

114TH CONGRESS
1ST SESSION

S. 857

To amend title XVIII of the Social Security Act to provide for coverage under the Medicare program of an initial comprehensive care plan for Medicare beneficiaries newly diagnosed with Alzheimer’s disease and related dementias, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 25, 2015

Ms. STABENOW (for herself, Ms. COLLINS, Mr. MARKEY, and Mrs. CAPITO) 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 coverage under the Medicare program of an initial comprehensive care plan for Medicare beneficiaries newly diagnosed with Alzheimer’s disease and related dementias, and for other purposes.

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 (HOPE) for Alzheimer’s Act of
6 2015”.

1 **SEC. 2. FINDINGS AND PURPOSE.**

2 (a) FINDINGS.—Congress makes the following find-
3 ings:

4 (1) As many as half of the estimated 5,100,000
5 American seniors with Alzheimer’s disease and other
6 dementias have never received a diagnosis.

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

11 (3) Building upon the existing Medicare benefit
12 of a diagnostic evaluation to add comprehensive care
13 planning services would help ensure that bene-
14 ficiaries and their families receive critical informa-
15 tion about the disease and available care options,
16 which leads to better outcomes.

17 (4) An accurate, timely, and documented diag-
18 nosis allows for better management of other known
19 chronic conditions and more efficient utilization of
20 medical resources, including reducing complications
21 and the number of costly emergency room visits and
22 hospitalizations.

23 (5) A formal and documented diagnosis and
24 care planning services allow individuals and their
25 caregivers to have access to available medical and

1 non-medical treatments, build a care team, partici-
 2 pate in support services, and enroll in clinical trials.

3 (b) PURPOSE.—The purpose of this Act is to provide
 4 better care and outcomes for Medicare beneficiaries living
 5 with Alzheimer’s disease and related dementias by build-
 6 ing upon existing Medicare coverage of a diagnostic eval-
 7 uation for Alzheimer’s disease and related dementias to
 8 add coverage of initial comprehensive care planning serv-
 9 ices for Medicare beneficiaries who are first diagnosed
 10 with Alzheimer’s disease or related dementias on or after
 11 the date of the enactment of this Act and whose medical
 12 records contain the documented diagnosis of the disease.

13 **SEC. 3. MEDICARE COVERAGE OF COMPREHENSIVE ALZ-**
 14 **HEIMER’S DISEASE CARE PLANNING SERV-**
 15 **ICES.**

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

18 (1) in subsection (s)(2)—

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

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

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

1 “(GG) comprehensive Alzheimer’s disease care
 2 planning 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 Care Planning
 7 Services

8 “(iii)(1)(A) Subject to subparagraph (B), the term
 9 ‘comprehensive Alzheimer’s disease care planning services’
 10 means the services described in paragraph (2) furnished
 11 by a physician or non-physician practitioner to any or all
 12 of the following:

13 “(i) An eligible individual.

14 “(ii) The personal representative of such eligible
 15 individual, with or without the presence of the eligi-
 16 ble individual.

17 “(iii) One or more family caregivers of such eli-
 18 gible individual, with or without the presence of the
 19 eligible individual.

20 “(B) The Secretary shall establish guidelines for the
 21 furnishing of Comprehensive Alzheimer’s disease care
 22 planning services to individuals described in clauses (i),
 23 (ii), and (iii) of subparagraph (A).

24 “(2)(A) Subject to the succeeding provisions of this
 25 paragraph, the services described in this paragraph are

1 the development and furnishing of an initial comprehen-
2 sive care plan to an eligible individual that provides such
3 information and services as the Secretary may specify (in
4 consultation with stakeholders as provided in paragraph
5 (5)), which—

6 “(i) includes—

7 “(I) assistance understanding the di-
8 agnosis;

9 “(II) assistance understanding med-
10 ical and non-medical options for ongoing
11 treatment, services, and supports; and

12 “(III) information about how to ob-
13 tain the treatments, services, and supports
14 described in subclause (II); and

15 “(ii) takes into account the eligible individ-
16 ual’s other co-morbid chronic conditions.

17 “(B) The services described in this paragraph shall
18 also include comprehensive medical record documentation,
19 with respect to the eligible individual of the care planning
20 services under subparagraph (A), by the physician or non-
21 physician practitioner furnishing the services.

22 “(3) Subject to paragraph (5), the Secretary shall pe-
23 riodically update requirements under this subsection to re-
24 flect advances in science and technology.

1 “(4)(A) Comprehensive Alzheimer’s disease care
 2 planning services may only be furnished once with respect
 3 to each eligible individual.

4 “(B) Nothing in this subsection shall be construed
 5 as prohibiting an update of any initial comprehensive care
 6 plan furnished under this subsection to an eligible indi-
 7 vidual under physicians’ services that are covered under
 8 other provisions of this title, such as care planning under
 9 personalized prevention plan services (as defined in sub-
 10 section (hhh)(1)).

11 “(5) The Secretary shall consult with stakeholders,
 12 such as physicians, non-physician practitioners, and orga-
 13 nizations that represent individuals (including individuals
 14 under this title) with Alzheimer’s disease, with respect to
 15 each of the following:

16 “(A) The scope of, and requirements for, serv-
 17 ices described in paragraph (2).

18 “(B) The periodic updates of requirements
 19 under paragraph (3).

20 “(6) In this subsection:

21 “(A) The term ‘Alzheimer’s disease’ means Alz-
 22 heimer’s disease and related dementias.

23 “(B) The term ‘eligible individual’ means an in-
 24 dividual who—

1 “(i) has a documented diagnosis of Alz-
 2 heimer’s disease in the medical record; and

3 “(ii) was first diagnosed as having Alz-
 4 heimer’s disease on or after the date of the en-
 5 actment of this subsection.

6 “(C) The term ‘non-physician practitioner’
 7 means a practitioner described in clause (i), (iv), or
 8 (v) of section 1842(b)(18)(C).

9 “(D) The term ‘personal representative’ means,
 10 with respect to an individual, a person legally au-
 11 thorized to make health care decisions on such indi-
 12 vidual’s behalf.

13 “(E) The term ‘physician’ has the meaning
 14 given that term in subsection (r)(1).”.

15 (b) PAYMENT.—

16 (1) IN GENERAL.—Section 1833(a)(1) of the
 17 Social Security Act (42 U.S.C. 1395l(a)(1)) is
 18 amended—

19 (A) by striking “and” before “(Z)”; and

20 (B) by inserting before the semicolon at
 21 the end the following: “, and (AA) with respect
 22 to comprehensive Alzheimer’s disease care plan-
 23 ning services (as defined in section
 24 1861(iii)(2)), the amount paid shall be an
 25 amount equal to 80 percent of the lesser of the

1 actual charge for the services or the amount de-
 2 termined under the payment basis determined
 3 under section 1848.”.

4 (2) PAYMENT UNDER PHYSICIAN FEE SCHED-
 5 ULE.—Section 1848(j)(3) of the Social Security Act
 6 (42 U.S.C. 1395w-4(j)(3)) is amended by inserting
 7 “(2)(GG),” after “(2)(FF) (including administration
 8 of the health risk assessment),”.

9 (3) FREQUENCY LIMITATION.—Section
 10 1862(a)(1) of the Social Security Act (42 U.S.C.
 11 1395y(a)(1)) is amended—

12 (A) in subparagraph (O), by striking
 13 “and” at the end;

14 (B) in subparagraph (P), by striking the
 15 semicolon at the end and inserting “, and”; and

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

18 “(Q) in the case of comprehensive Alzheimer’s
 19 disease care planning services (as defined in section
 20 1861(iii)(1)), which are performed more frequently
 21 than is covered under such section;”.

22 (c) PROVIDER OUTREACH AND REPORTING ON CARE
 23 PLANNING SERVICES.—

24 (1) OUTREACH.—The Secretary of Health and
 25 Human Services (in this subsection referred to as

1 the “Secretary”) shall conduct outreach to physi-
2 cians and appropriate non-physician practitioners
3 participating under the Medicare program with re-
4 spect to the amendments made by subsections (a)
5 and (b). Such outreach shall include a comprehen-
6 sive, one-time education initiative to inform such
7 physicians and practitioners of the addition of com-
8 prehensive Alzheimer’s disease care planning services
9 as a covered benefit under the Medicare program,
10 including materials on appropriate diagnostic evalua-
11 tions and explanations of the requirements for eligi-
12 bility for such services.

13 (2) REPORTS TO CONGRESS.—

14 (A) PROVIDER OUTREACH.—Not later than
15 one year after the effective date of the amend-
16 ments made by subsections (a) and (b) (as de-
17 scribed in subsection (d)), the Secretary shall
18 submit to the Committee on Ways and Means
19 and the Committee on Energy and Commerce
20 of the House of Representatives and the Com-
21 mittee on Finance of the Senate a report on the
22 outreach conducted under paragraph (1). Such
23 report shall include a description of the meth-
24 ods used for such outreach.

1 (B) UTILIZATION RATES.—Not later than
2 18 months after the effective date of the
3 amendments made by subsections (a) and (b)
4 (as described in subsection (d)) and annually
5 thereafter for the succeeding five years, the
6 Secretary shall submit to the Committee on
7 Ways and Means and the Committee on Energy
8 and Commerce of the House of Representatives
9 and the Committee on Finance of the Senate a
10 report on the number of Medicare beneficiaries
11 who, during the preceding year, were furnished
12 comprehensive Alzheimer’s disease care plan-
13 ning services for which payment was made
14 under title XVIII of the Social Security Act (42
15 U.S.C. 1395 et seq.). Each such report shall in-
16 clude information on any barriers Medicare
17 beneficiaries face to access such services and
18 the Secretary’s recommendations to eliminate
19 any such barriers.

20 (C) COPY OF EACH REPORT.—On the same
21 day that a report is submitted under subpara-
22 graph (A) or (B) of paragraph (2), the Sec-
23 retary shall transmit a copy of such report to
24 the Advisory Council on Alzheimer’s Research,
25 Care, and Services (established under section

1 2(e) of the National Alzheimer's Project Act
2 (Public Law 111–375).

3 (d) EFFECTIVE DATE.—The amendments made by
4 subsections (a) and (b) shall apply to services furnished
5 on or after January 1 of the year following the year which
6 includes the date of the enactment of this Act.

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