

1 S.206

2 Introduced by Senators Brock, Hardy, Ingalls and Parent

3 Referred to Committee on Health and Welfare

4 Date: January 6, 2022

5 Subject: Human services; cognitive impairments; Alzheimer's disease; State
6 plan; continuing education; training

7 Statement of purpose of bill as introduced: This bill proposes to: (1) require
8 the Commission on Alzheimer's Disease and Related Disorders to produce an
9 assessment and State plan to overcome Alzheimer's Disease; (2) create a work
10 group to study and make recommendations pertaining to continuing education
11 requirements on the diagnosis, treatment, and care of patients with cognitive
12 impairments, including Alzheimer's disease and dementia; (3) allow physician
13 disclosure of diagnosis and treatment plans with patient's family with patient's
14 consent; and (4) require hospitals to adopt an operational plan for the
15 recognition and management of patients with dementia or delirium in acute
16 care settings.

17 ~~An act relating to planning for the care and treatment of patients with~~
18 ~~cognitive impairments.~~

*An act relating to planning and support for individuals and families
impacted by Alzheimer's Disease and related disorders*

1 It is hereby enacted by the General Assembly of the State of Vermont:

2 ~~*** Assessment and State Plan ***~~

3 Sec. 1. ALZHEIMER'S DISEASE; ASSESSMENT AND STATE PLAN

4 (a) The Commission on Alzheimer's Disease and Related Disorders,
5 established pursuant to 3 V.S.A. § 3085b, shall develop and carry out an
6 assessment of all State programs that address Alzheimer's disease. The
7 Commission shall create and maintain an integrated State plan to overcome
8 Alzheimer's disease, which shall include implementation steps and
9 recommendations for priority actions based on the assessment. The purposes
10 of the State plan shall include:

11 (1) accelerating the development of treatments that would prevent, halt,
12 or reverse the course of Alzheimer's disease;

13 (2) helping coordinate the health care and treatment of individuals with
14 Alzheimer's disease;

15 (3) ensuring the inclusion of ethnic and racial populations who have a
16 higher risk for Alzheimer's disease or are least likely to receive care in
17 clinical, research, and service settings, with the purpose of decreasing health
18 disparities in Alzheimer's disease;

19 (4) coordinating with federal government entities to integrate and
20 inform the fight against Alzheimer's disease;

1 ~~(5) providing information and coordination of Alzheimer's disease~~
2 ~~research and services across all State agencies; and~~

3 ~~(6) implementing a strategy to increase the diagnostic rate of~~
4 ~~Alzheimer's disease in the State.~~

5 ~~(b) On or before January 1, 2024, the Commission shall submit its~~
6 ~~assessment and State plan to the Governor, the House Committees on Health~~
7 ~~Care and on Human Services, and the Senate Committee on Health and~~
8 ~~Welfare.~~

9 * * * Continuing Education Assessment * * *

10 Sec. 2. CONTINUING EDUCATION ASSESSMENT; REPORT

11 ~~(a) The Chair of the Commission on Alzheimer's Disease and Related~~
12 ~~Disorders shall appoint three members of the Commission to serve as a work~~
13 ~~group for the purpose of making recommendations on continuing education~~
14 ~~requirements related to the diagnosis, treatment, and care of patients with~~
15 ~~cognitive impairments, including Alzheimer's disease and dementia. The~~
16 ~~work group shall consider continuing education requirements for physicians,~~
17 ~~physician assistants, advanced practice registered nurses, registered nurses,~~
18 ~~licensed practical nurses, and nursing assistants and appropriate training for~~
19 ~~adult protective services caseworkers. In developing its recommendations, the~~
20 ~~work group shall consult with the Vermont Medical Society, Vermont~~

1 ~~Association of Hospitals and Health Systems, and other professional groups~~
2 relevant to the professions specified in this subsection.

3 (b)(1) The work group shall submit its findings and recommendations to
4 the full Commission on or before November 1, 2022.

5 (2) Upon approval of the full Commission, the work group's findings
6 and recommendations shall be submitted to the Senate Committee on Health
7 and Welfare and to the House Committees on Health Care and on Human
8 Services on or before December 1, 2022.

9 * * * Care of Patients with Cognitive Impairments * * *

10 Sec. 3. 18 V.S.A. chapter 214 is added to read:

11 CHAPTER 214. CARE OF PATIENTS WITH COGNITIVE IMPAIRMENTS

12 § 9201. ALZHEIMER'S DISEASE; DISCLOSURE OF DIAGNOSIS;

13 TREATMENT OPTIONS

14 To the extent permitted under federal law, a physician licensed pursuant to
15 26 V.S.A. chapter 23 or 33, upon express or implied consent of a patient
16 diagnosed with Alzheimer's disease, shall report the Alzheimer's diagnosis to
17 a family member of the patient or agent as defined in section 9701 of this title
18 and provide the family member or agent information about care planning
19 services, including assistance understanding the diagnosis; medical and
20 nonmedical options for treatment, services, and supports; and information
21 regarding how to obtain treatment, services, and supports.

~~§ 2022. HOSPITAL OPERATION PLAN~~

~~A hospital licensed pursuant to chapter 43 of this title shall implement an operational plan for the recognition and management of patients with dementia or delirium in acute care settings. The operational plan shall consider applicable recommendations made by the Commission on Alzheimer's Disease and Related Disorders, established pursuant to 3 V.S.A. § 3085b. Each hospital's operational plan shall be completed on or before January 1, 2022 and shall remain on file at the hospital and made available to the Department of Health upon request.~~

~~*** Effective Date ***~~

~~Sec. 4. EFFECTIVE DATE~~

~~This act shall take effect on July 1, 2022.~~

~~*** State Plan ***~~

~~Sec. 1. 3 V.S.A. § 3085b is amended to read:~~

~~§ 3085b. COMMISSION ON ALZHEIMER'S DISEASE AND RELATED DISORDERS~~

~~***~~

~~(b) The Commission shall be composed of ~~20~~ 21 members: the Commissioners of Disabilities, Aging, and Independent Living and of Health or designees, the Executive Director of Blueprint for Health or designee, one Senator chosen by the Senate Committee on Committees, one Representative chosen by the Speaker of the House, and 16 members appointed by the Governor. The members appointed by the Governor shall represent the following groups and organizations: physicians, social workers, hospitals and nursing home managers, including the administrators of the Vermont Veterans' Home, the clergy, adult day center providers, the business community, registered nurses, residential care home operators, family care providers, the home health agency, the legal profession, mental health service providers, the~~

area agencies on aging, University of Vermont's Center on Aging, the Support and Services at Home (SASH) program, and the Alzheimer's Association. The members appointed by the Governor shall have direct expertise or experience working with or caring for individuals impacted by Alzheimer's disease and related disorders, expertise in clinical and medical research on Alzheimer's disease and related disorders, or knowledge of health systems and policies to equitably address Alzheimer's disease and related disorders and shall represent, to the degree possible, the five regions of the State.

* * *

(f) The Commission shall advise State agencies on matters of State policy relating to Alzheimer's disease and other dementia-related disorders in Vermont for both the public and private sectors. The Commission shall:

(1) Evaluate the adequacy of existing services to individuals with Alzheimer's disease and other dementia-related disorders and their families; and conduct studies to identify gaps in these services. These studies may include access to mental health-related services and support for services to families of individuals with Alzheimer's disease.

(2) Identify strategies and recommend resources to expand existing services.

(3) Review or participate in the development of laws, rules, and other governmental initiatives that may affect individuals with Alzheimer's disease and other dementia-related disorders, and their families. ~~This may include participation in the development of rules, and procedures related to 1996 Acts and Resolves No. 160, Medicare and Medicaid, nursing and residential care facilities, adult day centers, special care units, and all community-based services to elders.~~

(4) Provide advice regarding revisions, coordination of services, accountability, and appropriations.

(5) Support the development of expanded community recognition, understanding, and capacity to meet the needs of individuals with Alzheimer's disease and dementia-related disorders. This may include development of new technologies to improve access to information for caregivers and practitioners who provide services throughout the State and identification of new models of service and activities related to expansion of community access to information, education, and service.

(6) Advise and provide written comments to the Departments of Health and of Disabilities, Aging, and Independent Living regarding the development of the State Plan on Aging as it relates to Alzheimer's disease and dementia pursuant to 33 V.S.A. § 6206 and other relevant plans.

* * *

Sec. 2. 33 V.S.A. § 6206 is amended to read:

*§ 6206. PLAN FOR COMPREHENSIVE AND COORDINATED SYSTEM
OF SERVICES, SUPPORTS, AND PROTECTIONS*

(a) At least once every four years, the Department of Disabilities, Aging, and Independent Living shall adopt a State Plan on Aging, as required by the Older Americans Act. The State Plan on Aging shall describe a comprehensive and coordinated system of services, supports, and protections for older Vermonters, including individuals with Alzheimer's disease and related disorders, that is consistent with the principles set forth in section 6202 of this chapter and sets forth the nature, extent, allocation, anticipated funding, and timing of services for older Vermonters. The State Plan on Aging shall also include the following categories:

(1) priorities for continuation of existing programs and development of new programs;

(2) criteria for receiving services or funding;

(3) types of services provided; and

(4) a process for evaluating and assessing each program's success.

(b)(1) The Commissioner shall determine priorities for the State Plan on Aging based on:

(A) information obtained from older Vermonters, their families, and their guardians, if applicable, and from senior centers and service providers;

(B) a comprehensive needs assessment that includes:

(i) demographic information about Vermont residents, including older Vermonters, family caregivers, and kinship caregivers;

(ii) information about existing services used by older Vermonters, family caregivers, and kinship caregivers;

(iii) characteristics of unserved and underserved individuals and populations; and

(iv) the reasons for any gaps in service, including identifying variations in community needs and resources;

(C) a comprehensive evaluation of the services available to older Vermonters across the State, including home- and community-based services, residential care homes, assisted living residences, nursing facilities, senior centers, and other settings in which care is or may later be provided; and

(D) identification of the additional needs and concerns of older Vermonters, their families, and their caregivers in the event of a public health crisis, natural disaster, or other emergency situation.

(2) Following the determination of State Plan on Aging priorities, the Commissioner shall consider funds available to the Department in allocating resources.

(c) At least 60 days prior to adopting the proposed plan, the Commissioner shall submit a draft to the Department's Advisory Board established pursuant to section 505 of this title and the Commission on Alzheimer's Disease and Related Disorders established pursuant to 3 V.S.A. § 3085b for advice and recommendations. The Advisory Board and Commission shall provide the Commissioner with written comments on the proposed plan.

(d) The Commissioner may make annual revisions to the plan as needed. The Commissioner shall submit any proposed revisions to the Department's Advisory Board and to the Commission on Alzheimer's Disease and Related Disorders for comment within the time frames established in subsection (c) of this section.

(e) On or before January 15 of each year, and notwithstanding the provisions of 2 V.S.A. § 20(d), the Department shall report to the House Committee on Human Services, the Senate Committee on Health and Welfare, and the Governor regarding:

(1) implementation of the plan;

(2) the extent to which the system principles set forth in section 6202 of this chapter are being achieved;

(3) based on both qualitative and quantitative data, the extent to which the system has been successful in targeting services to individuals with the greatest economic and social need;

(4) the sufficiency of the provider network and any workforce challenges affecting providers of care or services for older Vermonters; and

(5) the availability of affordable and accessible opportunities for older Vermonters to engage with their communities, such as social events, educational classes, civic meetings, health and exercise programs, and volunteer opportunities.

(f) With regard to individuals with Alzheimer's disease and related disorders, the State Plan on Aging shall address:

(1) home-based care or placements and hospital and long-term care placements and transitions to and from care in home, hospital, and long-term

care settings;

(2) support and education for families and caregivers; and

(3) strategies to promote affordable and accessible long-term care and home- and community-based services to individuals with Alzheimer's disease and related disorders.

Sec. 3. STATE PLAN ON AGING; ALZHEIMER'S DISEASE AND RELATED DISORDERS; ADDENDUM

In preparing the 2023 to 2026 State Plan on Aging pursuant to 33 V.S.A. § 6206, the Department of Disabilities, Aging, and Independent Living shall include as an addendum the State Plan on Alzheimer's Disease and Healthy Aging.

** * * Creation of Public Education Resources and Coordinator * * **

Sec. 4. 33 V.S.A. chapter 62 is amended to read:

CHAPTER 62. SUPPORTS FOR OLDER VERMONTERS ACT

Subchapter 1. Older Vermonters Act

§ 6201. SHORT TITLE

This ~~chapter~~ subchapter may be cited as the "Older Vermonters Act."

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§ 6203. DEFINITIONS

As used in this ~~chapter~~ subchapter:

** * **

§ 6204. DEPARTMENT OF DISABILITIES, AGING, AND INDEPENDENT LIVING; DUTIES

** * **

(b)(1) The Department shall coordinate strategies to incorporate the principles established in section 6202 of this ~~chapter~~ subchapter into all programs serving older Vermonters.

** * **

(c) The Department's Advisory Board established pursuant to section 505 of this title shall monitor the implementation and administration of the Older Vermonters Act established by this ~~chapter~~ subchapter.

§ 6205. AREA AGENCIES ON AGING; DUTIES

** * **

(b) In addition to the duties described in subsection (a) of this section, the area agencies on aging shall:

(1) promote the principles established in section 6202 of this ~~chapter~~ subchapter across the agencies' programs and shall collaborate with stakeholders to educate the public about the importance of each principle;

(2) promote collaboration with a network of service providers to provide a holistic approach to improving health outcomes for older Vermonters; and

(3) use their existing area plans to facilitate awareness of aging issues, needs, and services and to promote the system principles expressed in section 6202 of this ~~chapter~~ subchapter.

§ 6206. PLAN FOR COMPREHENSIVE AND COORDINATED SYSTEM OF SERVICES, SUPPORTS, AND PROTECTIONS

(a) At least once every four years, the Department of Disabilities, Aging, and Independent Living shall adopt a State Plan on Aging, as required by the Older Americans Act. The State Plan on Aging shall describe a comprehensive and coordinated system of services, supports, and protections for older Vermonters that is consistent with the principles set forth in section 6202 of this ~~chapter~~ subchapter and sets forth the nature, extent, allocation, anticipated funding, and timing of services for older Vermonters. The State Plan on Aging shall also include the following categories:

** * **

(e) On or before January 15 of each year, and notwithstanding the provisions of 2 V.S.A. § 20(d), the Department shall report to the House Committee on Human Services, the Senate Committee on Health and Welfare, and the Governor regarding:

(1) implementation of the plan;

(2) the extent to which the system principles set forth in section 6202 of this ~~chapter~~ subchapter are being achieved;

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Subchapter 2. Supports for Individuals with Alzheimer's and Related Disorders

§ 6221. PUBLIC EDUCATION RESOURCES

The Departments of Health and of Disabilities, Aging, and Independent Living shall jointly develop and maintain easily accessible electronic, print, and in-person public education materials and programs on Alzheimer's disease and related disorders that shall serve as a resource for patients, families, caregivers, and health care providers. The Departments shall include

information about the State Plan on Aging as well as resources and programs for prevention, care, and support for individuals, families, and communities.

Sec. 5. ALZHEIMER'S DISEASE COORDINATOR

On or before December 15, 2022, the Departments of Health and of Disabilities, Aging, and Independent Living shall submit a plan to the Senate Committee on Health and Welfare and to the House Committee on Human Services to fund a permanent Alzheimer's Disease Coordinator position to be shared between the Departments for the purpose of planning, public education, and coordination as informed by the recommendations of the Commission on Alzheimer's and Related Disorders established pursuant to 3 V.S.A. § 3085b, the State Plan on Aging required pursuant to 33 V.S.A. § 6206, and other relevant statewide plans on Alzheimer's disease and related disorders.

** * * Expanding Professional Education Opportunities * * **

Sec. 6. PROFESSIONAL EDUCATION OPPORTUNITIES; REPORT

(a) The Chair of the Commission on Alzheimer's Disease and Related Disorders shall appoint at least three members of the Commission to serve as a work group for the purpose of making recommendations to achieve a dementia-capable workforce and promote and expand opportunities for health care and human services providers and first responders to improve the diagnosis, treatment, and care of individual's with Alzheimer's disease and related disorders and to support their families and caregivers. In developing its recommendations, the work group shall consult with relevant stakeholders, including licensing entities related to the professions specified in this subsection.

(b)(1) The work group shall submit its findings and recommendations to the full Commission on or before November 1, 2023.

(2) Upon approval of the full Commission, the work group's findings and recommendations shall be submitted to the Senate Committee on Health and Welfare and to the House Committees on Health Care and on Human Services on or before January 15, 2024.

** * * Effective Dates * * **

Sec. 7. EFFECTIVE DATES

This act shall take effect on July 1, 2022, except Sec. 2 (plan for comprehensive and coordinated system of services, supports, and protections) shall take effect on January 1, 2023.