

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1082 Session of
2021

INTRODUCED BY LEWIS DELROSSO, HILL-EVANS, THOMAS, MOUL, FREEMAN,
RYAN, MILLARD, ZIMMERMAN, WHEELAND, DEASY, NEILSON, JOZWIAK,
GILLEN, SAMUELSON AND COX, APRIL 19, 2021

AS AMENDED ON THIRD CONSIDERATION, IN SENATE, FEBRUARY 7, 2022

AN ACT

1 ~~Establishing an education program to assist in the early~~ <--
2 ~~detection and diagnosis of Alzheimer's disease or a related~~
3 ~~disorder.~~
4 AMENDING THE ACT OF APRIL 9, 1929 (P.L.343, NO.176), ENTITLED <--
5 "AN ACT RELATING TO THE FINANCES OF THE STATE GOVERNMENT;
6 PROVIDING FOR CANCER CONTROL, PREVENTION AND RESEARCH, FOR
7 AMBULATORY SURGICAL CENTER DATA COLLECTION, FOR THE JOINT
8 UNDERWRITING ASSOCIATION, FOR ENTERTAINMENT BUSINESS
9 FINANCIAL MANAGEMENT FIRMS, FOR PRIVATE DAM FINANCIAL
10 ASSURANCE AND FOR REINSTATEMENT OF ITEM VETOES; PROVIDING FOR
11 THE SETTLEMENT, ASSESSMENT, COLLECTION, AND LIEN OF TAXES,
12 BONUS, AND ALL OTHER ACCOUNTS DUE THE COMMONWEALTH, THE
13 COLLECTION AND RECOVERY OF FEES AND OTHER MONEY OR PROPERTY
14 DUE OR BELONGING TO THE COMMONWEALTH, OR ANY AGENCY THEREOF,
15 INCLUDING ESCHEATED PROPERTY AND THE PROCEEDS OF ITS SALE,
16 THE CUSTODY AND DISBURSEMENT OR OTHER DISPOSITION OF FUNDS
17 AND SECURITIES BELONGING TO OR IN THE POSSESSION OF THE
18 COMMONWEALTH, AND THE SETTLEMENT OF CLAIMS AGAINST THE
19 COMMONWEALTH, THE RESETTLEMENT OF ACCOUNTS AND APPEALS TO THE
20 COURTS, REFUNDS OF MONEYS ERRONEOUSLY PAID TO THE
21 COMMONWEALTH, AUDITING THE ACCOUNTS OF THE COMMONWEALTH AND
22 ALL AGENCIES THEREOF, OF ALL PUBLIC OFFICERS COLLECTING
23 MONEYS PAYABLE TO THE COMMONWEALTH, OR ANY AGENCY THEREOF,
24 AND ALL RECEIPTS OF APPROPRIATIONS FROM THE COMMONWEALTH,
25 AUTHORIZING THE COMMONWEALTH TO ISSUE TAX ANTICIPATION NOTES
26 TO DEFRAY CURRENT EXPENSES, IMPLEMENTING THE PROVISIONS OF
27 SECTION 7 (A) OF ARTICLE VIII OF THE CONSTITUTION OF
28 PENNSYLVANIA AUTHORIZING AND RESTRICTING THE INCURRING OF
29 CERTAIN DEBT AND IMPOSING PENALTIES; AFFECTING EVERY
30 DEPARTMENT, BOARD, COMMISSION, AND OFFICER OF THE STATE
31 GOVERNMENT, EVERY POLITICAL SUBDIVISION OF THE STATE, AND
32 CERTAIN OFFICERS OF SUCH SUBDIVISIONS, EVERY PERSON,

1 ASSOCIATION, AND CORPORATION REQUIRED TO PAY, ASSESS, OR
2 COLLECT TAXES, OR TO MAKE RETURNS OR REPORTS UNDER THE LAWS
3 IMPOSING TAXES FOR STATE PURPOSES, OR TO PAY LICENSE FEES OR
4 OTHER MONEYS TO THE COMMONWEALTH, OR ANY AGENCY THEREOF,
5 EVERY STATE DEPOSITORY AND EVERY DEBTOR OR CREDITOR OF THE
6 COMMONWEALTH," IN ARPA HEALTH CARE WORKFORCE SUPPORTS,
7 FURTHER PROVIDING FOR DEFINITIONS; AND PROVIDING FOR EARLY
8 DETECTION AND DIAGNOSIS OF ALZHEIMER'S DISEASE OR A RELATED
9 DISORDER.

10 The General Assembly of the Commonwealth of Pennsylvania
11 hereby enacts as follows:

12 ~~Section 1. Short title.~~

<--

13 ~~This act shall be known and may be cited as the Early~~
14 ~~Detection and Diagnosis of Alzheimer's Disease or a Related~~
15 ~~Disorder Act.~~

16 ~~Section 2. Definitions.~~

17 ~~The following words and phrases when used in this act shall~~
18 ~~have the meanings given to them in this section unless the~~
19 ~~context clearly indicates otherwise:~~

20 ~~"Alzheimer's disease or a related disorder." An irreversible~~
21 ~~and progressive neurological disorder diagnosed by a physician~~
22 ~~that has all of the following characteristics:~~

23 ~~(1) The disorder causes cognitive decline and memory~~
24 ~~impairment, behavioral and psychiatric problems and loss of~~
25 ~~the ability to care for oneself.~~

26 ~~(2) The disorder is severe enough to interfere with work~~
27 ~~or social activities and requires continuous care or~~
28 ~~supervision.~~

29 ~~"Certified registered nurse practitioner." A registered~~
30 ~~nurse licensed in this Commonwealth who is certified by the~~
31 ~~State Board of Nursing in a particular clinical specialty area.~~

32 ~~"Clinical nurse specialist." A registered nurse licensed in~~
33 ~~this Commonwealth who is certified by the State Board of Nursing~~
34 ~~as a clinical nurse specialist.~~

1 ~~"Department." The Department of Health of the Commonwealth.~~

2 ~~"Physician." A medical doctor or doctor of osteopathy.~~

3 ~~"Physician assistant." An individual who is licensed as a~~
4 ~~physician assistant by the State Board of Medicine.~~

5 ~~"Primary care workforce." Physicians, physician assistants,~~
6 ~~certified registered nurse practitioners and clinical nurse~~
7 ~~specialists delivering health care services to adult patients~~
8 ~~with the detection, diagnosis, treatment and care planning~~
9 ~~referral for individuals with Alzheimer's disease or a related~~
10 ~~disorder.~~

11 ~~"Primary care workforce education resources." The resources~~
12 ~~established in section 3.~~

13 ~~"Toolkit." The Early Detection and Diagnosis of Alzheimer's~~
14 ~~Disease or a Related Disorder toolkit established in section~~
15 ~~4(a).~~

16 ~~Section 3. Primary care workforce education resources.~~

17 ~~The department, in consultation with the Department of Aging~~
18 ~~and other public or private organizations with expertise in~~
19 ~~cognitive decline, Alzheimer's disease or a related disorder,~~
20 ~~shall establish education resources to assist the primary care~~
21 ~~workforce with the detection, diagnosis, treatment and care~~
22 ~~planning referral for individuals with Alzheimer's disease or a~~
23 ~~related disorder. At a minimum, the primary care workforce~~
24 ~~education resources shall include all of the following related~~
25 ~~to Alzheimer's disease or a related disorder:~~

26 ~~(1) The importance of and value of early detection and~~
27 ~~timely diagnosis.~~

28 ~~(2) Increasing understanding and awareness of early~~
29 ~~signs and symptoms.~~

30 ~~(3) Person centered care delivery.~~

1 ~~(4) Cultural competency.~~

2 ~~(5) Racial and ethnic disparities and inequities in~~
3 ~~detecting, diagnosing and accessing treatment and services.~~

4 ~~(6) Use of validated cognitive assessment tools to~~
5 ~~detect cognitive decline as part of the annual Medicare~~
6 ~~Wellness Visit or other annual physical examination.~~

7 ~~(7) Sources of clinical practice guidelines and tools.~~

8 ~~(8) Effective care planning, including treatment~~
9 ~~options, support and services, long term care options,~~
10 ~~financial planning, advanced directives and care~~
11 ~~coordination, at all stages of dementia, including~~
12 ~~appropriate counseling and referral.~~

13 ~~Section 4. Early Detection and Diagnosis of Alzheimer's Disease~~
14 ~~or a Related Disorder toolkit.~~

15 ~~(a) Establishment. The department shall establish and~~
16 ~~maintain an Early Detection and Diagnosis of Alzheimer's Disease~~
17 ~~or a Related Disorder toolkit. The toolkit, at a minimum, shall~~
18 ~~provide all of the following:~~

19 ~~(1) Best practices and cognitive assessment tools,~~
20 ~~including the use of appropriate diagnostics, to assist the~~
21 ~~primary care workforce in the detection, diagnosis, treatment~~
22 ~~and care planning for individuals with Alzheimer's disease or~~
23 ~~a related disorder.~~

24 ~~(2) Primary care workforce education resources~~
25 ~~established in section 3.~~

26 ~~(b) Coordination and integration. The department shall~~
27 ~~coordinate and integrate the toolkit across health care sectors,~~
28 ~~including, but not limited to, all of the following:~~

29 ~~(1) Managed care programs administered through the~~
30 ~~Department of Human Services.~~

1 ~~(2) Academic research institutions.~~

2 ~~(3) State medical centers.~~

3 ~~(4) Federally qualified health centers.~~

4 ~~(5) Associations representing hospitals and health~~
5 ~~systems.~~

6 ~~(6) Organizations representing physicians and medical~~
7 ~~students in Pennsylvania.~~

8 ~~(7) Organizations representing the advancement of health~~
9 ~~care and family physicians.~~

10 ~~(8) Organizations representing the advancement of nurse~~
11 ~~practitioners, health care professionals and health care~~
12 ~~organizations.~~

13 ~~(9) Organizations representing underserved communities~~
14 ~~which may be disproportionately impacted by Alzheimer's~~
15 ~~disease.~~

16 ~~(10) Any other public or private organization, entity or~~
17 ~~part of an organization or entity the department deems~~
18 ~~necessary.~~

19 ~~(c) Annual review. The department shall review and update~~
20 ~~the information on the toolkit established in subsection (a) to~~
21 ~~reflect the most current and accurate information available on~~
22 ~~an annual basis.~~

23 ~~Section 5. Public awareness.~~

24 ~~(a) Public information. The department shall include and~~
25 ~~make accessible on the department's publicly accessible Internet~~
26 ~~website information relating to Alzheimer's disease or a related~~
27 ~~disorder information. The information, at a minimum, shall~~
28 ~~include the following:~~

29 ~~(1) Understanding cognitive decline, Alzheimer's disease~~
30 ~~or a related disorder, including the difference between~~

1 ~~normal cognitive aging and dementias.~~

2 ~~(2) Early warning signs of Alzheimer's disease or a~~
3 ~~related disorder.~~

4 ~~(3) The benefits of early detection and diagnosis.~~

5 ~~(4) Importance of discussing cognition with health care~~
6 ~~providers and tips on how to do so.~~

7 ~~(5) Risk reduction behaviors to slow onset of cognitive~~
8 ~~impairment, particularly among diverse communities who are at~~
9 ~~greater risk of developing Alzheimer's disease.~~

10 ~~(b) Existing outreach programs. The department shall~~
11 ~~incorporate public information in subsection (a) into existing~~
12 ~~relevant public health outreach programs administered by the~~
13 ~~department to promote understanding and awareness of Alzheimer's~~
14 ~~disease or a related disorder to the general public. Public~~
15 ~~awareness information shall provide uniform, consistent guidance~~
16 ~~in nonclinical terms, with an emphasis on cultural relevancy and~~
17 ~~health literacy.~~

18 ~~Section 6. Effective date.~~

19 ~~This act shall take effect in 60 days.~~

20 SECTION 1. THE DEFINITION OF "HIGH MEDICAL ASSISTANCE <--
21 HOSPITAL" IN SECTION 101-J OF THE ACT OF APRIL 9, 1929 (P.L.343,
22 NO.176), KNOWN AS THE FISCAL CODE, ADDED JANUARY 26, 2022 (P.L.
23 , NO.2), IS AMENDED TO READ:

24 SECTION 101-J. DEFINITIONS.

25 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ARTICLE
26 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE
27 CONTEXT CLEARLY INDICATES OTHERWISE:

28 * * *

29 "HIGH MEDICAL ASSISTANCE HOSPITAL." AS DETERMINED UNDER THE
30 MEDICAL ASSISTANCE DEPENDENCY [PAYMENT] ADJUSTMENT PROVISIONS OF

1 THE COMMONWEALTH'S APPROVED TITLE XIX STATE PLAN, BASED ON A
2 HOSPITAL'S APPROVED MEDICAL ASSISTANCE COST REPORT FOR FISCAL
3 YEAR 2018-2019.

4 * * *

5 SECTION 2. THE ACT IS AMENDED BY ADDING AN ARTICLE TO READ:

6 ARTICLE II-E

7 EARLY DETECTION AND DIAGNOSIS OF ALZHEIMER'S DISEASE OR A
8 RELATED DISORDER

9 SECTION 201-E. SCOPE OF ARTICLE.

10 THIS ARTICLE RELATES TO THE EARLY DETECTION AND DIAGNOSIS OF
11 ALZHEIMER'S DISEASE OR A RELATED DISORDER.

12 SECTION 202-E. DEFINITIONS.

13 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ARTICLE
14 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE
15 CONTEXT CLEARLY INDICATES OTHERWISE:

16 "ALZHEIMER'S DISEASE OR A RELATED DISORDER." AN IRREVERSIBLE
17 AND PROGRESSIVE NEUROLOGICAL DISORDER DIAGNOSED BY A PHYSICIAN
18 THAT HAS ALL OF THE FOLLOWING CHARACTERISTICS:

19 (1) THE DISORDER CAUSES COGNITIVE DECLINE AND MEMORY
20 IMPAIRMENT, BEHAVIORAL AND PSYCHIATRIC PROBLEMS AND LOSS OF
21 THE ABILITY TO CARE FOR ONESELF.

22 (2) THE DISORDER IS SEVERE ENOUGH TO INTERFERE WITH WORK
23 OR SOCIAL ACTIVITIES AND REQUIRES CONTINUOUS CARE OR
24 SUPERVISION.

25 "CERTIFIED REGISTERED NURSE PRACTITIONER." A REGISTERED
26 NURSE LICENSED IN THIS COMMONWEALTH WHO IS CERTIFIED BY THE
27 STATE BOARD OF NURSING IN A PARTICULAR CLINICAL SPECIALTY AREA.

28 "CLINICAL NURSE SPECIALIST." A REGISTERED NURSE LICENSED IN
29 THIS COMMONWEALTH WHO IS CERTIFIED BY THE STATE BOARD OF NURSING
30 AS A CLINICAL NURSE SPECIALIST.

1 "DEPARTMENT." THE DEPARTMENT OF HEALTH OF THE COMMONWEALTH.
2 "PHYSICIAN." A MEDICAL DOCTOR OR DOCTOR OF OSTEOPATHY.
3 "PHYSICIAN ASSISTANT." AN INDIVIDUAL WHO IS LICENSED AS A
4 PHYSICIAN ASSISTANT BY THE STATE BOARD OF MEDICINE.

5 "PRIMARY CARE WORKFORCE." PHYSICIANS, PHYSICIAN ASSISTANTS,
6 CERTIFIED REGISTERED NURSE PRACTITIONERS AND CLINICAL NURSE
7 SPECIALISTS DELIVERING HEALTH CARE SERVICES TO ADULT PATIENTS
8 WITH THE DETECTION, DIAGNOSIS, TREATMENT AND CARE PLANNING
9 REFERRAL FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE OR A RELATED
10 DISORDER.

11 "PRIMARY CARE WORKFORCE EDUCATION RESOURCES." THE RESOURCES
12 ESTABLISHED IN SECTION 203-E.

13 "TOOLKIT." THE EARLY DETECTION AND DIAGNOSIS OF ALZHEIMER'S
14 DISEASE OR A RELATED DISORDER TOOLKIT ESTABLISHED IN SECTION
15 204-E(A).

16 SECTION 203-E. PRIMARY CARE WORKFORCE EDUCATION RESOURCES.

17 THE DEPARTMENT, IN CONSULTATION WITH THE DEPARTMENT OF AGING
18 AND OTHER PUBLIC OR PRIVATE ORGANIZATIONS WITH EXPERTISE IN
19 COGNITIVE DECLINE, ALZHEIMER'S DISEASE OR A RELATED DISORDER,
20 SHALL ESTABLISH EDUCATION RESOURCES TO ASSIST THE PRIMARY CARE
21 WORKFORCE WITH THE DETECTION, DIAGNOSIS, TREATMENT AND CARE
22 PLANNING REFERRAL FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE OR A
23 RELATED DISORDER. AT A MINIMUM, THE PRIMARY CARE WORKFORCE
24 EDUCATION RESOURCES SHALL INCLUDE ALL OF THE FOLLOWING RELATED
25 TO ALZHEIMER'S DISEASE OR A RELATED DISORDER:

26 (1) THE IMPORTANCE OF AND VALUE OF EARLY DETECTION AND
27 TIMELY DIAGNOSIS.

28 (2) INCREASING UNDERSTANDING AND AWARENESS OF EARLY
29 SIGNS AND SYMPTOMS.

30 (3) PERSON-CENTERED CARE DELIVERY.

1 (4) CULTURAL COMPETENCY.

2 (5) RACIAL AND ETHNIC DISPARITIES AND INEQUITIES IN
3 DETECTING, DIAGNOSING AND ACCESSING TREATMENT AND SERVICES.

4 (6) USE OF VALIDATED COGNITIVE ASSESSMENT TOOLS TO
5 DETECT COGNITIVE DECLINE AS PART OF THE ANNUAL MEDICARE
6 WELLNESS VISIT OR OTHER ANNUAL PHYSICAL EXAMINATION.

7 (7) SOURCES OF CLINICAL PRACTICE GUIDELINES AND TOOLS.

8 (8) EFFECTIVE CARE PLANNING, INCLUDING TREATMENT
9 OPTIONS, SUPPORT AND SERVICES, LONG-TERM CARE OPTIONS,
10 FINANCIAL PLANNING, ADVANCED DIRECTIVES AND CARE
11 COORDINATION, AT ALL STAGES OF DEMENTIA, INCLUDING
12 APPROPRIATE COUNSELING AND REFERRAL.

13 SECTION 204-E. EARLY DETECTION AND DIAGNOSIS OF ALZHEIMER'S
14 DISEASE OR A RELATED DISORDER TOOLKIT.

15 (A) ESTABLISHMENT.--THE DEPARTMENT SHALL ESTABLISH AND
16 MAINTAIN AN EARLY DETECTION AND DIAGNOSIS OF ALZHEIMER'S DISEASE
17 OR A RELATED DISORDER TOOLKIT. THE TOOLKIT, AT A MINIMUM, SHALL
18 PROVIDE ALL OF THE FOLLOWING:

19 (1) BEST PRACTICES AND COGNITIVE ASSESSMENT TOOLS,
20 INCLUDING THE USE OF APPROPRIATE DIAGNOSTICS, TO ASSIST THE
21 PRIMARY CARE WORKFORCE IN THE DETECTION, DIAGNOSIS, TREATMENT
22 AND CARE PLANNING FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE OR
23 A RELATED DISORDER.

24 (2) PRIMARY CARE WORKFORCE EDUCATION RESOURCES
25 ESTABLISHED IN SECTION 203-E.

26 (B) COORDINATION AND INTEGRATION.--THE DEPARTMENT SHALL
27 COORDINATE AND INTEGRATE THE TOOLKIT ACROSS HEALTH CARE SECTORS,
28 INCLUDING, BUT NOT LIMITED TO, ALL OF THE FOLLOWING:

29 (1) MANAGED CARE PROGRAMS ADMINISTERED THROUGH THE
30 DEPARTMENT OF HUMAN SERVICES.

1 (2) ACADEMIC RESEARCH INSTITUTIONS.

2 (3) STATE MEDICAL CENTERS.

3 (4) FEDERALLY QUALIFIED HEALTH CENTERS.

4 (5) ASSOCIATIONS REPRESENTING HOSPITALS AND HEALTH
5 SYSTEMS.

6 (6) ORGANIZATIONS REPRESENTING PHYSICIANS AND MEDICAL
7 STUDENTS IN PENNSYLVANIA.

8 (7) ORGANIZATIONS REPRESENTING THE ADVANCEMENT OF HEALTH
9 CARE AND FAMILY PHYSICIANS.

10 (8) ORGANIZATIONS REPRESENTING THE ADVANCEMENT OF NURSE
11 PRACTITIONERS, HEALTH CARE PROFESSIONALS AND HEALTH CARE
12 ORGANIZATIONS.

13 (9) ORGANIZATIONS REPRESENTING UNDERSERVED COMMUNITIES
14 WHICH MAY BE DISPROPORTIONATELY IMPACTED BY ALZHEIMER'S
15 DISEASE.

16 (10) ANY OTHER PUBLIC OR PRIVATE ORGANIZATION, ENTITY OR
17 PART OF AN ORGANIZATION OR ENTITY THE DEPARTMENT DEEMS
18 NECESSARY.

19 (C) ANNUAL REVIEW.--THE DEPARTMENT SHALL REVIEW AND UPDATE
20 THE INFORMATION ON THE TOOLKIT ESTABLISHED IN SUBSECTION (A) TO
21 REFLECT THE MOST CURRENT AND ACCURATE INFORMATION AVAILABLE ON
22 AN ANNUAL BASIS.

23 SECTION 205-E. PUBLIC AWARENESS.

24 (A) PUBLIC INFORMATION.--THE DEPARTMENT SHALL INCLUDE AND
25 MAKE ACCESSIBLE ON THE DEPARTMENT'S PUBLICLY ACCESSIBLE INTERNET
26 WEBSITE INFORMATION RELATING TO ALZHEIMER'S DISEASE OR A RELATED
27 DISORDER INFORMATION. THE INFORMATION, AT A MINIMUM, SHALL
28 INCLUDE THE FOLLOWING:

29 (1) UNDERSTANDING COGNITIVE DECLINE, ALZHEIMER'S DISEASE
30 OR A RELATED DISORDER, INCLUDING THE DIFFERENCE BETWEEN

1 NORMAL COGNITIVE AGING AND DEMENTIAS.

2 (2) EARLY WARNING SIGNS OF ALZHEIMER'S DISEASE OR A
3 RELATED DISORDER.

4 (3) THE BENEFITS OF EARLY DETECTION AND DIAGNOSIS.

5 (4) IMPORTANCE OF DISCUSSING COGNITION WITH HEALTH CARE
6 PROVIDERS AND TIPS ON HOW TO DO SO.

7 (5) RISK REDUCTION BEHAVIORS TO SLOW ONSET OF COGNITIVE
8 IMPAIRMENT, PARTICULARLY AMONG DIVERSE COMMUNITIES WHO ARE AT
9 GREATER RISK OF DEVELOPING ALZHEIMER'S DISEASE.

10 (B) EXISTING OUTREACH PROGRAMS.--THE DEPARTMENT SHALL
11 INCORPORATE PUBLIC INFORMATION IN SUBSECTION (A) INTO EXISTING
12 RELEVANT PUBLIC HEALTH OUTREACH PROGRAMS ADMINISTERED BY THE
13 DEPARTMENT TO PROMOTE UNDERSTANDING AND AWARENESS OF ALZHEIMER'S
14 DISEASE OR A RELATED DISORDER TO THE GENERAL PUBLIC. PUBLIC
15 AWARENESS INFORMATION SHALL PROVIDE UNIFORM, CONSISTENT GUIDANCE
16 IN NONCLINICAL TERMS, WITH AN EMPHASIS ON CULTURAL RELEVANCY AND
17 HEALTH LITERACY.

18 SECTION 3. THIS ACT SHALL TAKE EFFECT IN 60 DAYS.