

REPRESENTATIVE JUBILEE UNDERWOOD

ALASKA STATE LEGISLATURE - HOUSE DISTRICT 27

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SPONSOR STATEMENT

House Bill 244

“An Act relating to certified nurse aide training; and providing for an effective date.”

House Bill 244 strengthens Alaska’s certified nurse aide (CNA) training standards by ensuring that required regulations include clear, comprehensive competencies necessary to provide safe, respectful, and effective care.

Certified nurse aides are frontline caregivers in hospitals, assisted living homes, long-term care facilities, and home health settings. They work directly with some of our most vulnerable Alaskans — including seniors and individuals living with cognitive impairments. While Alaska already requires CNA certification and training, HB 244 ensures that specific core competencies are expressly included in regulation.

HB 244 amends AS 08.68.331 to require that CNA training regulations include instruction and demonstrated competency in:

- Providing safe and competent care
- Forming relationships and communicating effectively with clients
- Recognizing and responding to emotional, social, and mental health needs
- Supporting client independence and promoting client rights
- Observing, monitoring, and reporting changes in client condition
- Using problem-solving approaches in caregiving
- Preserving respect, dignity, values, and choice
- Communicating with and caring for individuals with Alzheimer’s disease, dementia, mental illness, intellectual disabilities, and other cognitive impairments
- Understanding dementia-related behaviors and assisting with activities of daily living

By placing these minimum training components in statute, HB 244 ensures that CNA training programs consistently prepare caregivers to meet the real-world needs of Alaska’s aging and medically complex population. The bill does not alter certification authority or create new licensing categories; rather, it clarifies and strengthens the content that must be included in CNA training regulations.

HB 244 helps ensure that certified nurse aides across Alaska are equipped with both the technical and interpersonal skills necessary to deliver high-quality, person-centered care. This is a practical step toward improving caregiving standards and supporting the dignity and well-being of those who rely on CNA services.

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House Bill 244

Sectional Analysis

“An Act relating to certified nurse aide training; and providing for an effective date”

Section 1: Page 1, line 3 through Page 2, line 19 - Training Program Standards for Certified Nurse Aides

This section amends **AS 08.68.331**, the statute that authorizes the Board of Nursing (or its designee) to issue certification as a nurse aide and adopt regulations governing certification. Under current law, the board may adopt regulations for training and qualifications to ensure CNAs are competent.

HB 244 **adds a new required subsection** to AS 08.68.331 that mandates specific **training standards** that must be established by regulation. These include — *at a minimum* — that CNA training programs must train certificate applicants:

1. **To ensure safe and competent care.**
2. **To form a relationship, communicate, and interact competently with clients.**
3. **To demonstrate sensitivity to emotional, social, and mental health needs of clients.**
4. **To assist clients in reaching and maintaining independence.**
5. **To support and promote clients’ rights.**
6. **To observe and monitor clients and report observations.**
7. **To understand clients’ abilities and care needs.**
8. **To use a problem-solving approach in caregiving.**
9. **To ensure respect for client values, choice, and dignity.**
10. **Effective communication skills including with clients who have psychosocial needs or cognitive conditions such as Alzheimer’s disease, dementia, mental illness, intellectual disability, or other cognitive impairment.**
11. **Care for cognitively impaired individuals and training on activities of daily living.**

Section 2: Page 2, line 20

Effective Date of January 1, 2027

HOUSE BILL NO. 244

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - SECOND SESSION

BY REPRESENTATIVES UNDERWOOD, Costello

Introduced: 1/20/26

Referred: Health and Social Services, Labor and Commerce

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to certified nurse aide training; and providing for an effective date."**

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 * **Section 1.** AS 08.68.331 is amended by adding a new subsection to read:

4 (c) Regulations adopted under (a)(1) of this section establishing standards for
5 a certified nurse aide training program must require that the program

6 (1) be conducted in a manner to ensure that clients receive safe and
7 competent care; and

8 (2) train a certified nurse aide to

9 (A) form a relationship, communicate, and interact competently
10 with a client;

11 (B) demonstrate sensitivity to the emotional, social, and mental
12 health needs of a client through skillful and directed interactions;

13 (C) assist a client in reaching and maintaining independence;

14 (D) support and promote the rights of a client;

15 (E) demonstrate the skills of observing and monitoring a client

1 during caregiving, as well as reporting those observations to enable the
2 assessment of the health, physical condition, and well-being of a client;

3 (F) demonstrate knowledge of the abilities and care needs of a
4 client;

5 (G) use a problem-solving approach when providing care;

6 (H) use techniques that ensure and preserve the respect, values,
7 choices, and dignity of a client;

8 (I) demonstrate knowledge of client assessment and care
9 planning best practices;

10 (J) use effective communication skills, including while
11 communicating with a client with psychosocial needs or Alzheimer's disease,
12 dementia, a mental illness, an intellectual disability, or another cognitive
13 disability or impairment;

14 (K) provide care to a client who is cognitively impaired or has
15 a decline in cognitive function related to dementia; and

16 (L) demonstrate basic knowledge of Alzheimer's disease,
17 dementia, dementia-related behaviors, and the activities of daily living; in this
18 subparagraph, "activities of daily living" means eating, dressing, grooming,
19 bathing, and toileting.

20 * **Sec. 2.** This Act takes effect January 1, 2027.



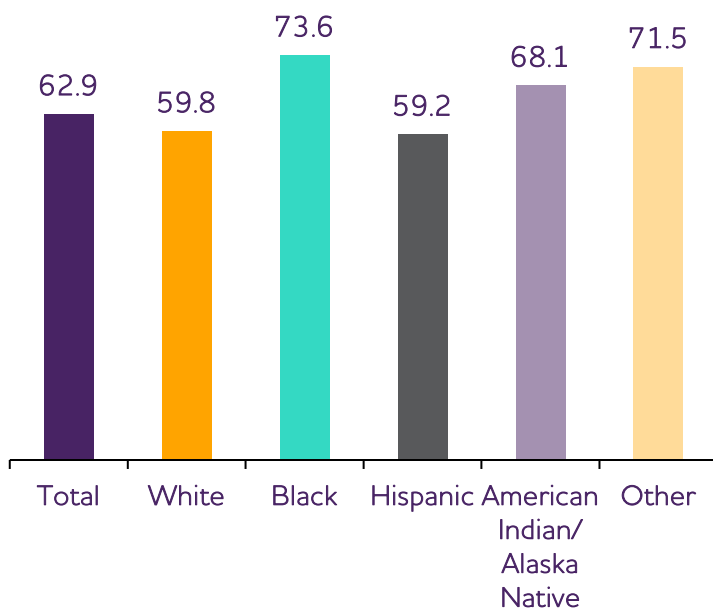
Risk Factors for Cognitive Decline: Alaska



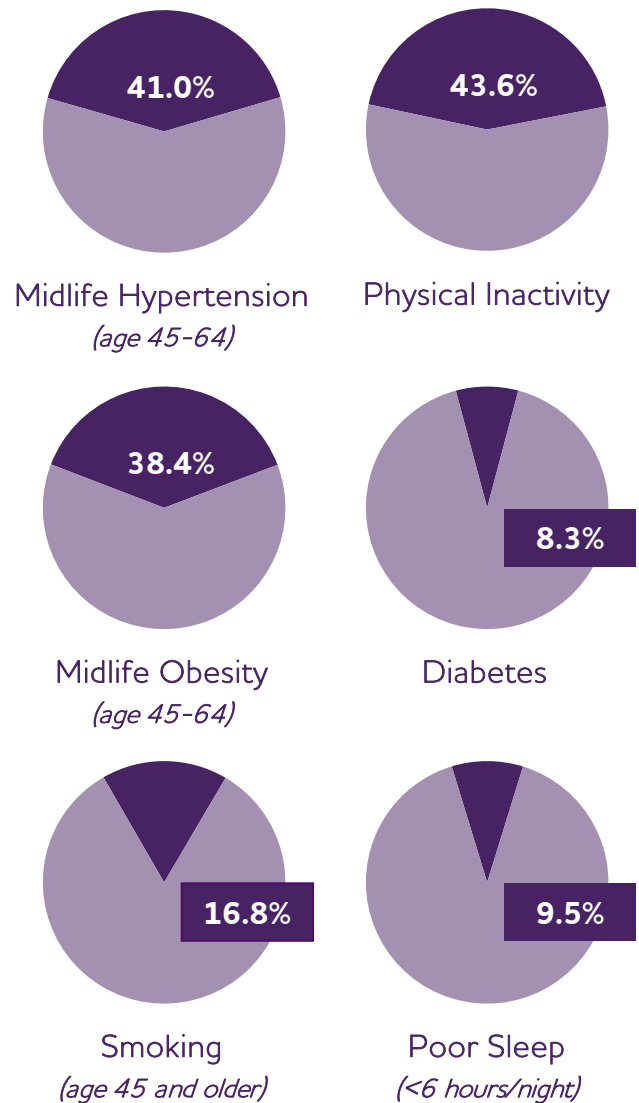
Based on population-level evidence, the six health conditions and behaviors included here increase risk for cognitive decline — and may also increase risk of dementia.

Data are from the Behavioral Risk Factor Surveillance System (BRFSS).

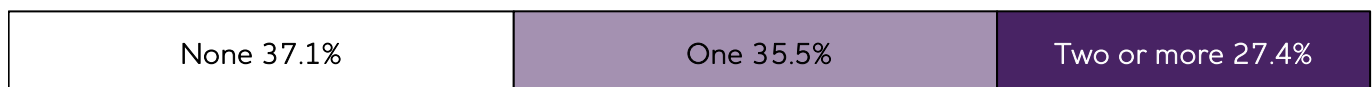
Percent With at Least One of Five Risk Factors (excluding sleep)



Prevalence of Six Risk Factors



Percent With Any of Five Risk Factors (excluding sleep)



This Fact Sheet is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$733,487. The contents are those of the Alzheimer's Association and do not necessarily represent official views of nor an endorsement by, CDC, HHS, or the U.S. government.

Updated: April 2023

FACTSHEET

MARCH 2022

alzimpact.org

Dementia Training for Direct Care Workers

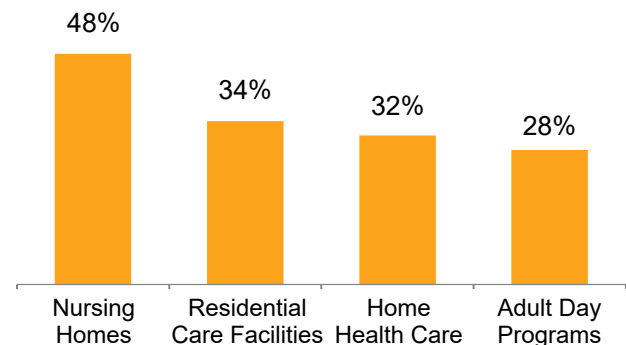
Those with Alzheimer's are high users of long-term care services.

- At the age of 80, 75% of people with Alzheimer's live in a nursing home, compared with just 4% of the general population.
- People living with Alzheimer's are nearly five times as likely to need skilled nursing facility care and more than three times as likely to require home health care as individuals without the condition.
- More than 60% of seniors with Alzheimer's living in a nursing home have moderate or severe cognitive impairment. And 34% of those in residential care settings have Alzheimer's or other dementias.

Individuals with Alzheimer's have needs that often make care delivery challenging and more demanding.

- More than 95% of individuals with dementia have at least one other chronic condition. Caring for someone with multiple chronic conditions — especially when that includes dementia — significantly complicates the care needed.
- As the disease progresses, individuals are unable to complete activities of daily living (such as eating, dressing, and bathing) without assistance.
- Over time, people with Alzheimer's will lose the ability to use words and may communicate their needs through behavior, which presents added challenges for care workers.

Percent of Individuals with Alzheimer's and Other Dementias By Setting



What Can States Do?

- Require a minimum of six to eight hours of evidence-based dementia training for all those who serve individuals with dementia.
- Ensure continuing education to reinforce best practices in the care of those with dementia.
- Implement a culturally-competent curriculum that incorporates principles of person-centered care.
- Allow portability of completed dementia care training across employment settings.
- Ensure trainers meet minimum requirements to qualify as instructors of a dementia curriculum.
- Designate a state agency to monitor dementia training programs, evaluate their effectiveness, and ensure compliance with state dementia training requirements.

Care workers often do not have sufficient dementia-specific knowledge to effectively support those with Alzheimer’s and other dementias.

- Certified nursing assistants and home health aides receive at least 75 hours of required training. But, Alzheimer’s and dementia care is only one of 40 required topics that must be covered in this time frame.
- While reviews have shown that staff training programs to improve the quality of dementia care in nursing homes have positive benefits, staff are unlikely to receive adequate dementia training.
- Training that is provided often does not cover the skills and competencies that will equip workers to appropriately care for those with a significant cognitive impairment.
- Even in states with dementia-specific training requirements, many of those policies are out of date, cover only a subset of workers, lack competency standards, and have inadequate enforcement mechanisms.

Dementia training of those involved in the delivery of care can improve the quality of care and experiences for individuals with Alzheimer’s and other dementias.

- A cornerstone of providing quality dementia care is to ensure that all professional care staff involved in the delivery of care to people with dementia receive dementia-specific training.
- Dementia training should ensure that care workers have the ability to:
 - Provide person-centered dementia care
 - Communicate with individuals with Alzheimer’s
 - Address behavioral symptoms, including alternatives to physical and chemical restraints
 - Address specific aspects of safety, such as wandering.
- Periodic continuing education is also needed to ensure that care workers have the latest information on best practices in the care of those with dementia.

Direct Care Workers: Who Should Receive Training?

Direct Service Staff	An employee whose work involves extensive contact with participants or residents. These staff members may have different titles and may include registered nurses, licensed practical nurses, licensed vocational nurses, nurse practitioners, certified nurse aides, nursing assistants, physician assistants, home health or personal care aides, activities directors, feeding assistants, social workers, dietary staff, respite care providers, adult day care providers, and all occupational, physical, and speech therapy staff.
Administrative Staff	A senior manager of a facility or program, including administrators and managerial staff that supervise direct service staff.
Additional Staff	Those who have incidental contact with residents or program participants on a recurring basis. That includes people include housekeeping, front desk, maintenance, or other administrative staff, as well as other individuals who have such incidental contact.

ALZHEIMER'S IS AN ALASKAN ISSUE



ALZHEIMER'S PREVALENCE ESTIMATES BY AREA

Alaska	95,900	8,500	8.8%
AREA	Total Pop. Age 65+	AD Cases Age 65+	AD Prevalence
Aleutians East	400	< 50	9.5%
Aleutians West	400	< 50	7.6%
Anchorage	35,100	3,300	9.1%
Bethel	1,500	100	7.6%
Bristol Bay	200	< 50	8.6%
Chugach Census Area	900	100	7.6%
Copper River Census Area	600	< 50	8.6%
Denali	300	< 50	7.8%
Dillingham	500	< 50	8.2%
Fairbanks North Star	11,200	900	8.4%
Haines	600	100	8.4%
Hoonah-Angoon	500	< 50	8.5%
Juneau	4,700	400	8.6%
Kenai Peninsula	11,400	1,000	8.4%
Ketchikan Gateway	2,400	200	8.9%
Kodiak Island	1,600	100	8.3%
Kusilvak	500	< 50	8.0%
Lake and Peninsula	200	< 50	9.0%
Matanuska-Susitna	14,400	1,200	8.2%
Nome	800	100	7.8%
North Slope	700	100	7.5%
Northwest Arctic	600	100	10.4%
Petersburg	700	100	8.6%
Prince of Wales-Hyder	1,200	100	7.5%
Sitka	1,400	100	9.7%
Skagway	200	< 50	9.1%
Southeast Fairbanks	1,100	100	8.3%
Wrangell	700	100	9.6%
Yakutat	100	< 50	9.6%
Yukon-Koyukuk	800	100	8.3%

NUMBERS IN THE 2ND AND 3RD COLUMN ARE ESTIMATES THAT HAVE BEEN ROUNDED TO THE NEAREST 100 AND ARE NOT THE EXACT FIGURES USED TO CALCULATE AD PREVALENCE IN COLUMN E. ESTIMATES WERE PULLED FROM DATA COLLECTED IN 2020. STATE TOTALS WERE INDEPENDENTLY MODELED (AND MAY NOT EQUAL A SUM OF ALL ROUNDED COUNTIES).
SOURCE: DHANA ET AL., ALZHEIMER'S & DEMENTIA, 2023