1337.1) CNAs have less than 2 hours of classroom instruction on the most prevalent and complex condition in licensed health facilities: Alzheimer's disease or a related dementia.

AT LEAST 60% of all nursing home residents have a cognitive impairment with estimates being as high as 80%. This equals as many as 60 - 80,000 vulnerable, at-risk Californians. In other care settings where CNAs are employed or under contract, such as In Home Supportive Services (IHSS), Community Based Adult Services (CBAS), Program for All Inclusive Care for the Elderly (PACE), home care, hospice and hospitals, prevalence rates of dementia are equally significant, ranging from 35 to 60 percent.

What does SB 449 (Monning) propose?

HSC 1337.1 (3) At least two hours of the 60 hours of classroom training shall address the special needs of persons with developmental and mental disorders, including intellectual disability, cerebral palsy, epilepsy, Parkinson's disease, and mental illness. In addition, 8 hours of classroom training shall address the special needs of persons with Alzheimer's disease and related dementias. *This change does not reduce any hours from the other important conditions listed above.*

Alzheimer's is the 5th leading cause of death in California. It is a progressive, degenerative disease affecting 610,000 Californians today. Over the 7-10 year course of the disease, most individuals require services and supports spanning the entire long-term care continuum: in home supports, community-based care, institutionalization and hospitalization.

Nearly all individuals with Alzheimer's disease (97 percent) experience behavioral and psychological symptoms with prevalence, frequency, and severity increasing as dementia progresses. Apathy, depression, irritability, and anxiety are particularly common during mild cognitive impairment. In addition to these, other symptoms that may emerge over the course of the disease may include agitation, verbal and/or physical aggressiveness, delusions, hallucinations, disinhibition, hyperactivity (e.g. wandering, pacing, rummaging) and sleep disturbances. Specialized training is required to understand and effectively manage these common behaviors.

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In addition to the impact of Alzheimer's disease, a full 70 percent of all persons with cognitive impairment have at least one other chronic condition, including cancer, diabetes and heart disease. Dementia complicates the treatment of other co-morbid conditions, requiring great skill in delivering person-centered care.

Why single out this job classification?

Certified Nurse Aides (CNAs) are the backbone of California's long-term care delivery system, providing direct care and support to older adults and persons with disabilities wherever they reside. With a majority of nursing home residents diagnosed or presenting with a cognitive impairment, CNAs are often challenged to meet the unique care needs of this population without adequate training on behaviors, communication, medication management, and other topics specific to Alzheimer's disease.

When direct care staff have specialized dementia training to anticipate and meet patient needs, there are fewer incidents of falls, lower utilization of antipsychotic and psychotropic medications, reduction in physical restraints, fewer incidents of wandering and decreases in cases of resident:resident or resident:staff abuse, a growing concern that creates an unsafe environment, prompts evictions/transfers to higher levels of care, and too often results in facility fines or costly litigation.

Why is legislation recommended?

- California is experiencing explosive growth among the "oldest old" population. Age is the greatest risk factor for Alzheimer's disease with 1:3 at age 85 and 1:9 at age 65 affected. By 2025, California will see an increase of more than 2 million in this age cohort.
- The California State Plan for Alzheimer's Disease, established in legislation (Statutes of 2008, Chapter 339) and developed in partnership with the CA Health and Human Services Agency, set as a goal: "Develop an Alzheimer's Proficient, Culturally Competent Workforce." This measure furthers this legislative goal.
- The state Medi-Cal program currently spends \$3.3 billion on Alzheimer's disease care, with costs projected to increase to \$5 billion within a decade. Escalating costs put enormous cost pressures on the state, and on individuals and families paying out-of-pocket expenses.
- By allocating hours within the existing statute, this bill does not add to Medi-Cal program costs nor does this bill add time or out-of-pocket costs to trainees preparing to become CNAs. It is in the public interest to prepare CNAs with expediency in order to meet statewide staffing shortages.

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