

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Danielle W. Gregoire

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

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

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Danielle W. Gregoire</i>	<i>4th Middlesex</i>	<i>1/17/2025</i>

HOUSE No.

[Pin Slip]

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:

1 SECTION 1. Chapter 111 of the General Laws is hereby amended by inserting after
2 section 244 the following section:

3 Section 245. Alzheimer’s Disease and Dementia Awareness and Data Collection

4 1. The Department of Public Health, in partnership with the Executive Office of Aging
5 and Independence, the Massachusetts Advisory Council on Alzheimer’s Disease and All Other
6 Dementias, and any additional community stakeholders as determined by the department, shall
7 develop a public awareness campaign on brain health, Alzheimer’s disease and other dementias,
8 and incorporate the campaign into its existing, relevant public health outreach programs on an
9 ongoing basis. The public awareness campaign shall:

10 (a) educate health care providers on the importance of early detection and timely
11 diagnosis of cognitive impairment, validated cognitive assessment tools, current and emerging
12 treatment options, the value of a Medicare Annual Wellness visit for cognitive health, and the
13 Medicare and Medicaid care planning billing codes for individuals with cognitive impairment;

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

18 (c) inform health care professionals and the general public of dementia care coordination
19 services for those living with Alzheimer's disease and other dementias and other resources and
20 services available to individuals living with dementia and their families and caregivers.

21 The department shall strive to provide uniform, consistent guidance on Alzheimer's and
22 other dementia in nonclinical terms, with an emphasis on cultural relevancy and health literacy,
23 specifically targeting diverse populations who are at higher risk for developing dementia in its
24 public awareness and educational outreach programs.

25 2. Not later than January 1, 2027, and biannually thereafter, the department shall report
26 to the Joint Committee on Public Health as well as to the Massachusetts Advisory Council on
27 Alzheimer's Disease and All Other Dementias regarding the department's work on the Healthy
28 Brain Initiative Road Map. As used in this section, "Healthy Brain Initiative Road Map" means
29 the National Centers for Disease Control and Prevention's collaborative approach to fully
30 integrate cognitive health into public health practice and reduce the risk and impact of
31 Alzheimer's disease and other dementias.

32 3. The Department of Public Health shall include the National Centers for Disease
33 Control and Prevention's Healthy Aging Program's module on Subjective Cognitive Decline or
34 module on Caregiving in the annual Behavioral Risk Factor Surveillance System (BRFSS)

35 survey on a rotating annual basis to collect prevalence data on Alzheimer's and other dementias,
36 track trends over time and analyze data to direct public health programs and resources.

37 4. The Massachusetts State Health Assessment and any related data reports or tools shall
38 include data on the racial and ethnic disparities for Alzheimer's disease and other dementias
39 where available, as well as data pertaining to cognitive decline and caregiving collected as part
40 of the annual BRFSS survey. All resulting reports shall provide data in an aggregate and de-
41 identified format.

42 SECTION 2. Chapter 6A of the General Laws is hereby amended by inserting after
43 section 16FF the following section:

44 Section 16GG. Massachusetts Director of Dementia Care and Coordination

45 1. There shall be a position titled Director of Dementia Care and Coordination within the
46 Executive Office of Health and Human Services. The Secretary of Health and Human Services
47 shall hire the director who shall report to the secretary or their designee. The director may call
48 upon appropriate agencies of the state government for assistance as is needed. Duties and
49 responsibilities of the director shall include, but not be limited to, the following:

50 (a) Coordinate the successful implementation of the Alzheimer's Disease State Plan.

51 (b) Coordinate with relevant departments and the Chair of the Massachusetts Advisory
52 Council on Alzheimer's Disease and All Other Dementias to support the council's work and
53 annual updates to the Alzheimer's state plan.

54 (c) Coordinate with the Department of Public Health on awareness efforts as directed
55 through section 245 of Chapter 111 of the Massachusetts General Laws; Facilitate and support

56 coordination of outreach programs and services between agencies, area agencies on aging, aging
57 services access points and other community organizations for the purpose of fostering public
58 awareness and education regarding Alzheimer's disease and other forms of dementia.

59 (d) Coordinate with relevant state agencies and community organizations to ensure
60 coordination of services, access to services and a high quality of care for individuals with
61 dementia and their family caregivers to meet the needs of the affected population and prevent
62 duplication of services.

63 (f) Assess dementia-related training requirements for any professionals required to
64 receive dementia training including healthcare, long term care, first responders and home and
65 community based services professionals on a biannual basis, including hours required, frequency
66 of training required and content of training, to determine whether existing training requirements
67 meet the needs of the dementia community in Massachusetts; the assessment shall also include
68 whether trainings incorporate the latest recommendations from leading national voluntary or
69 governmental health organizations in Alzheimer's care, support and research to ensure trainings
70 are based on expert opinion and include evidence-based curriculum that result in a high quality
71 of care for people living with dementia. Upon completion of the assessment, provide
72 recommendations to the Department of Public Health, the Executive Office of Aging and
73 Independence, the Massachusetts Advisory Council on Alzheimer's Disease and All Other
74 Dementias, the Board of Registration in Nursing and the Board of Registration in Medicine and
75 any other appropriate departments or boards for additional training necessary to adequately
76 support the dementia community in Massachusetts.

77 (g) Work with the Commissioner of the Department of Public Health, the Secretary of the
78 Executive Office of Aging and Independence, the Board of Registration in Nursing, the Board of
79 Registration in Medicine and any other appropriate departments or boards to ensure all
80 professionals required to complete dementia training are in compliance.

81 (h) Work with the Commissioner of the Department of Public Health to ensure that
82 hospitals are dementia capable and in compliance with Chapter 220 of the Acts of 2018.

83 (i) Identify and manage grants to assist Massachusetts in becoming dementia-capable.

84 (j) Ensure collection and reporting of data related to the impact of Alzheimer's disease in
85 the commonwealth; work with the department's Behavioral Risk Factor Surveillance System
86 Coordinator in identifying available funds to execute appropriate modules for critical data
87 collection and research; coordinate with the Department of Public Health to improve public
88 health outcomes utilizing relevant dementia data.

89 SECTION 3. Chapter 118E of the general laws is hereby amended by adding the
90 following new section:

91 Section 83. Dementia Care Coordination Benefit for SCO & One Care Members

92 (a) As used in this section the following words shall, unless the context clearly
93 requires otherwise, have the following meanings:-

94 “Dementia Care Coordination”, a proactive care consultation service provided to
95 individuals living with dementia and their caregiver.

96 (b) To ensure that members of Senior Care Options (SCO) plans and One Care plans
97 receive cost effective, quality dementia care, to lower other health care costs and provide support

98 to caregivers, MassHealth shall require that all Massachusetts SCO plans and One Care plans
99 include Dementia Care Coordination (DCC) services as a benefit to SCO and One Care members
100 that have been diagnosed with Alzheimer’s disease and other dementias and their caregivers.

101 DCC shall be initiated by a referral from the member’s care team. Upon referral, a patient
102 with dementia and their caregiver or family member will receive a call from a trained care
103 consultant, who shall provide care consultation services to the family, resulting in an
104 individualized family care plan. A summary of the individualized family care plan shall be
105 provided to the referring care team for inclusion in the health record.

106 Individualized care plans may provide guidance on dementia caregiving strategies,
107 including symptom management strategies, communication techniques, legal and financial
108 issues, safety recommendations, and recommendations for appropriate community support
109 services.

110 (c) In order to meet the requirements of this Section, SCO and One Care plans may
111 contract with community partners, or directly provide DCC services to their members.

112 SECTION 4. Chapter 6 of the Massachusetts General Laws is hereby amended by
113 inserting the following section after Section 116K:

114 Section 116L. Municipal police training committee; training program for appropriate
115 interactions with persons living with Alzheimer’s or other dementias.

116 The municipal police training committee shall identify or develop and implement a
117 dementia training program for law enforcement officers, in consultation with the Executive
118 Office of Aging and Independence, the Alzheimer’s Association Massachusetts Chapter, the

119 Massachusetts Coalition of Police, Massachusetts Chiefs of Police Association, and the
120 Massachusetts Police Association. The committee may also consult with other appropriate
121 organizations and agencies having an interest and expertise in Alzheimer's and other dementias,
122 or those representing or working with first responders. The program must include instruction on
123 the identification of people with Alzheimer's and other dementias, risks such as wandering and
124 elder abuse, and the best practices for interacting with them.

125 1. All law enforcement officers shall complete at least two (2) hours of initial
126 training within the recruit basic training curriculum. The program shall cover the following:

127 a. Dementia and symptoms associated with dementia;

128 b. Communication issues, including how to communicate respectfully and
129 effectively with the individual who has dementia in order to determine the most appropriate
130 response and effective communication techniques to enhance collaboration with caregivers;

131 c. Techniques for understanding and approaching behavioral symptoms and
132 identifying alternatives to physical restraints;

133 d. Identifying and reporting incidents of abuse, neglect, and exploitation to the
134 Executive Office of Aging and Independence Adult Protective Services;

135 e. Protocols for contacting caregivers when a person with dementia is found
136 wandering, or during emergency or crisis situations; and

137 f. Local caregiving resources that are available for people living with dementia.

138 2. All law enforcement officers shall complete at least one (1) hour of biannual in-
139 service education covering the subjects described in subsections (a) through (f). The biannual in-

140 service training shall qualify towards the minimum credit hours required for in-service
141 education.

142 SECTION 5. Chapter 22C of the Massachusetts General Laws is hereby amended by
143 inserting the following section after Section 20:

144 Section 20A. State Police training program for appropriate interactions with persons
145 living with Alzheimer's or other dementias.

146 The Department of State Police shall identify or develop and implement a dementia
147 training program for state police officers, in consultation with the Executive Office of Aging and
148 Independence, the Alzheimer's Association Massachusetts Chapter, and the State Police
149 Association of Massachusetts. The department may also consult with other appropriate
150 organizations and agencies having an interest and expertise in Alzheimer's and other dementias,
151 or those representing or working with first responders. The program must include instruction on
152 the identification of people with Alzheimer's and other dementias, risks such as wandering and
153 elder abuse, and the best practices for interacting with them.

154 1. All state police officers shall complete at least two (2) hours of initial training
155 within the recruit basic training curriculum. The program shall cover the following:

156 a. Dementia and symptoms associated with dementia;

157 b. Communication issues, including how to communicate respectfully and
158 effectively with the individual who has dementia in order to determine the most appropriate
159 response and effective communication techniques to enhance collaboration with caregivers;

160 c. Techniques for understanding and approaching behavioral symptoms and
161 identifying alternatives to physical restraints;

162 d. Identifying and reporting incidents of abuse, neglect, and exploitation to the
163 Executive Office of Aging and Independence Adult Protective Services;

164 e. Protocols for contacting caregivers when a person with dementia is found
165 wandering, or during emergency or crisis situations; and

166 f. Local caregiving resources that are available for people living with dementia.

167 2. All state police officers shall complete at least one (1) hour of biannual in-service
168 education covering the subjects described in subsections (a) through (f). The biannual in-service
169 training shall qualify towards the minimum credit hours required for in-service education.

170 SECTION 6. Chapter 6 of the Massachusetts General Laws is hereby amended by
171 inserting the following section after Section 164:

172 Section 164A. Massachusetts fire training council; training program for appropriate
173 interactions with persons living with Alzheimer's or other dementias.

174 The Massachusetts fire training council will identify or develop and implement a
175 dementia training program for firefighters, in consultation with the Massachusetts fire service
176 commission, the Executive Office of Aging and Independence, the Alzheimer's Association
177 Massachusetts Chapter, the Professional Firefighters of Massachusetts and the Massachusetts
178 Fire Chiefs Association. The council may also consult with other appropriate organizations and
179 agencies having an interest and expertise in Alzheimer's and other dementias, or those
180 representing or working with first responders. The program must include instruction on the

181 identification of people with Alzheimer's and other dementias, risks such as wandering and elder
182 abuse, and the best practices for interacting with them.

183 1. All firefighters shall complete at least two (2) hours of initial training within the
184 recruit basic training curriculum. The program shall cover the following:

185 a. Dementia and symptoms associated with dementia;

186 b. Communication issues, including how to communicate respectfully and
187 effectively with the individual who has dementia in order to determine the most appropriate
188 response and effective communication techniques to enhance collaboration with caregivers;

189 c. Techniques for understanding and approaching behavioral symptoms and
190 identifying alternatives to physical restraints;

191 d. Identifying and reporting incidents of abuse, neglect, and exploitation to the
192 Executive Office of Aging and Independence Adult Protective Services;

193 e. Protocols for contacting caregivers when a person with dementia is found
194 wandering, or during emergency or crisis situations; and

195 f. Local caregiving resources that are available for people living with dementia.

196 2. All firefighters shall complete at least one (1) hour of biannual in-service
197 education covering the subjects described in subsections (a) through (f). The biannual in-service
198 training shall qualify towards the minimum credit hours required for in-service education.

199 SECTION 7. Chapter 111C of the Massachusetts General Laws is hereby amended by
200 inserting the following section after Section 9A:

201 Section 9B. EMS training program for appropriate interactions with persons living with
202 Alzheimer's or other dementias.

203 The Department of Public Health will identify or develop and implement a dementia
204 training program for EMS personnel, in consultation with the Executive Office of Aging and
205 Independence, the Alzheimer's Association Massachusetts Chapter and the Massachusetts
206 Ambulance Association. The department may also consult with other appropriate organizations
207 and agencies having an interest and expertise in Alzheimer's and other dementias, or those
208 representing or working with first responders. The program must include instruction on the
209 identification of people with Alzheimer's and other dementias, risks such as wandering and elder
210 abuse, and the best practices for interacting with them.

211 1. All EMS personnel shall complete at least two (2) hours of initial training within
212 the recruit basic training curriculum. The program shall cover the following:

213 a. Dementia and symptoms associated with dementia;

214 b. Communication issues, including how to communicate respectfully and
215 effectively with the individual who has dementia in order to determine the most appropriate
216 response and effective communication techniques to enhance collaboration with caregivers;

217 c. Techniques for understanding and approaching behavioral symptoms and identify
218 alternatives to physical restraints;

219 d. Identifying and reporting incidents of abuse, neglect, and exploitation to the
220 Executive Office of Aging and Independence Adult Protective Services;

221 e. Protocols for contacting caregivers when a person with dementia is found
222 wandering, or during emergency or crisis situations; and

223 f. Local caregiving resources that are available for people living with dementia.

224 2. All EMS personnel shall complete at least one (1) hour of biannual in-service
225 education covering the subjects described in subsections (a) through (f). The biannual in-service
226 training shall qualify towards the minimum credit hours required for in-service education.

227 SECTION 8. Chapter 111 of the General Laws is hereby amended in Section 25N (a) (2)
228 by inserting after the words “obstetrics/gynecology”, the following words:

229 “, geriatrics, geriatric psychiatry,”

230 SECTION 9. Chapter 112 of the Massachusetts General Laws is hereby amended in
231 Section 12G ½ by inserting the words “or other dementias” after each occurrence of the words
232 “Alzheimer’s disease”.

233 SECTION 10. Section 8 of Chapter 220 of the Acts of 2018 is hereby amended by
234 striking out the words “not later than October 1, 2021” and inserting in place thereof the
235 following: “not later than July 1, 2027 and every 5 years thereafter”.

236 Said section of Chapter 220 of the Acts of 2018 is further amended by striking out
237 subsections (i) through (iii) and inserting in place thereof the following:

238 (i) Complete an operational plan for the recognition and management of patients with
239 dementia or delirium in acute-care settings. Upon completion of the operational plan, the plan
240 shall be submitted to the Department of Public Health for approval. The department shall
241 evaluate the plan and approve or offer amendments to the plan within 90 days of receipt. Once a

242 final plan is approved by the Department of Public Health, the plan shall be implemented by the
243 hospital.

244 (ii) The operational plan shall include provisions on the following: (a) education and
245 training of clinical and non-clinical staff; (b) providing a dementia and/or delirium appropriate
246 environment; (c) recognition of dementia and/or delirium; (d) patient management and treatment,
247 including how to manage symptoms, treatment protocols and side effect management; (e)
248 transition planning to improve and provide safe admissions, transfers and discharges, including
249 protocols to ensure that patients living with dementia are safe and have a staff member or
250 caregiver present during discharge or transfer; (f) advance care planning information; (g)
251 caregiver communication and coordination, including protocols to ensure that a contact to a
252 caregiver has been attempted upon arrival and prior to discharge if patient agrees; and (h)
253 address additional applicable recommendations made by the Alzheimer's and related dementias
254 acute care advisory committee established pursuant to chapter 228 of the acts of 2014 and any
255 additional guidance issued by the Massachusetts Health & Hospital Association or the
256 Department of Public Health;

257 (ii) Each hospital's operational plan shall be updated at least every five years, with the
258 option to update the plan more frequently as needed;

259 (iii) A copy of each hospital's plan shall be provided to the Massachusetts Advisory
260 Council on Alzheimer's Disease and All Other Dementias upon approval;

261 (v) An electronic copy of each hospital's operational plan shall be provided to each
262 employee upon approval and a written copy of the plan shall be provided to any of its employees
263 upon request; and

264 (vi) Each hospital shall keep a copy of the plan on file and make available for review by
265 the public.

266 SECTION 11. Chapter 111 of the Massachusetts General Laws is hereby amended by
267 inserting the following section after Section 53H:

268 Section 53I. Alzheimer's and Dementia Patient and Caregiver Rights in Acute Care
269 Settings; Safe Discharge for Alzheimer's and Dementia Patients

270 (a) The department shall require acute care hospitals to allow a family member or
271 other caregiver for patients with Alzheimer's or other dementias, or for patients exhibiting
272 symptoms of dementia or cognitive impairment, to remain with the patient at all times that are
273 medically appropriate, including, but not limited to, while in the emergency department and
274 while admitted as an inpatient. Caregivers for patients living with Alzheimer's or other
275 dementias shall not be required to adhere to restricted hospital visiting hours, unless it has been
276 deemed unsafe for the patient, family member or caregiver.

277 (b) The department shall require acute care hospitals to create policies and protocols
278 to ensure that a family member, a caregiver, or the personal legal representative responsible for a
279 patient with Alzheimer's or other dementia is contacted as soon as possible following admission
280 to the emergency department or hospital if the patient presents to the hospital without a family
281 member, a caregiver, or a personal legal representative; provided, however, that the hospital shall
282 only contact a family member, a caregiver, or the personal legal representative if (i) the hospital
283 has received consent from the patient if possible to do so; and (ii) to the extent consistent with
284 federal and state law or regulation, and in the reasonable judgment of the hospital. If the patient
285 is incapacitated or not able to provide consent, a health care provider may share the patient's

286 information with a family member, a caregiver, or the personal legal representative responsible
287 for a patient with Alzheimer's or other dementia as long as the health care provider determines,
288 based on professional judgment, that it is in the best interest of the patient.

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

304 (d) Subsections (a) through (c) shall also apply to a patient who presents with
305 symptoms of dementia or cognitive impairment based on the assessment of the physician
306 overseeing their care in the hospital.

307 (e) Subsections (a) through (d) shall be exempted during a declared public health
308 state of emergency.

309 (f) The department shall promulgate regulations consistent with the provisions of
310 subsections (a) through (e). The department shall also ensure that subsections (a) through (d)
311 comply with all state and federal privacy requirements, including those imposed by 45 C.F.R. §
312 164.510(b).