

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 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.





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(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:

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(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;

\* \* \*

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

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

10        \* \* \* Expanding Professional Education Opportunities \* \* \*

11        Sec. 6. PROFESSIONAL EDUCATION OPPORTUNITIES; REPORT

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

