

TO: SENATE COMMITTEE ON HEALTH AND WELFARE
FROM: SEAN LONDERGAN, STATE LONG-TERM CARE OMBUDSMAN
RE: S.206
DATE: FEBRUARY 8, 2022

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

Statement of purpose of bill as introduced: This bill proposes to:

- (1) require the Commission on Alzheimer’s Disease and Related Disorders to produce an assessment and State plan to overcome Alzheimer’s Disease;
- (2) create a work group to study and make recommendations pertaining to continuing education requirements on the diagnosis, treatment, and care of patients with **cognitive impairments** including Alzheimer’s disease and dementia;
- (3) allow physician disclosure of **diagnosis and treatment plans** with **patient’s family** with patient’s consent; and
- (4) require hospitals to adopt an operational plan for the recognition and management of patients with **dementia or delirium** in acute care settings

VOP Observations:

- The title and purpose of the proposed suggest that the legislation is broader than it actually is. After reading, the proposed bill it appears that:
 - The production of an assessment and plan limited to Alzheimer’s disease.
 - The words “cognitive impairments”¹ appear one time each in the: (1) title; (2) statement of purpose, and (3) Section 2.
 - Physician disclosure of diagnosis and treatment plans pertains only to: (1) the diagnosis of Alzheimer’s disease; and (2) either “a family member” or “agent”.
 - The requirement that a hospital have an operational plan is limited to patients with dementia or delirium in acute care settings.

¹ Cognitive impairment is a broad term that encompasses a multitude of diseases, both genetic and acquired, and brain damage caused via accidents. It is defined as difficulty processing thoughts that lead to memory loss, decision-making difficulties, inability to concentrate, and learning difficulties. This impairment is not confined to people of a certain age, gender, or any other demographic. Anyone can be impaired through an action, inaction, or a genetic abnormality.

B. Sec. 1. ALZHEIMER’S DISEASE; ASSESSMENT AND STATE PLAN

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

VOP Observations:

- What is meant by an integrated State plan to “overcome” Alzheimer’s disease?
 - There are discrete purposes of the plan described in the proposed legislation. It appears that the purpose of the plan is to comprehensively address Alzheimer’s disease.

C. Sec. 2. CONTINUING EDUCATION ASSESSMENT; REPORT

- (a) The Chair of the Commission on Alzheimer’s Disease and Related Disorders shall appoint three members of the Commission to serve as a work group for the purpose of making recommendations on continuing education requirements related to the diagnosis, treatment, and care of patients with **cognitive impairments**, including Alzheimer’s disease and dementia. The work group shall consider continuing education requirements for physicians, physician assistants, advanced practice registered nurses, registered nurses, licensed practical nurses, and nursing assistants and appropriate training for adult protective services caseworkers. In developing its recommendations, the work group shall consult with the Vermont Medical Society, Vermont Association of Hospitals and Health Systems, and other professional groups relevant to the professions specified in this subsection.

VOP Observations:

- Will the recommendations on continuing education requirements pertain only to those who diagnosis, treat, and care for “patients”?

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

§ 9201. ALZHEIMER’S DISEASE; DISCLOSURE OF DIAGNOSIS; TREATMENT OPTIONS

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

VOP Observations:

- Consent of the patient is necessary (“upon express or implied consent of a patient diagnosed with Alzheimer’s disease”).
 - What would implied consent be? Is it defined? Examples?
- Does a physician not discuss this matter over with a patient? Patient centered care.

§ 9202. 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.

VOP Observations:

- The VOP believes it is important for hospitals to “implement an operational plan for the recognition and management of patients” with cognitive impairments (including dementia² or delirium³)
 - The VOP often receives calls about individuals with cognitive impairments, stuck in hospitals, and needing long-term care services and supports being in hospitals.
 - Some are brought to the hospital by long-term care facilities; other start at the hospital due to acute medical issues.

² Dementia is not a specific disease but is rather a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities. Alzheimer’s disease is the most common type of dementia. Though dementia mostly affects older adults, it is not a part of normal aging. [What Is Dementia? | CDC](#)

³ Delirium is a serious disturbance in mental abilities that results in confused thinking and reduced awareness of the environment. The start of delirium is usually rapid — within hours or a few days. Delirium can often be traced to one or more contributing factors, such as a severe or chronic illness, changes in metabolic balance (such as low sodium), medication, infection, surgery, or alcohol or drug intoxication or withdrawal. Because symptoms of delirium and dementia can be similar, input from a family member or caregiver may be important for a doctor to make an accurate diagnosis. [Delirium - Symptoms and causes - Mayo Clinic](#)