## Local Government Mandate Statement Kentucky Legislative Research Commission 2019 Regular Session

## **Part I: Measure Information**

Bill Request #: 1844						
Bill #: HB 329						
<b>Document ID #:</b> <u>3257</u>						
<b>Bill Subject/Title:</b> AN ACT relating to dementia and Alzheimer's training for emergency medical services personnel, emergency medical technicians, first responders, and paramedics.						
Sponsor: Representative Joni Jenkins						
Unit of Government:XCityXCountyXUrban-CountyXCharter CountyXConsolidated LocalXGovernment						
Office(s) Impacted: city and county emergency medical services						
Requirement: X Mandatory Optional						
Effect on Powers & Duties: X Modifies Existing Adds New Eliminates Existing						

## Part II: Bill Provisions and the Estimated Fiscal Impact Relating to Local Government

HB 329 would require the Kentucky Board of Emergency Medical Services (KBEMS) to include 1.5 hours of education in identification and assessment of dementia and Alzheimer's in continuing education for first responders, including emergency medical technicians, emergency medical services personnel, and paramedics (hereinafter "first responders"). The training would be included in the current number of required continuing education hours and required once every 5 years. The training would also require teaching best practices for serving persons with dementia and Alzheimer's.

**The fiscal impact on local governments would be indeterminable but minimal.** According to the KBEMS the majority of first responders, though they are local government employees, pay for their own training to become certified; therefore, HB 329 would have minimal fiscal impact on local governments. However, the Board states that, since the established training and certification cycle for first responders is every 2 years and HB 329 would require the additional training every 5 years, there is danger of first responders overlooking the new training requirement and losing their certification. The out-of-cycle requirement could result in additional costs to local governments because they would have to hire temps to assume duties for first responders taking the out-of-cycle training, assign extra shifts to others and so incur overtime costs, or have a shortage of service. In addition, if training providers do not currently offer the dementia and Alzheimer's identification, assessment, and best practices courses, the local governments would have to either send their in-house training personnel for education on the topic, or else develop training for themselves. Both of these options would result in additional, unknown, costs.

## Part III: Differences to Local Government Mandate Statement from Prior Versions

Part II, above, pertains to HB 329 as introduced. There is no prior introduced version to compare in Part III.

Data Source(s):	Kentucky Board	of Emergency	Medical Services			
<b>Preparer:</b> Mary	Stephens	<b>Reviewer:</b>	КНС	Date:	3/4/19	