# MAINE STATE LEGISLATURE

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## 129th MAINE LEGISLATURE

## FIRST REGULAR SESSION-2019

**Legislative Document** 

No. 1072

H.P. 795

House of Representatives, March 5, 2019

An Act To Promote Workforce Education on Alzheimer's Disease and Dementia

Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed.

ROBERT B. HUNT Clerk

R(+ B. Hunt

Presented by Representative CRAVEN of Lewiston.

Cosponsored by Senator GRATWICK of Penobscot and

Representatives: CLOUTIER of Lewiston, DOORE of Augusta, HICKMAN of Winthrop, MADIGAN of Waterville, MEYER of Eliot, PERRY of Calais, SHEATS of Auburn, STOVER of Boothbay.

]	Be it enacted by the People of the State of Maine as follows:
1	<b>Sec. 1. 22 MRSA §1711-C, sub-§6,</b> ¶ <b>T,</b> as amended by PL 2017, c. 203, §3, is further amended to read:
	T. To a lay caregiver designated by an individual pursuant to section 1711-G; and
â	<b>Sec. 2. 22 MRSA §1711-C, sub-§6,</b> ¶U, as enacted by PL 2017, c. 203, §4, is amended to read:
	U. To a panel coordinator of the maternal, fetal and infant mortality review panel pursuant to section 261, subsection 4, paragraph B-1 for the purposes of reviewing health care information of a deceased person and a mother of a child who died within one year of birth, including fetal deaths after 28 weeks of gestation. For purposes of this paragraph, "panel coordinator" has the same meaning as in section 261, subsection 1, paragraph E and "deceased person" has the same meaning as in section 261, subsection 1, paragraph B-; and
	<b>Sec. 3. 22 MRSA §1711-C, sub-§6,</b> ¶V is enacted to read:
	V. To an authorized representative or family or household member of an individual unless expressly prohibited by the individual when the health care practitioner is providing a diagnosis of Alzheimer's disease or dementia.
	Sec. 4. 22 MRSA §§1725-A and 1725-B are enacted to read:
\$	§1725-A. Alzheimer's disease and dementia service plans
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	In addition to disclosing the diagnosis to the patient, a health care practitioner who diagnoses Alzheimer's disease or dementia shall disclose the diagnosis to a family or nousehold member or to an authorized representative as defined in section 1711-C subsection 1, paragraph A pursuant to section 1711-C, subsection 6, paragraph V and shall provide information to the family or household member or authorized representative about care planning services, including assistance understanding the diagnosis, and medical and nonmedical options for treatment, services and supports and information about obtaining treatment, services and supports.
5	81725-B. Alzheimer's disease and dementia hospital plans
9	No later than January 1, 2023, a hospital shall develop and implement an operational plan for the recognition and management of patients with Alzheimer's disease or dementia within that hospital. The plan must be developed in consultation with organizations with expertise in the field of Alzheimer's disease and dementia. The plan must be kept on file in the hospital and made available to any person on request.
	Sec 5 22 MRSA 83473-A is enacted to read:

The department shall provide at least 4 hours of Alzheimer's disease and dementia

§3473-A. Alzheimer's disease and dementia training

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- responsibility is in adult protective services pursuant to this chapter at the beginning of their employment. The education and training must include:
  - 1. Symptoms. Identification of psychiatric and behavioral symptoms of Alzheimer's disease and dementia;
  - 2. Communication. Information regarding communication issues, including how to communicate effectively and in a respectful manner;
  - 3. Strategies. Strategies and techniques for understanding and approaching behavioral symptoms;
- **4. Safety.** Information on how to address specific aspects of safety, including wandering;
- 5. Abuse and neglect. Identification of types of neglect, abuse or exploitation of persons with Alzheimer's disease and dementia;
- 6. Law enforcement. When it is necessary to alert law enforcement of neglect, abuse or exploitation by a family member, caretaker or facility;
  - 7. Self-neglect. Identification of self-neglect by persons with Alzheimer's disease and dementia who live independently; and
- 8. Resources. Resources to connect persons with Alzheimer's disease and dementia
  to local resources, including professionals with expertise in care of persons with
  Alzheimer's disease and dementia.
  - Sec. 6. 32 MRSA §2213 is enacted to read:

## §2213. Patients with cognitive impairments; continuing education

By January 1, 2023, the board shall include, as part of required continuing education for an individual licensed under this chapter, a 2-hour course on Alzheimer's disease and dementia including diagnosis, behavioral symptoms, respectful and effective communication, safety, signs of abuse and neglect and identifying signs of self-neglect by persons living alone. The course is not required for an individual licensed under this chapter who does not serve adult populations as part of the individual's regular employment. The board shall adopt rules to implement this section. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

### **Sec. 7. 32 MRSA §2594-E, sub-§6** is enacted to read:

6. Patients with cognitive impairments; continuing education. By January 1, 2023, the board shall adopt rules jointly with the Board of Licensure in Medicine to require, as part of continuing education requirements established pursuant to subsection 5, paragraph I, the completion of a 2-hour course on Alzheimer's disease and dementia including diagnosis, behavioral symptoms, respectful and effective communication, safety, signs of abuse and neglect and identifying signs of self-neglect by persons living

alone. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

## Sec. 8. 32 MRSA §2600-D is enacted to read:

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### §2600-D. Patients with cognitive impairments; continuing education

By January 1, 2023, the board shall include, as part of required continuing education for an individual licensed under this chapter, a 2-hour course on Alzheimer's disease and dementia including diagnosis, behavioral symptoms, respectful and effective communication, safety, signs of abuse and neglect and identifying signs of self-neglect by persons living alone. The course is not required for an individual licensed under this chapter who does not serve adult populations as part of the individual's regular employment. The board shall adopt rules to implement this section. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

## **Sec. 9. 32 MRSA §3270-E, sub-§6** is enacted to read:

6. Patients with cognitive impairments; continuing education. By January 1, 2023, the board shall adopt rules jointly with the Board of Osteopathic Licensure to require, as part of continuing education requirements established pursuant to subsection 5, paragraph I, the completion of a 2-hour course on Alzheimer's disease and dementia including diagnosis, behavioral symptoms, respectful and effective communication, safety, signs of abuse and neglect and identifying signs of self-neglect by persons living alone. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

### Sec. 10. 32 MRSA §3300-G is enacted to read:

## §3300-G. Patients with cognitive impairments; continuing education

By January 1, 2023, the board shall include, as part of required continuing education for an individual licensed under this chapter, a 2-hour course on Alzheimer's disease and dementia including diagnosis, behavioral symptoms, respectful and effective communication, safety, signs of abuse and neglect and identifying signs of self-neglect by persons living alone. The course is not required for an individual licensed under this chapter who does not serve adult populations as part of the individual's regular employment. The board shall adopt rules to implement this section. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

**Sec. 11. Hospital plans.** A hospital developing and implementing a plan pursuant to the Maine Revised Statutes, Title 22, section 1725-B shall consult with the Department of Health and Human Services and statewide organizations with expertise in the field of Alzheimer's disease and dementia and include relevant components from the federal Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy Brain Initiative's publication, "State and Local Public Health Partnerships to Address Dementia, The 2018-2023 Road Map," and any later federal plans and the

Department of Health and Human Services' State Plan for Alzheimer's Disease and Related Dementias in Maine.

3 SUMMARY

This bill requires health care practitioners to disclose a diagnosis of Alzheimer's disease or dementia to an authorized representative or a family or household member except for a person that is expressly prohibited by the individual diagnosed. The health care practitioner making the diagnosis must also provide information regarding care planning services, including assistance understanding the diagnosis, and medical and nonmedical options for treatment, services and supports and information on how to access those options.

The bill requires that by January 1, 2023 every hospital must have a policy regarding the recognition and management of patients with Alzheimer's disease and dementia within that hospital and have the policy on file. The hospital must consult with the Department of Health and Human Services and statewide organizations with expertise in the field of Alzheimer's disease and dementia and include relevant portions of the federal Department of Health and Human Services, Centers for Disease Control and Prevention "Healthy Brain Initiative" publication and any succeeding plans and the state plan regarding Alzheimer's disease and related dementias in Maine developed by the Department of Health and Human Services.

The bill also requires continuing education requirements to be adopted by the Board of Licensure in Medicine, the Board of Osteopathic Licensure and the State Board of Nursing that relate to diagnosis, behavioral symptoms, respectful and effective communication, safety, signs of abuse and neglect and identifying signs of self-neglect by persons living alone with Alzheimer's or dementia. It also requires physician assistants to receive the same continuing education.

The bill also requires the Department of Health and Human Services to provide 4 hours of education and training to all employees of adult protective services at the beginning of employment.