



Memo Re: S.300  
Senate Health and Welfare Committee  
February 21, 2020  
Jill Sudhoff-Guerin, VMS Policy & Communications

On behalf of the 2400 physician and physician assistant members of the Vermont Medical Society, thank you for giving me the opportunity to address some of our concerns with S.300, a bill regarding the treatment of patients with cognitive impairments.

As Vermont's population ages, we all want Vermonters suffering from dementia to get the highest quality, appropriate care that will reduce patient risks related to cognitive impairments and relieve burdens on families providing care. That being said, currently Vermont is engaged in a number of interventions and activities to support patients, their families and providers caring for those with dementia and Alzheimer's that go beyond the scope of this legislation and therefore we question whether S.300 is entirely necessary.

### **Section 1: Requiring a State Plan to Overcome Alzheimer's Disease**

In 1991, the Vermont legislature established the Governor's Commission on Alzheimer's Disease and Related Disorders (ADRD), which is overseen by the Department on Aging and Independent Living (DAIL) and includes the Commissioner of DAIL. Section 1 of this bill requires this Commission to develop an assessment of state programs in order to create a state plan, yet the principles of the proposed plan appear to be duplicating 3 V.S.A. § 3085b the existing statute. The statute gives the Commission full authority and direction to:

- Work within public and private sectors to evaluate all state and federal activities regarding ADRD;
- Create coordination of services on local and regional levels;
- Encourage a statewide communication strategy, etc.; and
- Requires an annual report.

Your Committee received the Commission's 2019 Annual Report on January 15, 2020. In May, 2018, DAIL and the Vermont Department of Health (VDH) also released an "Action Plan on Alzheimer's and Healthy Aging," which provides action steps and strategies to meet the above-mentioned goals.

### **Dementia Hub and Spoke**

Currently, VMS physician members who are leaders in their field at the Memory Clinic at UVMMC and Dartmouth Hitchcock (hubs) are also working with leaders at DAIL, Vermont Department of Health, VAHHS, Alzheimer's Association, UVM Memory Care and Geriatrics Department, UVM College of Nursing, OneCare Vermont, Gifford Medical Center and Community Health Centers of Rutland Region to develop regional dementia hubs in each county of the state. There would be clinicians identified in each county (the hub-lets) who could assist the patient's primary care physician in coordinating the community services (the spokes)

to keep the patient as close to home as possible. In addition, the investments in care coordination that are being made by the ACO, Vermont Medicaid and commercial payers increases the ability of the system to obtain necessary community support services for patients and families with ADRD.

### **Section 2: Requiring Continuing Medical Education**

Our members do not support additional continuing medical education (CME) requirements. Again, it is not necessary and mandating CME is not an effective use of resources and burdensome for clinicians that don't work with this population. The [Medicare Annual Wellness](#) visit already mandates cognitive screening with tools such as the [Vermont Mini-Cog](#), which does not require CME to implement and can be performed by appropriately trained RNs.

### **Section 3: Disclosure of Diagnosis**

This section seeks to grant authority to physicians to disclose the diagnosis of Alzheimer's to family members, which is again very worthy, yet duplicative of the [HIPAA Privacy Rule at 45 CFR 164.510\(b\)](#), which specifically permits clinicians to share information that is directly relevant to the involvement of a spouse, family members, friends, or other persons identified by a patient, in the patient's care or payment for health care.

Again, we believe Vermont patients and families suffering from dementia, Alzheimer's and related disorders deserve the highest quality care within their own communities. And we believe the existing structures within the State make this possible..

Thank you for your consideration. Please contact Jill Sudhoff-Guerin at [jsudhoffguerin@vtmd.org](mailto:jsudhoffguerin@vtmd.org) if you have any questions.