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HOUSE . . . . No. 5621

House bill No. 5613, as amended and passed to be engrossed by the House. July 29, 2026.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Fourth General Court
(2025-2026)

An Act to improve care and prepare for the new era of Alzheimer's and dementia.

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

SECTION 1. Chapter 6 of the General Laws is hereby amended by inserting after section 116K the following section:-

Section 116L. (a) The municipal police training committee, in consultation with the executive office of aging and independence, the Alzheimer's Disease and Related Disorders Association, Massachusetts Chapter, Inc., the Massachusetts Coalition of Police, Inc., Massachusetts Chiefs of Police Association and the Massachusetts Police Association, Inc., shall establish and implement a dementia training program for law enforcement officers. The committee may consult with other appropriate organizations and agencies with an interest and expertise in Alzheimer's disease and other dementias, or those representing or working with first responders. The dementia training program shall include, but shall not be limited to: (i) instruction on the identification of people with Alzheimer's disease and other dementias; (ii) risks such as wandering and elder abuse; and (iii) the best practices for interacting with people with Alzheimer's disease and other dementias.

(b) All law enforcement officers shall complete not less than 2 hours of initial training on dementia within the recruit basic training curriculum. The 2-hour dementia training program shall provide training on:

(i) dementia and symptoms associated with dementia;

(ii) communication issues, including how to communicate respectfully and effectively with the individual who has dementia to determine the most appropriate response and effective communication techniques to enhance collaboration with caregivers;

(iii) techniques for understanding and approaching behavioral symptoms and identifying alternatives to physical restraints;

(iv) identifying and reporting incidents of abuse, neglect and exploitation to the protective services system established in section 16 of chapter 19A;

(v) protocols for contacting caregivers when a person with dementia is found wandering, or during emergency or crisis situations; and

(vi) local caregiving resources that are available for people living with dementia.

(c) All law enforcement officers shall complete not less than 1 hour of biannual in-service education covering dementia training. The biannual in-service training shall qualify toward the minimum credit hours required for in-service education.

SECTION 2. Said chapter 6 is hereby further amended by inserting after section 164 the following section:-

Section 164A. (a) The fire training council established pursuant to section 164 shall establish and implement a dementia training program, in consultation with the Massachusetts fire service commission established pursuant to section 165B, the executive office of aging and independence, the Alzheimer's Disease and Related Disorders Association, Massachusetts Chapter, Inc., the Professional Firefighters of Massachusetts and the Fire Chiefs' Association of Massachusetts, Inc., for firefighters. The council may consult with other appropriate organizations and agencies having an interest and expertise in Alzheimer's disease and other dementias, or those representing or working with first responders. The dementia training program shall include instruction on: (i) the identification of people with Alzheimer's disease and other dementias; (ii) risks such as wandering and elder abuse; and (iii) the best practices for interacting with people with Alzheimer's disease and other dementias.

(b) All firefighters shall complete not less than 2 hours of initial training on dementia within the recruit basic training curriculum. The program shall provide training on:

(i) dementia and symptoms associated with dementia;

(ii) communication issues, including how to communicate respectfully and effectively with the individual who has dementia to determine the most appropriate response and effective communication techniques to enhance collaboration with caregivers;

(iii) techniques for understanding and approaching behavioral symptoms and identifying alternatives to physical restraints;

(iv) identifying and reporting incidents of abuse, neglect and exploitation to the protective services system established in section 16 of chapter 19A;

(v) protocols for contacting caregivers when a person with dementia is found wandering, or during emergency or crisis situations; and

(vi) local caregiving resources that are available for people living with dementia.

(c) All firefighters shall complete not less than 1 hour of biannual in-service education covering dementia training. The biannual in-service training shall qualify toward the minimum credit hours required for in-service education.

SECTION 3. Chapter 6A of the General Laws is hereby amended by inserting after section 16GG the following section:-

Section 16HH. (a) There shall be within the executive office of health and human services a director of dementia care and coordination. The secretary of health and human services shall appoint the director who shall report to the secretary or their designee.

(b) The director’s duties and responsibilities shall include, but shall not be limited to:

(i) coordinating the implementation of the Alzheimer’s disease state plan pursuant to subsection (a) of section 16AA;

(ii) coordinating with relevant agencies and departments and the chair of the advisory council on Alzheimer’s disease research and treatment to support the council’s work and annual updates to the Alzheimer’s disease state plan;

(iii) coordinating with the department of public health on public awareness efforts pursuant to section 250 of chapter 111;

(iv) facilitating and supporting coordination of outreach programs and services between agencies, area agencies on aging, aging services access points established pursuant to the second paragraph of section 4B of chapter 19A and other community organizations to foster public awareness and education regarding Alzheimer's disease and other forms of dementia;

(v) coordinating with relevant state agencies and community organizations to ensure coordination of services, access to services and a high quality of care for individuals with dementia and their family caregivers to meet the needs of the affected population and prevent duplication of services;

(vi) reviewing dementia-related training requirements for professionals required to receive dementia training, including, but not limited to, healthcare professionals, long term care professionals, first responders, home and community based services professionals, law enforcement officers pursuant to section 116L of chapter 6, persons enlisted for the first time and uniformed members of the department of state police pursuant to section 20A of chapter 22C, firefighters pursuant to section 164A of chapter 6 and EMS personnel pursuant to section 9C of chapter 111C on a biannual basis; provided, that the director shall review the hours, frequency of training and content of training; provided further, that the director shall determine whether existing training requirements meet the needs of the dementia community; provided further, that the assessment shall include whether trainings incorporate the latest recommendations from leading national voluntary or governmental health organizations in Alzheimer's care, support and research to ensure trainings are based on expert opinion and include evidence-based curriculum that result in a high quality of care for people living with dementia; and provided further, that upon completion of the assessment, the director shall provide recommendations to the department of public health, the executive office of aging and independence, the advisory council on Alzheimer's disease research and treatment, the board of registration in nursing, the board of registration in medicine and any other appropriate departments or boards for additional training necessary to adequately support the dementia community;

(vii) collaborating with the commissioner of public health, the secretary of aging and independence, the board of registration in nursing, the board of registration in medicine and any other appropriate departments or boards to ensure all professionals required to complete dementia training are in compliance;

(viii) working with the commissioner of public health to ensure that hospitals are dementia-capable and in compliance with section 252 of chapter 111;

(ix) identifying and managing grants to assist the commonwealth in becoming dementia-capable;

(x) ensuring collection and reporting of data related to the impact of Alzheimer's disease in the commonwealth and work with the department of public health's behavioral risk factor surveillance system coordinator in identifying available funds to execute appropriate modules for critical data collection and research; and

(xi) coordinating with the department of public health to improve public health outcomes utilizing relevant dementia data.

SECTION 4. Chapter 22C of the General Laws is hereby amended by inserting after section 20 the following section:-

Section 20A. (a) The colonel shall establish and implement a dementia training program, in consultation with the executive office of aging and independence, the Alzheimer's Disease and Related Disorders Association, Massachusetts Chapter, Inc. and the State Police Association of Massachusetts, for uniformed members of the state police. The department may consult with other appropriate organizations and agencies having an interest and expertise in Alzheimer's disease and other dementias, or those representing or working with first responders. The dementia training program shall include: (i) instruction on the identification of people with Alzheimer's disease and other dementias; (ii) risks such as wandering and elder abuse; and (iii) the best practices for interacting with people with Alzheimer's disease and other dementias.

(b) All persons enlisted for the first time in the department shall complete not less than 2 hours of initial dementia training within the recruit basic training curriculum. The program shall provide training on:

(i) dementia and symptoms associated with dementia;

(ii) communication issues, including how to communicate respectfully and effectively with the individual who has dementia to determine the most appropriate response and effective communication techniques to enhance collaboration with caregivers;

(iii) techniques for understanding and approaching behavioral symptoms and identifying alternatives to physical restraints;

(iv) identifying and reporting incidents of abuse, neglect and exploitation to the protective services system established in section 16 of chapter 19A;

(v) protocols for contacting caregivers when a person with dementia is found wandering, or during emergency or crisis situations; and

(vi) local caregiving resources that are available for people living with dementia.

(c) All uniformed members of the state police shall complete not less than 1 hour of biannual in-service education covering dementia training. The biannual in-service training shall qualify toward the minimum credit hours required for in-service education.

SECTION 5. Section 25N of chapter 111 of the General Laws, as appearing in the 2024 Official Edition, is hereby amended by striking out, in line 7, the words "obstetrics/gynecology" and inserting in place thereof the following words:- obstetrics and gynecology, geriatrics, geriatric psychiatry.

SECTION 6. Said chapter 111 is hereby further amended by inserting after section 53H the following section:-

Section 53I. (a) The department shall require acute care hospitals to allow a family member or other caregiver for patients with Alzheimer's disease or other dementias, or for patients exhibiting symptoms of dementia or cognitive impairment, or a patient who presents with symptoms of dementia or cognitive impairment based on the assessment of the health care provider overseeing their care in the hospital, to remain with the patient at all times that are medically appropriate, including, but not limited to, while in the emergency department and while admitted as an inpatient. Caregivers for patients living with Alzheimer's disease or other dementias shall not be required to adhere to restricted hospital visiting hours, unless it has been deemed unsafe for the patient, family member or caregiver.

(b) The department shall require acute care hospitals to create policies and protocols to ensure that a family member, caregiver or personal legal representative responsible for a patient with Alzheimer's disease or other dementia or a patient who presents with symptoms of dementia or cognitive impairment based on the assessment of the health care provider overseeing their care in the hospital is contacted as soon as possible following admission to the emergency department or hospital if the patient presents to the hospital without a family member, caregiver or personal legal representative; provided, however, that the hospital shall only contact a family member, caregiver or personal legal representative: (i) if the hospital has received consent from the patient, if possible, to do so; and (ii) to the extent consistent with federal and state law or regulation, and in the reasonable judgment of the hospital. If the patient is incapacitated or not able to provide consent, a health care provider may share the patient's information with a family member, caregiver or personal legal representative responsible for a patient with Alzheimer's disease or other dementia as long as the health care provider determines, based on their professional judgment, that it is in the best interest of the patient.

(c) The department shall require acute care hospitals to create policies and protocols to ensure that a family member, caregiver or personal legal representative responsible for a patient living with Alzheimer's disease or other dementia or a patient who presents with symptoms of dementia or cognitive impairment based on the assessment of the health care provider overseeing their care in the hospital is contacted prior to the patient's discharge to ensure a safe discharge, including suitable transport from the hospital, and review the discharge plan; provided, however, that the hospital shall only contact a family member, caregiver or personal legal representative: (i) if the hospital has received consent from the patient, if possible, to do so; and (ii) to the extent consistent with federal and state law or regulation, and in the reasonable judgment of the hospital. If the patient is incapacitated or not able to provide consent, a health care provider may contact a family member, caregiver or personal legal representative responsible for the patient with Alzheimer's disease or other dementia as long as the health care provider determines, based on their professional judgment, that it is in the best interest of the patient. If a family member, caregiver or personal legal representative is not able to be contacted or if the patient declines contact, the patient living with Alzheimer's disease or other dementia shall meet with a hospital social worker or other professional who can assess for discharge safety and other supports needed prior to discharge.

(d) Notwithstanding subsections (a) to (c), inclusive, this section shall not apply during a public health emergency or state of emergency declared by the governor relevant to the actions of the hospital.

(e) The department shall promulgate regulations to implement this section.

SECTION 7. The first paragraph of section 237 of said chapter 111, as appearing in the 2024 Official Edition, is hereby amended by inserting after the second sentence the following sentence:- The commissioner shall include data on the racial and ethnic disparities for Alzheimer's disease and other dementias, where available, and data pertaining to cognitive decline and caregiving collected as part of the annual behavioral risk factor surveillance system survey.

SECTION 8. Said chapter 111 is hereby further amended by adding the following 3 sections:-

Section 250. (a) The department, in consultation with the executive office of aging and independence, the advisory council on Alzheimer's disease research and treatment established pursuant to subsection (b) of section 16AA of chapter 6A and any additional stakeholders as determined by the department, shall develop a public awareness campaign on brain health, Alzheimer's disease and other dementias. The department shall incorporate the public awareness campaign into existing and relevant public health outreach programs.

(b)(1) The public awareness campaign on brain health, Alzheimer's disease and other dementias shall:

(i) educate health care providers on: (A) the importance of early detection and timely diagnosis of cognitive impairment; (B) validated cognitive assessment tools; (C) current and emerging treatment options; (D) the value of a Medicare Annual Wellness visit for cognitive health; and (E) the Medicare and Medicaid care planning billing codes for individuals with cognitive impairment;

(ii) increase public understanding and awareness of: (A) early warning signs of Alzheimer's disease and other types of dementia; (B) the value of early detection and diagnosis; and (C) how to reduce the risk of cognitive decline, particularly among persons in diverse communities who are at greater risk of developing Alzheimer's disease and other types of dementia; and

(iii) inform health care professionals and the general public of: (A) dementia care coordination services for those living with Alzheimer's disease and other dementias; and (B) other resources and services available to individuals living with dementia and their families and caregivers.

(2) For the materials for the general public, the department shall provide uniform and consistent guidance on Alzheimer's disease and other dementia in nonclinical terms. The department shall: (i) ensure cultural relevancy and health literacy in developing materials; and (ii) provide the information to diverse populations who are at higher risk for developing dementia.

(c) The department shall include the federal Centers for Disease Control and Prevention's Healthy Aging Program's modules on subjective cognitive decline and caregiving in the annual behavioral risk factor surveillance system survey on a rotating annual basis to collect prevalence data on Alzheimer's disease and other dementias, track trends over time and analyze data to direct public health programs and resources.

Section 251. As used in this section, "Healthy Brain Initiative Road Map" shall mean the federal Centers for Disease Control and Prevention's collaborative approach to fully integrate cognitive health into public health practice and reduce the risk and impact of Alzheimer's disease and other dementias.

Biannually, the department shall report on the department's work on the Healthy Brain Initiative Road Map. The department shall submit the report to the clerks of the house of representatives and the senate, the joint committee on public health and to the advisory council on Alzheimer's disease research and treatment established pursuant to subsection (b) of section 16AA of chapter 6A.

Section 252. (a) Not less than every 5 years, each hospital licensed pursuant to section 51 shall complete an operational plan for the recognition and management of patients with dementia or delirium in acute-care settings and submit the plan to the department for approval. Not later than 90 days of receipt, the department shall review the plan and approve the plan or offer amendments to the plan. Upon final approval of the plan by the department, the hospital shall implement the plan.

(b) The operational plan shall include: (i) education and training of clinical and non-clinical staff; (ii) providing a dementia- and delirium-appropriate environment; (iii) recognition of dementia and delirium; (iv) patient management and treatment, including, but not limited to, how to manage symptoms, treatment protocols and side effect management; (v) transition planning to improve and provide safe admissions, transfers and discharges, including, but not limited to, protocols to ensure that patients living with dementia are safe and have a staff member or caregiver present during discharge or transfer; (vi) advance care planning information; (vii) caregiver communication and coordination, including, but not limited to, protocols to ensure that contact to a caregiver has been attempted upon arrival and prior to discharge if the patient agrees; and (viii) additional recommendations made by the Alzheimer's and related dementias acute care advisory committee established pursuant to section 1 of chapter 228 of the acts of 2014 and any additional guidance issued by the Massachusetts Health and Hospital Association, Inc. or the department.

(c) Each hospital may update the operational plan more frequently as needed.

(d) Each hospital shall provide a copy of its operational plan to the advisory council on Alzheimer's disease research and treatment established pursuant to subsection (b) of section 16AA of chapter 6A upon approval.

(e) Each hospital shall provide an electronic copy of its operational plan to each employee upon approval by the department. Upon request by an employee the hospital shall provide a printed copy of the plan to its employees,

(f) Each hospital shall keep a copy of the operational plan on file and shall make it available for review by the public by posting it to the hospital's website.

SECTION 9. Chapter 111C of the General Laws is hereby amended by inserting after section 9B the following section:-

Section 9C. (a) The department shall establish and implement a dementia training program, in consultation with the executive office of aging and independence, the Alzheimer's Disease and Related Disorders Association, Massachusetts Chapter, Inc. and the Massachusetts Ambulance Association, Incorporated, for EMS personnel. The department may consult with other appropriate organizations and agencies having an interest and expertise in Alzheimer's disease and other dementias, or those representing or working with first responders. The program shall include instruction on: (i) the identification of people with Alzheimer's disease and other dementias; (ii) risks such as wandering and elder abuse; and (iii) the best practices for interacting with people with Alzheimer's disease and other dementias.

(b) All EMS personnel shall complete not less than 2 hours of initial training on dementia within the recruit basic training curriculum. The program shall provide training on:

(i) dementia and symptoms associated with dementia;

(ii) communication issues, including how to communicate respectfully and effectively with the individual who has dementia to determine the most appropriate response and effective communication techniques to enhance collaboration with caregivers;

(iii) techniques for understanding and approaching behavioral symptoms and identifying alternatives to physical restraints;

(iv) identifying and reporting incidents of abuse, neglect and exploitation to the protective services system established in section 16 of chapter 19A;

(v) protocols for contacting caregivers when a person with dementia is found wandering, or during emergency or crisis situations; and

(vi) local caregiving resources that are available for people living with dementia.

(c) All EMS personnel shall complete not less than 1 hour of biannual in-service education covering dementia training. The biannual in-service training shall qualify toward the minimum credit hours required for in-service education.

SECTION 10. Section 12G1/2 of chapter 112 of the General Laws, as appearing in the 2024 Official Edition, is hereby amended by inserting after the word “disease”, in lines 2, 6 and 16, each time it appears, the following words:- or other dementias.

SECTION 11. Chapter 118E of the General Laws is hereby amended by inserting after section 9D the following section:-

Section 9D 1/2. (a) As used in this section, the term “dementia care coordination” shall mean a proactive care consultation service provided to individuals living with dementia and their caregiver.

(b) The division shall require all senior care options plans and one care plans to provide coverage for dementia care coordination services for senior care options and one care members that have been diagnosed with Alzheimer’s disease and other dementias and provide support to their caregivers.

(c) Dementia care coordination shall be initiated by a referral from the senior care options or one care member’s care team. Upon referral, a patient with dementia and their caregiver or family member shall receive a call from a trained care consultant, who shall provide care consultation services to the family and develop an individualized family care plan. A summary of the individualized family care plan shall be provided to the referring care team to be included in the member's health record.

(d) Individualized care plans may provide guidance on dementia caregiving strategies, including, but not limited to, symptom management strategies, communication techniques, guidance on legal and financial issues, safety recommendations and recommendations for appropriate community support services.

(e) Senior care options plans and one care plans may contract with community partners or directly provide dementia care coordination services to their members.

SECTION 12. Section 8 of chapter 220 of the acts of 2018 is hereby repealed.

SECTION 13. Not later than January 1, 2027, the department of public health shall produce the initial report regarding the department's work on the Healthy Brain Initiative Road Map pursuant to section 251 of chapter 111 of the General Laws, inserted by section 8.

SECTION 14. Not later than July 1, 2027, each hospital shall submit to the department of public health the initial operational plan pursuant to section 252 of chapter 111 of the General Laws, inserted by section 8.