

HOUSE No. 4817

Text of a further amendment, offered by Miss Gregoire of Marlborough, to the Senate amendment (striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 2612) of the House Bill relative to Alzheimer’s and related dementias in the Commonwealth (House, No. 4116, amended). July 25, 2018.

The Commonwealth of Massachusetts

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

By striking out all after the enacting clause (inserted by amendment by the Senate) and inserting in place thereof the following:

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 shall develop and
4 carry out an assessment of all state programs that address Alzheimer’s disease, and shall create
5 and maintain an integrated state plan to address and assist in the treatment of Alzheimer’s
6 disease. The state plan shall include implementation steps and recommendations for priority
7 actions based on the assessment. The purposes of the state plan shall include, but shall not be
8 limited to, the following: (i) accelerating the development of treatments that would prevent, halt
9 or reverse the course of Alzheimer’s disease; (ii) coordinating the health care and treatment of
10 individuals with Alzheimer’s disease; (iii) ensuring the inclusion of ethnic and racial populations
11 who have a higher risk for Alzheimer's disease or are less likely to receive care in clinical,
12 research and service efforts, with the goal of decreasing health disparities in the diagnosis and
13 treatment of Alzheimer’s disease; (iv) coordinating with federal agencies and programs to

14 integrate and inform the fight against Alzheimer's disease; (v) providing information and
15 coordination of Alzheimer's disease research and services across all state agencies; and (vi)
16 implementing a strategy to increase the diagnostic rate for Alzheimer's disease.

17 (b)(1) There shall be an advisory council on Alzheimer's disease research and treatment.
18 The advisory council shall consist of: the secretary of health and human services, or a designee;
19 the secretary of elder affairs, or a designee; the commissioner of public health, or a designee; the
20 secretary of veterans' services, or a designee; the director of the office of Medicaid, or a
21 designee; the house and senate chairs of the joint committee on elder affairs, or their designees;
22 and 10 persons to be appointed by the governor, including 2 Alzheimer's disease patient
23 advocates, 2 Alzheimer's disease caregivers, 2 health care providers, 2 researchers with
24 Alzheimer's-related expertise in basic, translational, clinical or drug development science and 2
25 voluntary health association representatives, including 1 representative from a state Alzheimer's
26 disease organization that funds research and has demonstrated experience in care and patient
27 services and 1 representative from a state-based advocacy organization that provides services to
28 families and professionals, including information and referral, support groups, care consultation,
29 education and safety services.

30 (2) The advisory council shall meet at least quarterly and shall advise the executive office
31 of health and human services and the General Court on the development of Alzheimer's disease
32 policy for the commonwealth. The advisory council shall work with the secretary of health and
33 human services to determine the number of people diagnosed each year with early-onset
34 Alzheimer's disease, regardless of age, and shall identify resources available and services needed
35 for these individuals and associated costs.

36 (3) Annually, not later than March 1, the advisory council shall provide a report to the
37 executive office of health and human services and the clerks of the senate and the house of
38 representatives which shall include: (i) information and recommendations on Alzheimer's
39 disease policy; (ii) an evaluation of all state-funded efforts in Alzheimer's disease research,
40 clinical care, institutional, home-based and community-based programs; (iii) the outcomes of
41 those efforts; and (iv) any proposed updates to the state plan, which the advisory council shall
42 review annually.

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

45 (f) The department shall require that all designated local agencies of the department
46 provide training to protective services caseworkers that is specifically focused on recognizing the
47 signs and symptoms of cognitive impairments, including, but not limited to, Alzheimer's disease,
48 and understanding how cognitive impairment may affect screening, investigation and service
49 planning.

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

52 The board shall require that any continuing education requirements necessary for the
53 renewal of a physician's certificate of registration include the 1-time completion of a course of
54 training and education on the diagnosis, treatment and care of patients with cognitive
55 impairments, including, but not limited to, Alzheimer's disease and dementia; provided,
56 however, that this course requirement shall only apply to physicians who serve adult populations.

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

59 The board shall require that any continuing education requirements necessary for the
60 renewal of a physician assistants certificate of registration include the 1-time completion of a
61 course of training and education on the diagnosis, treatment and care of patients with cognitive
62 impairments, including, but not limited to, Alzheimer’s disease and dementia; provided,
63 however, that such course requirement shall only apply to physician assistants who serve adult
64 populations.

65 SECTION 5. Chapter 112 of the General Laws is hereby amended by inserting after
66 section 12G the following section:-

67 Section 12G1/2. (a) A physician registered under this chapter shall, upon an initial
68 diagnosis of Alzheimer’s disease of a patient, report the diagnosis to a family member or legal
69 personal representative of the patient and provide to that family member or legal personal
70 representative information and resources related to the diagnosis and treatment of Alzheimer’s
71 disease; provided, however, that the physician shall only report the diagnosis and provide the
72 information if: (i) the physician has first obtained the consent of the patient; or (ii) to the extent
73 consistent with federal and state law or regulation, in the reasonable judgment of the physician,
74 the patient is incapacitated or unable to provide consent. A physician shall not be subject to civil
75 or criminal liability or disciplinary action by the board of registration in medicine based on a
76 decision, made pursuant to this section, to communicate with or to not communicate with a
77 family member or legal personal representative of a person diagnosed with Alzheimer’s disease .

78 SECTION 6. Section 74 of said chapter 112, as appearing in the 2016 Official Edition, is
79 hereby amended by adding the following paragraph:-

80 The board shall require that any continuing education requirements necessary for the
81 renewal of a registered nurse's certificate of registration shall include the 1-time completion of a
82 course of training and education on the diagnosis, treatment and care of patients with cognitive
83 impairments, including, but not limited to, Alzheimer's disease and dementia; provided,
84 however, that such course requirement shall only apply to registered nurses who serve adult
85 populations.

86 SECTION 7. Section 74A of said chapter 112, as so appearing, is hereby amended by
87 adding the following paragraph:-

88 The board shall require that any continuing education requirements necessary for the
89 renewal of a practical nurse's certificate of licensure shall include the 1-time completion of a
90 course of training and education on the diagnosis, treatment and care of patients with cognitive
91 impairments, including, but not limited to, Alzheimer's disease and dementia; provided,
92 however, that such course requirement shall only apply to practical nurses who serve adult
93 populations.

94 SECTION 8. Notwithstanding any general or special law to the contrary, each hospital
95 licensed pursuant to section 51 of chapter 111 of the General Laws shall, not later than October
96 1, 2021, (i) complete and implement an operational plan for the recognition and management of
97 patients with dementia or delirium in acute-care settings; provided, however, that the plan shall
98 address applicable recommendations made by the Alzheimer's and related dementias acute care

99 advisory committee established pursuant to chapter 228 of the acts of 2014; (ii) keep the plan on
100 file; and (iii) make the plan available to the department of public health upon request.

101 SECTION 9. All physicians, physician assistants, registered nurses and practical nurses
102 licensed as of the effective date of this act and required to complete the continuing education
103 requirement of a 1-time course of training and education on the diagnosis, treatment and care of
104 patients with cognitive impairments including, but not limited to, Alzheimer’s disease and
105 dementia pursuant to sections 2, 9F, 74 and 74A of chapter 112 of the General Laws shall
106 complete that 1-time course requirement not more than 4 years after the effective date of this act.

107 SECTION 10. The first report required under section 16AA of chapter 6A of the General
108 Laws shall be provided not later than March 1, 2021.”