

HOUSE No. 4116

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, January 16, 2018.

The committee Elder Affairs to whom were referred the petition (accompanied by bill, Senate, No. 341) of Patricia D. Jehlen, Jason M. Lewis, Marjorie C. Decker, James B. Eldridge and other members of the General Court for legislation relative to training of elder services workers in dementia and Alzheimer's, the petition (accompanied by bill, Senate, No. 1224) of Barbara A. L'Italien, Brian M. Ashe, Colleen M. Garry, Jason M. Lewis and other members of the General Court for legislation to improve treatment for Alzheimer's and dementia, the petition (accompanied by bill, Senate, No. 1239) of Michael O. Moore, James M. Cantwell, Barbara A. L'Italien, John W. Scibak and other members of the General Court for legislation relative to the Massachusetts Alzheimers Project, the petition (accompanied by bill, Senate, No. 1264) of Michael F. Rush, Timothy R. Whelan and Paul McMurtry for legislation relative to the safety of Alzheimer's disease patients, the joint petition (accompanied by bill, House, No. 335) of Bruce J. Ayers and John F. Keenan relative to services provided through the MassHealth frail elder home and community-based services waiver regarding early-onset Alzheimer's disease, the petition (accompanied by bill, House, No. 1200) of Paul McMurtry and others that continuing education necessary for the renewal of a physician's certificate of registration include courses on Alzheimer's disease, dementia and other cognitive impairments, the petition (accompanied by bill, House, No. 1223) of John W. Scibak and others for legislation to establish an Alzheimer's project in the Office of the Secretary of Health and Human Services and the petition (accompanied by bill, House, No. 2884) of Paul Brodeur and others that the Department of Elder Affairs be authorized to provide training to protective services caseworkers in recognizing signs and symptoms of cognitive impairments, including Alzheimer's disease, reports recommending that the accompanying bill (House, No. 4116) ought to pass.

For the committee,

DANIELLE W. GREGOIRE.

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The Commonwealth of Massachusetts

In the One Hundred and Ninetieth General Court
(2017-2018)

An Act relative to Alzheimer's and related dementias in the Commonwealth.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 6A of the General Laws is hereby amended by inserting after
2 section 16Z the following section:-

3 Section 16AA. (a) The executive office of health and human services, hereinafter the
4 executive office, shall develop and carry out an assessment of all state programs that address
5 Alzheimer's disease and shall create and maintain an integrated state plan to overcome
6 Alzheimer's disease. The state plan shall include implementation steps and recommendations for
7 priority actions based on the assessment. The purposes of the state plan shall be, but shall not be
8 limited to, the following:

9 (1) accelerate the development of treatments that would prevent, halt or reverse the
10 course of Alzheimer's disease;

11 (2) help coordinate the health care and treatment of individuals with Alzheimer's disease;

(3) ensure the inclusion of ethnic and racial populations, who have a higher risk for Alzheimer's disease or are least likely to receive care in clinical, research and service efforts, with the purpose of decreasing health disparities in Alzheimer's disease;

(4) coordinate with federal government bodies to integrate and inform the fight against Alzheimer's disease;

(5) provide information and coordination of Alzheimer's disease research and services across all state agencies; and

(6) implement a strategy to increase the diagnostic rate in the commonwealth.

(b) There is hereby established an advisory council on Alzheimer's disease research and treatment.

(1) The advisory council shall consist of the following persons: the secretary of health and human services, or a designee; the secretary of elder affairs, or a designee; the commissioner of public health, or a designee; the secretary of veterans' services, or a designee; the director of the office of Medicaid, or a designee; the House Chair of the Joint Committee on Elder Affairs, or a designee; the Senate Chair of the Joint Committee on Elder Affairs, or a designee; and 10 persons to be appointed by the governor, as follows: 2 Alzheimer's disease patient advocates; 2 Alzheimer's disease caregivers; 2 health care providers; 2 researchers with Alzheimer-related expertise in basic, translational, clinical or drug development science; and 2 voluntary health association representatives, including a representative from a state Alzheimer's disease organization that funds research and has demonstrated experience in care and patient services and a representative from a state based advocacy organization that provides services to families

and professionals, including information and referral, support groups, care consultation, education and safety services.

(2) The advisory council shall meet quarterly and such meetings shall be open to the public.

(3) The advisory council shall advise the executive office and the legislature on the state's Alzheimer's disease policy.

(4) The advisory council shall work with the secretary of health and human services to determine the number of persons diagnosed each year with early-onset Alzheimer's disease regardless of their age, as well as identify resources available and services needed for these individuals and associated costs.

(5) The advisory council shall annually provide to the executive office and the legislature a report which shall include: (i) information and recommendations on Alzheimer's disease policy; (ii) an evaluation of all state-funded efforts in Alzheimer's disease research, clinical care, institutional, home-based and community-based programs; (iii) the outcomes of such efforts; and (iv) any proposed updates to the state plan, which the advisory council shall annually review.

SECTION 2. Section 16 of chapter 19A of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by adding the following subsection:-

(f) The department shall require that all designated local agencies of the department provide training to their protective services caseworkers specifically focused on recognizing the signs and symptoms of cognitive impairments, including Alzheimer's disease, and understanding how cognitive impairment may affect screening, investigation and service planning.

SECTION 3. Section 2 of chapter 112 of the General Laws, as so appearing, is hereby amended by adding the following paragraph:-

The board shall require that any continuing education requirements necessary for the renewal of a physician's certificate of registration shall include the one-time completion of a course of training and education on the diagnosis, treatment, and care of patients with cognitive impairments, including, but not limited to, Alzheimer's disease and dementia; provided, however, that such course requirement shall only apply to physicians serving adult populations.

SECTION 4. Section 9F of said chapter 112, as so appearing, is hereby amended by adding the following paragraph:-

The board shall require that any continuing education requirements necessary for the renewal of a physician's assistant's certificate of registration shall include the one-time completion of a course of training and education on the diagnosis, treatment, and care of patients with cognitive impairments, including, but not limited to, Alzheimer's disease and dementia; provided, however, that such course requirement shall only apply to physician's assistants serving adult populations.

SECTION 5. Section 74 of said chapter 112, as so appearing, is hereby amended by adding the following paragraph:-

The board shall require that any continuing education requirements necessary for the renewal of a registered nurse's certificate of registration shall include the one-time completion of a course of training and education on the diagnosis, treatment, and care of patients with cognitive impairments, including, but not limited to, Alzheimer's disease and dementia; provided,

however, that such course requirement shall only apply to registered nurses serving adult populations.

SECTION 6. Section 74A of said chapter 112, as so appearing, is hereby amended by adding the following paragraph:-

The board shall require that any continuing education requirements necessary for the renewal of a practical nurse's certificate of licensure shall include the one-time completion of a course of training and education on the diagnosis, treatment, and care of patients with cognitive impairments, including, but not limited to, Alzheimer's disease and dementia; provided, however, that such course requirement shall only apply to practical nurses serving adult populations.

SECTION 7. Said chapter 112 is hereby amended by inserting after section 12G the following section:-

Section 12G1/2. A physician registered under this chapter, upon express or implied consent of a patient diagnosed with Alzheimer's disease, pursuant to and consistent with any federal or state law or regulation, shall report the Alzheimer's diagnosis to a family member or legal personal representative of the patient, and provide to said family member or legal personal representative information about care planning services, including assistance understanding the diagnosis as well as the medical and non-medical options for ongoing treatment, services, and supports, and information about how to obtain such treatments, services and supports.

SECTION 8. Notwithstanding any general or special law to the contrary, a hospital licensed pursuant to section 51 of chapter 111 of the General Laws, shall implement an operational plan for the recognition and management of patients with dementia or delirium in

97 acute-care settings. Said plan shall consider applicable recommendations made by the
98 Alzheimer's and related dementias acute care advisory committee established pursuant to chapter
99 228 of the acts of 2014. Said plan shall be completed and implemented by October 1, 2021, kept
100 on file by each hospital and made available to the department of public health upon request.

101 SECTION 9. All physicians, physician's assistants, registered nurses and practical nurses
102 required to complete the continuing education requirement of a one-time course of training and
103 education on the diagnosis, treatment, and care of patients with cognitive impairments including,
104 but not limited to, Alzheimer's disease and dementia pursuant to sections 2, 9F, 74 and 74A of
105 chapter 112 of the General Laws shall complete such one-time course requirement on or before 4
106 years from the effective date of this act.