

114TH CONGRESS  
1ST SESSION

# H. R. 1559

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.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 24, 2015

Mr. SMITH of New Jersey (for himself, Ms. MAXINE WATERS of California, Mr. ROSKAM, Mr. FATAH, Mr. TONKO, Mr. BLUMENAUER, Mr. GARAMENDI, Mr. DUNCAN of Tennessee, Mr. BUCHANAN, Mr. MURPHY of Florida, Mr. HINOJOSA, Mr. DAVID SCOTT of Georgia, Mr. YARMUTH, Ms. FRANKEL of Florida, Mr. JOHNSON of Georgia, Mr. CAPUANO, Mr. HIGGINS, Mr. LOEBSACK, Ms. PINGREE, Ms. WILSON of Florida, Ms. SLAUGHTER, Mr. KEATING, Mr. SIRES, Mr. JOYCE, Mr. SARBANES, Ms. KUSTER, Mr. GRIJALVA, Mr. WALZ, Mr. HARPER, Mr. DEUTCH, Mr. RANGEL, Ms. CLARK of Massachusetts, Ms. NORTON, and Mr. BARLETTA) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## 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”.

7 **SEC. 2. FINDINGS AND PURPOSE.**

8 (a) FINDINGS.—Congress makes the following find-  
9 ings:

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

13 (2) An early and documented diagnosis and ac-  
14 cess to care planning services leads to better out-  
15 comes for individuals with Alzheimer’s disease and  
16 other dementias and their caregivers.

17 (3) Building upon the existing Medicare benefit  
18 of a diagnostic evaluation to add comprehensive care  
19 planning services would help ensure that bene-  
20 ficiaries and their families receive critical informa-  
21 tion about the disease and available care options,  
22 which leads to better outcomes.

23 (4) An accurate, timely, and documented diag-  
24 nosis allows for better management of other known  
25 chronic conditions and more efficient utilization of

1 medical resources, including reducing complications  
2 and the number of costly emergency room visits and  
3 hospitalizations.

4 (5) A formal and documented diagnosis and  
5 care planning services allow individuals and their  
6 caregivers to have access to available medical and  
7 non-medical treatments, build a care team, partici-  
8 pate in support services, and enroll in clinical trials.

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

19 **SEC. 3. MEDICARE COVERAGE OF COMPREHENSIVE ALZ-**  
20 **HEIMER’S DISEASE CARE PLANNING SERV-**  
21 **ICES.**

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

24 (1) in subsection (s)(2)—

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

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

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

7 “(GG) comprehensive Alzheimer’s disease care  
8 planning services (as defined in subsection (iii));”;  
9 and

10 (2) by adding at the end the following new sub-  
11 section:

12 “Comprehensive Alzheimer’s Disease Care Planning  
13 Services

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

19 “(i) An eligible individual.

20 “(ii) The personal representative of such eligible  
21 individual, with or without the presence of the eligi-  
22 ble individual.

23 “(iii) One or more family caregivers of such eli-  
24 gible individual, with or without the presence of the  
25 eligible individual.

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

5 “(2)(A) Subject to the succeeding provisions of this  
6 paragraph, the services described in this paragraph are  
7 the development and furnishing of an initial comprehen-  
8 sive care plan to an eligible individual that provides such  
9 information and services as the Secretary may specify (in  
10 consultation with stakeholders as provided in paragraph  
11 (5)), which—

12 “(i) includes—

13 “(I) assistance understanding the diag-  
14 nosis;

15 “(II) assistance understanding medical and  
16 non-medical options for ongoing treatment,  
17 services, and supports; and

18 “(III) information about how to obtain the  
19 treatments, services, and supports described in  
20 subclause (II); and

21 “(ii) takes into account the eligible individual’s  
22 other co-morbid chronic conditions.

23 “(B) The services described in this paragraph shall  
24 also include comprehensive medical record documentation,  
25 with respect to the eligible individual of the care planning

1 services under subparagraph (A), by the physician or non-  
2 physician practitioner furnishing the services.

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

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

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

16 “(5) The Secretary shall consult with stakeholders,  
17 such as physicians, non-physician practitioners, and orga-  
18 nizations that represent individuals (including individuals  
19 under this title) with Alzheimer’s disease, with respect to  
20 each of the following:

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

23 “(B) The periodic updates of requirements  
24 under paragraph (3).

25 “(6) In this subsection:

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

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

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

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

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

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

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

19           (b) PAYMENT.—

20                   (1) IN GENERAL.—Section 1833(a)(1) of the  
21           Social Security Act (42 U.S.C. 1395l(a)(1)) is  
22           amended—

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

24                           (B) by inserting before the semicolon at  
25           the end the following: “, and (AA) with respect

1 to comprehensive Alzheimer’s disease care plan-  
2 ning services (as defined in section  
3 1861(iii)(2)), the amount paid shall be an  
4 amount equal to 80 percent of the lesser of the  
5 actual charge for the services or the amount de-  
6 termined under the payment basis determined  
7 under section 1848.”.

8 (2) PAYMENT UNDER PHYSICIAN FEE SCHED-  
9 ULE.—Section 1848(j)(3) of the Social Security Act  
10 (42 U.S.C. 1395w-4(j)(3)) is amended by inserting  
11 “(2)(GG),” after “(2)(FF) (including administration  
12 of the health risk assessment),”.

13 (3) FREQUENCY LIMITATION.—Section  
14 1862(a)(1) of the Social Security Act (42 U.S.C.  
15 1395y(a)(1)) is amended—

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

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

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

22 “(Q) in the case of comprehensive Alzheimer’s  
23 disease care planning services (as defined in section  
24 1861(iii)(1)), which are performed more frequently  
25 than is covered under such section;”.



1 (c) PROVIDER OUTREACH AND REPORTING ON CARE  
2 PLANNING SERVICES.—

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

17 (2) REPORTS TO CONGRESS.—

18 (A) PROVIDER OUTREACH.—Not later than  
19 one year after the effective date of the amend-  
20 ments made by subsections (a) and (b) (as de-  
21 scribed in subsection (d)), the Secretary shall  
22 submit to the Committee on Ways and Means  
23 and the Committee on Energy and Commerce  
24 of the House of Representatives and the Com-  
25 mittee on Finance of the Senate a report on the

1 outreach conducted under paragraph (1). Such  
2 report shall include a description of the meth-  
3 ods used for such outreach.

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

23 (C) COPY OF EACH REPORT.—On the same  
24 day that a report is submitted under subpara-  
25 graph (A) or (B) of paragraph (2), the Sec-

1           retary shall transmit a copy of such report to  
2           the Advisory Council on Alzheimer’s Research,  
3           Care, and Services established under section  
4           2(e) of the National Alzheimer’s Project Act  
5           (42 U.S.C. 11225(e); Public Law 111–375).

6           (d) EFFECTIVE DATE.—The amendments made by  
7 subsections (a) and (b) shall apply to services furnished  
8 on or after January 1 of the year beginning after the date  
9 of the enactment of this Act.

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