

113TH CONGRESS
1ST SESSION

H. R. 1507

To amend title XVIII of the Social Security Act to increase diagnosis of Alzheimer's disease and related dementias, leading to better care and outcomes for Americans living with Alzheimer's disease and related dementias.

IN THE HOUSE OF REPRESENTATIVES

APRIL 11, 2013

Mr. MARKEY (for himself, Mr. SMITH of New Jersey, Mr. BURGESS, Mrs. CAPITO, Ms. SPEIER, Mr. JOHNSON of Georgia, Ms. TSONGAS, Ms. NORTON, Mr. FATTAH, Ms. MOORE, Mrs. CAROLYN B. MALONEY of New York, Mr. RUNYAN, Mr. SCHIFF, Mr. ROSKAM, Mr. GARAMENDI, Mr. TIERNEY, Mr. ISRAEL, and Ms. EDDIE BERNICE JOHNSON of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to increase diagnosis of Alzheimer's disease and related dementias, leading to better care and outcomes for Americans living with Alzheimer's disease and related dementias.

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

1 **SECTION 1. SHORT TITLE.**

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

4 **SEC. 2. FINDINGS AND PURPOSE.**

5 (a) FINDINGS.—Congress makes the following find-
6 ings:

7 (1) As many as half of the estimated 5.2 mil-
8 lion Americans with Alzheimer’s disease have never
9 received a diagnosis.

10 (2) An early and documented diagnosis and ac-
11 cess to care planning services leads to better out-
12 comes for individuals with Alzheimer’s disease and
13 other dementias and their caregivers.

14 (3) Combining the existing Medicare benefits of
15 a diagnostic evaluation and care planning into a sin-
16 gle package of services would help ensure that indi-
17 viduals receive an appropriate diagnosis as well as
18 critical information about the disease and available
19 care options, which leads to better outcomes.

20 (4) An accurate diagnosis allows for better
21 management of other known chronic conditions and
22 more efficient utilization of medical resources, in-
23 cluding reducing complications and the number of
24 costly emergency room visits and hospitalizations.

25 (5) A formal diagnosis allows individuals and
26 their caregivers to have access to available medical

1 and non-medical treatments, build a care team, par-
2 ticipate in support services, and enroll in clinical
3 trials.

4 (6) Undertaking the diagnostic process poten-
5 tially allows cognitive impairment to be reversed, as
6 the cognitive impairment of nine percent of individ-
7 uals experiencing dementia-like symptoms is due to
8 a potentially reversible cause, such as depression or
9 vitamin deficiency.

10 (b) PURPOSE.—The purpose of this Act is to increase
11 diagnosis of Alzheimer’s disease and related dementias,
12 leading to better care and outcomes for Americans living
13 with Alzheimer’s disease and related dementias.

14 **SEC. 3. MEDICARE COVERAGE OF COMPREHENSIVE ALZ-**
15 **HEIMER’S DISEASE DIAGNOSIS AND SERV-**
16 **ICES.**

17 (a) IN GENERAL.—Section 1861 of the Social Secu-
18 rity Act (42 U.S.C. 1395x) is amended—

19 (1) in subsection (s)(2)—

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

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

24 (C) by adding at the end the following new
25 subparagraph:

1 “(GG) comprehensive Alzheimer’s disease diag-
2 nosis and services (as defined in subsection (iii));”;
3 and

4 (2) by adding at the end the following new sub-
5 section:

6 “Comprehensive Alzheimer’s Disease Diagnosis and
7 Services

8 “(iii)(1) The term ‘comprehensive Alzheimer’s disease
9 diagnosis and services’ means the services described in
10 paragraph (2) furnished to an individual—

11 “(A) who does not already have a diagnosis of
12 Alzheimer’s disease; and

13 “(B) for whom a physician or a practitioner de-
14 scribed in clause (i), (iv), or (v) of section
15 1842(b)(18)(C), in a medical setting such as a phy-
16 sician’s office, a hospital, a skilled nursing facility,
17 a community health center, or another similar med-
18 ical setting—

19 “(i) has detected the individual may have
20 a cognitive impairment or dementia; and

21 “(ii) pursuant to such detection, has deter-
22 mined a diagnostic evaluation for Alzheimer’s
23 disease is needed.

24 “(2) The services described in this paragraph are the
25 following:

1 “(A) A diagnostic evaluation, including referral
2 to a specialist if recommended.

3 “(B) If the individual is diagnosed with Alz-
4 heimer’s disease under the diagnostic evaluation
5 under subparagraph (A), care planning services
6 (with the individual, with the personal representative
7 of the individual, or with one or more family care-
8 givers of the individual with or without the presence
9 of the individual), including assistance under-
10 standing the diagnosis as well as the medical and
11 non-medical options for ongoing treatment, services,
12 and supports, and information about how to obtain
13 such treatments, services, and supports. Such care
14 planning services for individuals diagnosed with Alz-
15 heimer’s disease should take into consideration and
16 address other co-morbid chronic conditions.

17 “(C) Medical record documentation, with re-
18 spect to an individual, of the diagnostic evaluation
19 under subparagraph (A), the diagnosis, and any care
20 planning services under subparagraph (B).

21 “(3) In this subsection—

22 “(A) the term ‘Alzheimer’s disease’ means Alz-
23 heimer’s disease and related dementias; and

24 “(B) the term ‘personal representative’ means,
25 with respect to an individual, a person legally au-

1 thorized to make health care decisions on such indi-
2 vidual's behalf.”.

3 (b) PAYMENT.—Section 1833(a)(1) of the Social Se-
4 curity Act (42 U.S.C. 1395l(a)(1)) is amended by striking
5 “and” before “(Z)” and inserting before the semicolon at
6 the end the following: “, and (AA) with respect to com-
7 prehensive Alzheimer's disease diagnosis and services (as
8 defined in section 1861(iii)), the amount paid shall be an
9 amount equal to 80 percent of the amount determined
10 under a fee schedule designated by the Secretary”.

11 (c) EFFECTIVE DATE.—The amendments made by
12 this section shall apply to services furnished on or after
13 January 1 of the year following the year which includes
14 the date of the enactment of this Act.

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