

From: [Burmeister, Christopher, DOH](#)
To: [Washburn, Ann, DOH](#); [Jimenez, Billy, DOH](#); [Hotrum-Lopez, Katrina, ALTSD](#)
Subject: Fwd: [EXTERNAL] Dementia letter
Date: Friday, December 10, 2021 6:04:26 AM
Attachments: [Dementia Training letter #3.docx](#)

iPad

Begin forwarded message:

From: Linda Siegle <lsiegle1@msn.com>
Date: December 9, 2021 at 7:56:50 PM MST
To: "Burmeister, Christopher, DOH" <Christopher.Burmeis@state.nm.us>
Subject: [EXTERNAL] Dementia letter

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Dear Mr. Burmeis
Please see our memo from the Medical Society and the NM Nurse Practitioner Council. We feel strongly that doctors and advance practice nurses should be left out of the dementia training education requirements. It seems like we may have to amend the statute in 2023.

Linda

Linda Siegle
505.690.5850

... You meet your destiny on the road you take to avoid it... Carl Jung

December 2, ~~November 22~~, 2021

TO: Jane Wishner (Governor's Office); Katrina Hotrum-Lopez (Secretary Aging & Long-Term Care); Christopher Burmeister (DOH); Rep. Linda Serrato; Rep. Marian Matthews; Rep. Roger Montoya & Rep. Deborah Armstrong

FROM: Annie Jung, Executive Director NM Medical Society and Rachel Bevan, Executive Director of NM Nurse Practitioner Council

RE: Proposed Rules Title 7 Chapter 1 Part 32 Long Term Care Facility Dementia Training

In October the following individuals met on a zoom to discuss concerns about an initial draft of DOH proposed rules for HB 250 creating a long-term care facility dementia training program. In attendance were: Secretary Katrina Hotrum-Lopez, Jane Wishner, Christopher Burmeister, Vicente Vargas, Carrie Robin Brunder (NM Medical Society) and Linda Siegle (NM Nurse Practitioner Council). We discussed the following issues:

- The intent of the original legislation, to our understanding, was to create a dementia training program that would educate “direct care service providers” who have one-on-one contact with long term care residents in facilities that don’t already have dementia training requirements.
- Conversations during the session with sponsors and the governor’s office occurred around concerns that licensed health care providers including physicians and advance practice nurses should be “exempt” from these requirements because of their expertise and continuing medical and nursing education requirements to maintain a license in caring for patients with dementia. It was indicated that the individuals that need training are facility aides and other non-licensed employees who have resident contact. We also believe training requirements focused on these aides and other non-licensed employees was the original intent of the legislation supported by the Alzheimer’s Association.
- Though the current proposed rule includes an “exception” to training requirements if a licensed provider can prove they have had equivalent dementia training within the last twenty-four months, we do not believe this exception provides the necessary exemption for licensed providers. Licensed providers may not have gone through a specific training course that meets all the requirements listed in the proposed rule, however their scope of practice and expertise in treating geriatric patients should automatically make them exempt from the training requirements listed in the rule. By the nature of the medicine and advance practice nursing they practice, they receive ongoing medical and nursing education that qualifies them to treat these patients, understand how to appropriately interact with them, and communicate diagnosis and consequences of such diagnosis.
- This dementia training should be for direct care aide employees who often have a passion for this work, but may not have a high level of education. These employees need to

understand the issues around caring for people with dementia. The statute states the training should be around patient-centered care and activities of daily living. The list of the areas of training are in large part not practical, relevant or appropriate for direct care aides. In no circumstance would an aide need to describe and understand when to refer a dementia patient to a neurologist. Nor would an aide need to identify the components of an individualized primary care plan for middle or late-stage dementia. It is clear the training requirements cover areas that should only ever be a health care decision made by the licensed healthcare provider. The Department of Health should, in no way, allow aides to discuss legal and financial considerations with a dementia patient, but implementation of the current rule would train direct care aides to have these conversations. This is inappropriate.

The undersigned respectfully request Department of Health take the following actions on the proposed rule:

1. Amend the “exception” language to instead state that any licensed health care provider with experience or specialization in geriatric care automatically be deemed to have met the training requirements outlined in the proposed rule. The Department of Health must recognize the expertise of health care professionals providing care in the facilities targeted in the rule.
2. Provide the same automatic qualification of having met the training requirements listed in the rule for employees working in a facility that is already required, under different federal and state statutes and licensure requirements to implement similar dementia training requirements for direct care aids.
3. Revamp the training requirements to more closely match the original intent of the legislation – meaning remove all requirements of training related to medical decisions, patient referrals, patient legal and financial matters, and any other training requirement that would be inappropriate for a direct care aide to discuss with patients and families.

Thank you for your consideration in these amendments while drafting final rules to implement HB250.