alzheimer's association

ALZHEIMER'S DISEASE AND HEALTH CARE REFORM

Priorities of the Alzheimer's Association

1. *Care Coordination and Transitional Care:* Health care reform should improve the health care delivery system for Alzheimer's patients through the promotion of care coordination, including transitional care

- An "Innovation Center" would be created at the Centers for Medicare and Medicaid Services (CMS) to test ways to promote care coordination in the Medicare program; the language specifically includes people with cognitive impairment. *(Finance Committee bill)*

- Under a new pilot program, high-cost Medicare beneficiaries suffering from multiple chronic conditions, including Alzheimer's, would have access to coordinated, primary care services in lower-cost settings. *(House bill)*

- When identifying individuals eligible for new Medicare transitional care services, those with cognitive impairment are specifically included. *(Finance Committee bill)*

- A pilot medical home program would be established, and individuals with cognitive impairment are specifically included in the program. *(House bill)*

- Accountable Care Organizations would be established to coordinate medical care for Medicare beneficiaries. *(Finance Committee and House bills)*

- Medicare Advantage plans (private HMOs that participate in the Medicare program) would receive a bonus payment for care coordination. *(Finance Committee bill)*

- A new Medicare care coordination benefit is **not** included.

2. *Long-Term Care Services and Supports:* Health care reform should increase access to long-term services and supports.

- A national voluntary insurance program would be created to help people obtain long-term services and supports. *(HELP Committee bill)*

- Increased access to home and community-based services under Medicaid is **not** included.

3. *Adequate and Affordable Health Insurance for Individuals with Younger-Onset Alzheimer's Disease:* Health care reform should make it easier for those with younger-onset Alzheimer's disease to obtain and retain health insurance.

- Private health insurance companies would be required to issue insurance to all individuals who wanted to purchase it and would be prohibited from imposing any preexisting condition exclusions. *(Finance Committee, HELP Committee, and House bills)*

- Individuals with private health insurance coverage could not have it rescinded and would have the right to renew the policy. *(Finance Committee, HELP Committee, and House bills)*

- Premium subsidies would be provided for low- and moderate-income individuals. (How the subsidy is given, the amount of the subsidy, and who is eligible to receive the subsidy varies in each bill.). *(Finance Committee, HELP Committee, and House bills)*

- Premium rates could not differ by more than a specified ratio for older individuals compared to younger individuals. (The specific ratio varies in each bill.) *(Finance Committee, HELP Committee, and House bills)*

- The federal government would provide financial assistance to businesses that provide health insurance coverage for retirees aged 55-64. *(HELP Committee and House bills)*

- Individuals shopping for health insurance would have a centralized "exchange" at which they could obtain information about the various plans and purchase an insurance policy. *(Finance Committee, HELP Committee, and House bills)*

- The two-year waiting period for disabled individuals to become eligible for Medicare would **not** be repealed.

Other Provisions Benefiting People with Alzheimer's

Brain Health and Prevention

- Information and incentives would be provided to elderly Americans to encourage their participation in healthy lifestyles. *(Finance Committee and HELP Committee bills)*

Quality Indicators

- Quality health care indicators for people with Alzheimer's and other dementias would be developed. *(House bill)*
- The Department of Health and Human Services would be required to identify conditions for which there are no quality health care indicators and develop indicators for those conditions. *(Finance Committee and HELP Committee bills)*

Assistance to Family Caregivers

- Grants would be provided to Geriatric Education Centers, which must offer at least two courses a year to family caregivers, including instruction on managing the psychological and behavior aspects of dementia. *(HELP Committee bill)*

Workforce

- Skilled nursing facilities and nursing homes would be required to provide dementia management training for nurse aides. *(Finance Committee, HELP Committee, and House bills)*

Medicare Part D Coverage for Prescription Drugs in the Coverage Gap (the "donut hole")

- Medicare beneficiaries would receive a 50 percent discount on the cost of brand name prescription drugs once they reached the coverage gap. *(Finance Committee and House bills)*
- The coverage gap would be phased out by 2023. *(House bill)*
- Medicare Part D cost sharing would be eliminated for beneficiaries in nursing homes and assisted living facilities. *(House bill)*