

**SENATE . . . . . No.**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Adam Gomez*

*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:

*Adam Gomez*

*Hampden*

*Jason M. Lewis*

*Fifth Middlesex*

**SENATE . . . . . No.**

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[Pin Slip]

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**The Commonwealth of Massachusetts**

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**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 As used in this section the following words shall, unless the context clearly requires  
93 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 All law enforcement officers shall complete at least two (2) hours of initial training  
126 within the recruit basic training curriculum. The program shall cover the following:

127 Dementia and symptoms associated with dementia;

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

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

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

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

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



138 All law enforcement officers shall complete at least one (1) hour of biannual in-service  
139 education covering the subjects described in subsections (a) through (f). The biannual in-service  
140 training shall qualify towards the minimum credit hours required for in-service education.

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

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

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

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

155 Dementia and symptoms associated with dementia;

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

159 Techniques for understanding and approaching behavioral symptoms and identifying  
160 alternatives to physical restraints;

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

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

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

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

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

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

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

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

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

184 Dementia and symptoms associated with dementia;

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

188 Techniques for understanding and approaching behavioral symptoms and identifying  
189 alternatives to physical restraints;

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

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

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

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

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

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

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

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

212 Dementia and symptoms associated with dementia;

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

216 Techniques for understanding and approaching behavioral symptoms and identify  
217 alternatives to physical restraints;

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

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

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

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

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

228 “, geriatrics, geriatric psychiatry,”

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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