

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill
3 No. 206 entitled “An act relating to planning for the care and treatment of
4 patients with cognitive impairments” respectfully reports that it has considered
5 the same and recommends that the bill be amended by striking out all after the
6 enacting clause and inserting in lieu thereof the following:

7 * * * State Plan * * *

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

9 § 3085b. COMMISSION ON ALZHEIMER’S DISEASE AND RELATED
10 DISORDERS

11 * * *

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

1 home health agency, the legal profession, mental health service providers, the
2 area agencies on aging, University of Vermont’s Center on Aging, the Support
3 and Services at Home (SASH) program, and the Alzheimer’s Association. The
4 members appointed by the Governor shall have direct expertise or experience
5 working with or caring for individuals impacted by Alzheimer’s disease and
6 related disorders, expertise in clinical and medical research on Alzheimer’s
7 disease and related disorders, or knowledge of health systems and policies to
8 equitably address Alzheimer’s disease and related disorders and shall
9 represent, to the degree possible, the five regions of the State.

10 * * *

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

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

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

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

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

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

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

21 * * *

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

2 § 6206. PLAN FOR COMPREHENSIVE AND COORDINATED SYSTEM
3 OF SERVICES, SUPPORTS, AND PROTECTIONS

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

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

15 (2) criteria for receiving services or funding;

16 (3) types of services provided; and

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

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

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

1 (B) a comprehensive needs assessment that includes:

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

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

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

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

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

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

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

20 (c) At least 60 days prior to adopting the proposed plan, the Commissioner
21 shall submit a draft to the Department’s Advisory Board established pursuant

1 to section 505 of this title and the Commission on Alzheimer’s Disease and
2 Related Disorders established pursuant to 3 V.S.A. § 3085b for advice and
3 recommendations. The Advisory Board and Commission shall provide the
4 Commissioner with written comments on the proposed plan.

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

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

14 (1) implementation of the plan;

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

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

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

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

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

7 (1) home-based care or placements and hospital and long-term care
8 placements and transitions to and from care in home, hospital, and long-term
9 care settings;

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

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

14 Sec. 3. STATE PLAN ON AGING; ALZHEIMER’S DISEASE AND
15 RELATED DISORDERS; ADDENDUM

16 In preparing the 2023 to 2026 State Plan on Aging pursuant to 33 V.S.A.
17 § 6206, the Department of Disabilities, Aging, and Independent Living shall
18 include as an addendum the State Plan on Alzheimer’s Disease and Healthy
19 Aging.

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

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

1 CHAPTER 62A. ALZHEIMER’S DISEASE AND RELATED DISORDERS

2 § 6251. PUBLIC EDUCATION RESOURCES

3 The Departments of Health and of Disabilities, Aging, and Independent
4 Living shall jointly develop and maintain easily accessible electronic, print,
5 and in-person public education materials and programs on Alzheimer’s disease
6 and related disorders that shall serve as a resource for patients, families,
7 caregivers, and health care providers. The Departments shall include
8 information about the State Plan on Aging as well as resources and programs
9 for prevention, care, and support for individuals, families, and communities.

10 § 6252. ALZHEIMER’S DISEASE COORDINATOR

11 There is created the permanent position of the Alzheimer’s Disease
12 Coordinator shared between the Departments of Health and of Disabilities,
13 Aging, and Independent Living for the purpose of planning, public education,
14 and coordination as informed by the recommendations of the Commission on
15 Alzheimer’s and Related Disorders established pursuant to 3 V.S.A. § 3085b,
16 the State Plan on Aging required pursuant to 33 V.S.A. § 6206, and other
17 relevant statewide plans on Alzheimer’s disease and related disorders.

18 * * * Expanding Professional Education Opportunities * * *

19 Sec. 5. PROFESSIONAL EDUCATION OPPORTUNITIES; REPORT

20 (a) The Chair of the Commission on Alzheimer’s Disease and Related
21 Disorders shall appoint at least three members of the Commission to serve as a

1 work group for the purpose of making recommendations to achieve a
2 dementia-capable workforce and promote and expand opportunities for health
3 care and human services providers and first responders to improve the
4 diagnosis, treatment, and care of individual's with Alzheimer's disease and
5 related disorders and to support their families and caregivers. In developing its
6 recommendations, the work group shall consult with relevant stakeholders,
7 including licensing entities related to the professions specified in this
8 subsection.

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

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

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* * * Effective Date * * *

Sec. 6. EFFECTIVE DATE

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.

(Committee vote: _____)

Senator _____

FOR THE COMMITTEE