

111TH CONGRESS
2D SESSION

S. 3674

To amend title XVIII of the Social Security Act to provide for Medicare coverage of comprehensive Alzheimer’s disease and other dementia diagnosis and services in order to improve care and outcomes for Americans living with Alzheimer’s disease by increasing detection, diagnosis, care, and planning.

IN THE SENATE OF THE UNITED STATES

JULY 29, 2010

Ms. STABENOW introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to provide for Medicare coverage of comprehensive Alzheimer’s disease and other dementia diagnosis and services in order to improve care and outcomes for Americans living with Alzheimer’s disease by increasing detection, diagnosis, care, and planning.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Outcomes,
5 Planning, and Education for Alzheimer’s Act”.

1 **SEC. 2. MEDICARE COVERAGE OF COMPREHENSIVE ALZ-**
 2 **HEIMER’S DISEASE AND OTHER DEMENTIA**
 3 **DIAGNOSIS AND SERVICES.**

4 (a) IN GENERAL.—Section 1861 of the Social Secu-
 5 rity Act is amended—

6 (1) in subsection (s)(2)—

7 (A) by striking “and” at the end of sub-
 8 paragraph (EE);

9 (B) by adding “and” at the end of sub-
 10 paragraph (FF); and

11 (C) by adding at the end the following new
 12 subparagraph:

13 “(GG) comprehensive Alzheimer’s disease and
 14 other dementia diagnosis and services (as defined in
 15 subsection (iii));” and

16 (2) by adding at the end the following new sub-
 17 section:

18 “Comprehensive Alzheimer’s Disease and Other
 19 Dementia Diagnosis and Services

20 “(iii)(1) The term ‘comprehensive Alzheimer’s disease
 21 and other dementia diagnosis and services’ means the
 22 services described in paragraph (2) furnished to an indi-
 23 vidual—

24 “(A) who does not already have a diagnosis of
 25 Alzheimer’s disease or other dementia; and

1 “(B) for whom there has been a determination
2 by a physician or practitioner (as defined in section
3 1842(b)(18)(C)), in a medical setting such as a phy-
4 sician’s office, a skilled nursing facility, a community
5 health center, or another similar setting, that the in-
6 dividual—

7 “(i) may have a cognitive impairment or
8 dementia; and

9 “(ii) has a need for a diagnostic evaluation
10 for Alzheimer’s disease or another dementia.

11 “(2) The services described in this paragraph are the
12 following:

13 “(A) A diagnostic evaluation, including referral
14 to a specialist if recommended, in accordance with
15 guidelines specified by the Secretary.

16 “(B) If the individual is diagnosed with Alz-
17 heimer’s disease or another dementia under the eval-
18 uation under subparagraph (A), care planning serv-
19 ices (with the individual or with one or more family
20 caregivers of the individual without the presence of
21 the individual), including assistance understanding
22 the diagnosis as well as the medical and non-medical
23 options for ongoing treatment, services, and sup-
24 ports, and information about how to obtain such
25 treatments, services, and supports.

“(C) Medical record documentation, with respect to an individual, of the diagnostic evaluation under subparagraph (A) and any care planning services under subparagraph (B).

5 “(3) The Secretary shall establish standards to carry
6 out this subsection in consultation with Alzheimer’s dis-
7 ease and other dementia stakeholders, including patients
8 and their advocates, and medical experts in the areas of
9 detection, diagnostics, and care planning.”.

(b) PAYMENT.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395l(a)(1)) is amended by striking “and” before “(X)” and inserting before the semicolon at the end the following: “, and (Y) with respect to comprehensive Alzheimer’s disease and other dementia diagnosis and services (as defined in section 1861(iii)), the amount paid shall be an amount equal to 80 percent of the amount determined under a fee schedule established by the Secretary”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to services furnished on or after January 1, 2011.

22 SEC. 3. FEDERAL COORDINATED HEALTH CARE OFFICE
23 STUDY AND REPORT.

24 (a) STUDY.—The Federal Coordinated Health Care
25 Office (as established under section 2602 of the Patient

1 Protection and Affordable Care Act (42 U.S.C. 1315b))
2 shall conduct a study to identify—

3 (1) barriers to the detection of Alzheimer’s dis-
4 ease and other dementias for dual eligible individuals
5 (as defined in subsection (f) of such section 2602);

6 (2) barriers to the furnishing of comprehensive
7 Alzheimer’s disease and other dementia diagnosis
8 and services (as defined in section 1866(iii) of the
9 Social Security Act, as added by section 2) to such
10 individuals; and

11 (3) ways to eliminate the barriers described in
12 paragraphs (1) and (2).

13 (b) REPORT.—Not later than 2 years after the date
14 of the enactment of this Act, the Federal Coordinated
15 Health Care Office shall submit to Congress a report on
16 the study conducted under subsection (a) together with
17 recommendations for such legislation and administrative
18 actions as the Office determines appropriate.

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