113TH CONGRESS
1ST SESSION

S. 709

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 SENATE OF THE UNITED STATES

APRIL 11, 2013

Ms. STABENOW (for herself, Ms. COLLINS, Mr. BEGICH, Mr. BROWN, Mr. FRANKEN, Ms. KLOBUCHAR, Mrs. GILLIBRAND, and Mr. MENENDEZ) introduced the following bill; which was read twice and referred to the Committee on Finance

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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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Health Outcomes, Planning, and Education for Alzheimer's Act''.

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress makes the following findings:

(1) As many as half of the estimated 5.2 million Americans with Alzheimer's disease have never received a diagnosis.

(2) An early and documented diagnosis and access to care planning services leads to better outcomes for individuals with Alzheimer's disease and other dementias and their caregivers.

(3) Combining the existing Medicare benefits of a diagnostic evaluation and care planning into a single package of services would help ensure that individuals receive an appropriate diagnosis as well as critical information about the disease and available care options, which leads to better outcomes.

(4) An accurate diagnosis allows for better management of other known chronic conditions and more efficient utilization of medical resources, including reducing complications and the number of costly emergency room visits and hospitalizations.

(5) A formal diagnosis allows individuals and their caregivers to have access to available medical and non-medical treatments, build a care team, participate in support services, and enroll in clinical trials.

(6) Undertaking the diagnostic process potentially allows cognitive impairment to be reversed, as the cognitive impairment of nine percent of individuals experiencing dementia-like symptoms is due to a potentially reversible cause, such as depression or vitamin deficiency.

(b) PURPOSE.—The purpose of this Act is 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.

SEC. 3. MEDICARE COVERAGE OF COMPREHENSIVE ALZHEIMER'S DISEASE DIAGNOSIS AND SERVICES.

(a) IN GENERAL.—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended—

(1) in subsection (s)(2)—

(A) by striking ''and'' at the end of subparagraph (EE);

(B) by adding ''and'' at the end of subparagraph (FF); and

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

''(GG) comprehensive Alzheimer's disease diagnosis and services (as defined in subsection (iii));''; and

(2) by adding at the end the following new subsection:

''Comprehensive Alzheimer's Disease Diagnosis and Services

''(iii)(1) The term 'comprehensive Alzheimer's disease diagnosis and services' means the services described in paragraph (2) furnished to an individual—

''(A) who does not already have a diagnosis of Alzheimer's disease; and

''(B) for whom a physician or a practitioner described in clause (i), (iv), or (v) of section 1842(b)(18)(C), in a medical setting such as a physician's office, a hospital, a skilled nursing facility, a community health center, or another similar medical setting—

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

''(ii) pursuant to such detection, has determined a diagnostic evaluation for Alzheimer's disease is needed.

''(2) The services described in this paragraph are the following:

''(A) A diagnostic evaluation, including referral to a specialist if recommended.

''(B) If the individual is diagnosed with Alzheimer's disease under the diagnostic evaluation under subparagraph (A), care planning services (with the individual, with the personal representative of the individual, or with one or more family caregivers of the individual with or without the presence of the individual), including assistance understanding the diagnosis as well as the medical and non-medical options for ongoing treatment, services, and supports, and information about how to obtain such treatments, services, and supports. Such care planning services for individuals diagnosed with Alzheimer's disease should take into consideration and address other co-morbid chronic conditions.

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

''(3) In this subsection—

''(A) the term 'Alzheimer's disease' means Alzheimer's disease and related dementias; and

''(B) the term 'personal representative' means, with respect to an individual, a person legally authorized to make health care decisions on such individual's behalf.''.

(b) PAYMENT.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395l(a)(1)) is amended by striking ''and'' before ''(Z)'' and inserting before the semicolon at the end the following: '', and (AA) with respect to comprehensive Alzheimer's disease 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 designated by the Secretary''.

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

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