

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. *(House and Senate bills)* The language specifically includes people with cognitive impairment and dementia. *(Senate 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 and Senate bills)*
 - When identifying individuals eligible for new Medicare transitional care services, those with cognitive impairment are specifically included. *(Senate bill)*
 - A pilot medical home program would be established under Medicare. *(House bill)*
 - Accountable Care Organizations would be established to coordinate medical care for Medicare beneficiaries. *(House and Senate bills)*
 - Medicare Advantage plans (private HMOs that participate in the Medicare program) would receive a bonus payment for care coordination. *(Senate bill)*

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; eligibility for payments under the insurance program would specifically include people with substantial cognitive impairment. *(House and Senate bills)*
 - Federal Medicaid payments would be increased to states that provided home- and community-based services to those otherwise eligible for nursing home care. *(Senate bill)*

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 pre-existing condition exclusions. *(House and Senate bills)*
 - Individuals with private health insurance coverage could not have it rescinded and would have the right to renew the policy. *(House and Senate bills)*
 - Premium subsidies would be provided for low- and moderate-income individuals. *(House and Senate bills)*
 - Premium rates could not differ by more than a specified ratio for older individuals compared to younger individuals: 2:1 *(House bill)* or 3:1 *(Senate bill)*.

- Financial assistance would be given to businesses that provided health insurance coverage to retirees aged 55-64. *(House and Senate 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. *(House and Senate bills)* The “exchange” would be required to conduct outreach to inform and educate individuals about the plan options; individuals with cognitive impairment are a required target for the outreach efforts. *(House bill)*
- The two-year waiting period for disabled individuals to become eligible for Medicare would **not** be repealed.

Other Provisions Benefiting People with Alzheimer’s

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. *(Senate bill)*

Assistance to Family Caregivers

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

Research

- A new research program – the Cures Acceleration Network – would be created to develop treatments and cures for high-need diseases, with an emphasis on bridging the gap between laboratory discoveries and actual treatments. *(Senate bill)*
- CMS would study which diseases are the greatest causes of increased Medicare costs and report on what research is needed to improve the prevention, treatment, or cure of these diseases. *(House bill)*

Workforce

- Skilled nursing facilities and nursing homes would be required to provide dementia management training for nurse aides. *(House and Senate bills)*
- Training and certification programs would be developed for home care aides, including for those who help Alzheimer’s patients, on providing for an individual’s needs, including the needs of those individuals with dementia. *(Senate bill)*
- Funds would be provided for dental training programs; the language specifically includes funding those programs that teach oral health care for people with cognitive impairment. *(Senate bill)*

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 drugs once they reached the coverage gap. *(House and Senate bills)*
- The gap would be phased out by 2019 *(House bill)* or narrowed *(Senate bill)*.
- Medicare Part D cost sharing would be eliminated for individuals on both Medicare and Medicaid who are receiving home- and community-based services. *(House and Senate bills)*